

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	02/09/2019 14:55
Date Of Accident	30/08/2019 22:30
Exact Location Of Accident	JUNCTION OF HAVELOCK ROAD & OUTRAM ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1227R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUNDARARAJU ANAND
NRIC No	S7685851I
Email Address	ANANTHBEMS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84100616
Alternative Phone No	OFFICE-84100616
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	3-1.5 L 4-DOOR SEDAN SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-004319
Cover Note Number	

### Driver

Name of Driver	SUNDARARAJU ANAND
NRIC No	S7685851I
Date Of Birth	09/05/1976
Occupation	INDOOR
Date Of Driving Pass	16/04/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84100616
Fax Number	
Contact Number	OFFICE-84100616
EEmail Address	ANANTHBEMS@GMAIL.COM

Address	BLK 56 HAVELOCK ROAD #02-140
Postcode	161056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 4 DELTA AVENUE , <b>POSTCODE:</b> 161004 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2789999 - <b>FAX NO:</b> 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### Details of Witness 1

Name	MR KEE
Phone Number	96168778
Email Address	S1371548C

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB125J
Vehicle Make/Model/Colour	SMRT BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	VATHUMALAI
NRIC/Passport Number	
Contact Number	90157035

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SUNDARARAJU ANAND
Approximate Age	
Injuries Sustain	FRACTURED RIGHT HAND & BRUISES ON LEFT FOREARM
Injured person in which vehicle?	SKU1227R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



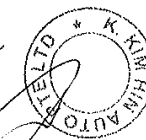
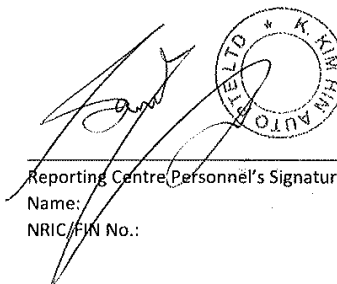
Policyholder's Signature

Date & Time: 02/09/19 @ 10.11am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

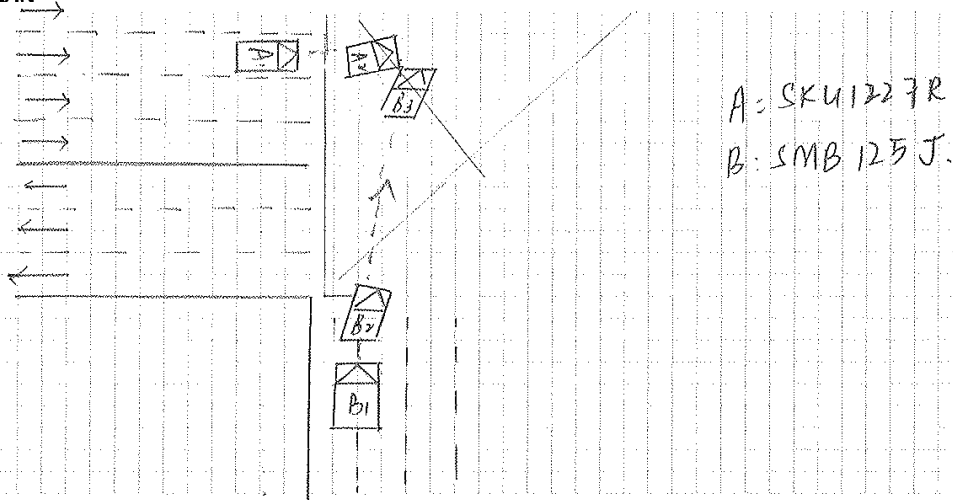


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach police report.

Owner right hand is fractured so he cannot sign the statement. Thumbprint first (left Thumb).

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 02/09/19 @ 10.11am

Company Chop (if applicable)

Driver's Signature

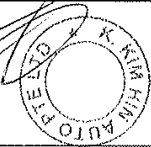
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20190831/2165

1 of 4

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20190831/2165

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/08/2019 19:49	Vide Report No.: A/20190830/0196	Station Diary No.: 22
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**Informant's Particulars**

Name of Informant: SUNDARARAJU ANAND			Address: APT BLK 56 HAVELOCK ROAD #02-140 SINGAPORE 161056		
ID Type / ID No.: NRIC NO / S76858511			Contact No.: Home/Office: Mobile: 84100616		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 09/05/1976	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/08/2019 22:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 HAVELOCK ROAD OUTRAM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU1227R	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Blue	Seriously Damaged	0
SMB125J	Bus/Coach/Mi nibus					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20190831/2165

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

2 of 4

Report No. T/20190831/2165

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU1227R	EQ INSURANCE COMPANY LTD.	DMPPHQ19-004319	30/06/2019	29/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SUNDARARAJU ANAND		ID No.	S76858511
Related Vehicle	SKU1227R (Car)		Contact No.	84100616
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/08/2019		Date Discharge	31/08/2019
No. of Days granted Medical Leave	07		Degree of Injury	Serious
Name				
Name	MR. KEE		ID No.	NIL
Related Vehicle	NIL		Contact No.	96168778
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 30/08/2019 at about 2230hrs, I was driving along Havelock Road towards Ganges Ave approaching Outram Road junction on the 3rd lane from the right. As the traffic light was red, I came to a stop and waited. When the light turned green, I accelerated slowly when out of a sudden, my car got hit from a bus(service number 970) which came from the right. The bus hit onto the front right side of my car causing my car to turn towards the left and the bus continued to move, grinding the front of my car against the left side of the bus.

