

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	02/01/2020 14:27
Date Of Accident	31/12/2019 14:20
Exact Location Of Accident	CTE TOWARDS SLE (AT MOULMEIN FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA129D
Insured/Policyholder	
Name Of Registered Owner	RAGAVAN S/O RAMACHANDRAN
NRIC No	SXXXX388J
Email Address	ESCOBEE21@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81639785
Alternative Phone No	OTHERS-81639785

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00006425-01
Cover Note Number	

Driver

Name of Driver	RAGAVAN S/O RAMACHANDRAN
NRIC No	SXXXX388J
Date Of Birth	21/02/1979
Occupation	INDOOR
Date Of Driving Pass	16/10/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81639785
Fax Number	
Contact Number	OTHERS-81639785
Email Address	ESCOBEE21@HOTMAIL.COM

Address	BLK 426C YISHUN AVENUE 11 #11-134
Postcode	763426
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	4
Passenger 1	NAME: : PUNITHAVALLI D/O GUNASEGARAN GENDER: : FEMALE
Passenger 2	NAME: : RAMACHANDRAN S/O KALIYEHPERUMAL MANIKAM GENDER: : MALE
Passenger 3	NAME: : RAMACHANDRAN KRISHNAVENI NEEKUMARASAMI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191231/2132

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL3311P
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC5988G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RAGAVAN S/O RAMACHANDRAN
Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SMA129D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	RAMACHANDRAN KRISHNAVENI NEEKUMARASAMI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMA129D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