Traffic police and ambulance came to scene to assess the accident. As I was about to be conveyed, a witness(Mr. Kee - 96168778) approached to inform that he witnessed the accident and has the footage in his in-built car camera. My friends saw the footage provided by the witness which shows the SMRT Bus(SMB125J) driving along Kim Seng Road towards Outram Road junction. In the footage, it captured the bus making slight turn to the left into Havelock Road before abruptly changing its direction into Outram Road and drove straight, colliding into my car. The footage also captured the traffic light was red and not in his favor for the driver to drive forward.



**SINGAPORE  
POLICE FORCE**



T/20190831/2165

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3 of 4

Report No. T/20190831/2165

**CONTINUATION OF REPORT**

I was later conveyed by ambulance to Singapore General Hospital and was informed I am suffering from fractured right hand and bruises on my left forearm. I was given 7 days of MC. I am to return to hospital for MRI scans.

The Witness sent the footages to my friend and has been saved into a thumbdrive. I am lodging this report for Traffic police to investigate.





**SINGAPORE  
POLICE FORCE**



T/20190831/2165

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4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

4 of 4

Report No. T/20190831/2165

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

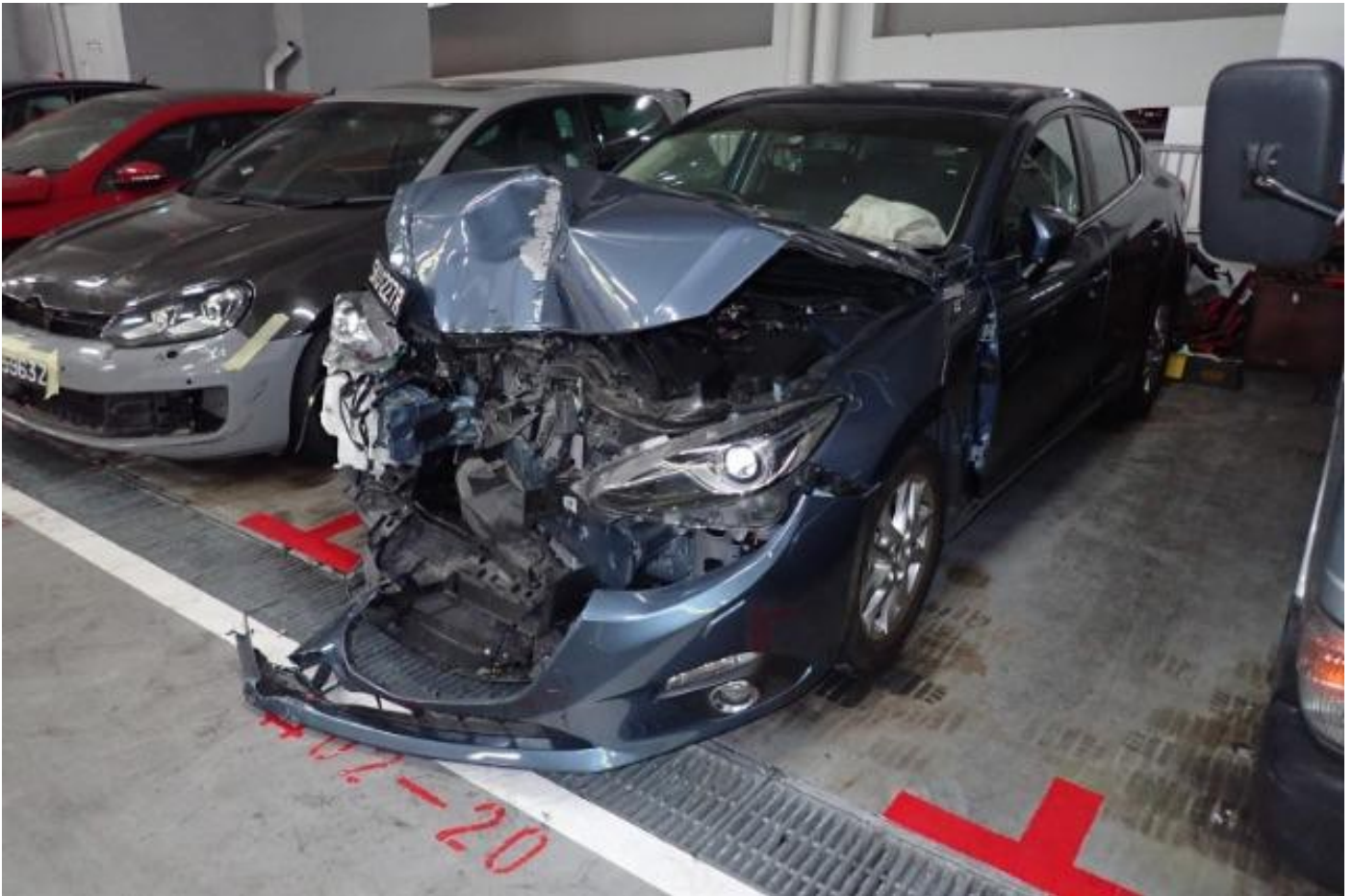
**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 3 ABDUL HAQ BIN JEFRY	Signature Of Informant: <i>Complainant unable to sign due to hand injuries</i>
Signature Of Interpreter: Not applicable	Date/Time: 31/08/2019 19:49
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp NP168	SIGNATURE

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MKKH 115907 Vehicle Registration No: SKU 1227 R  
 Name (as shown in NRIC) : SUNDARARAJU ANAND NRIC/FIN/Passport No : S7685851 I  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 84100616  
 Email Address : \_\_\_\_\_  
 Date of Accident : 30-8-19 Time of Accident : 2230 HRS  
 Place of Accident : JUNCTION OF HAVELOCK ROAD & OUTRAM ROAD  
 Insurance Company: EQ

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ENCLOSED WITNESS VIDEO.

[Signature] 2/9/19 @  
 Policyholder / Driver's Signature  
 Date:

[Signature]  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: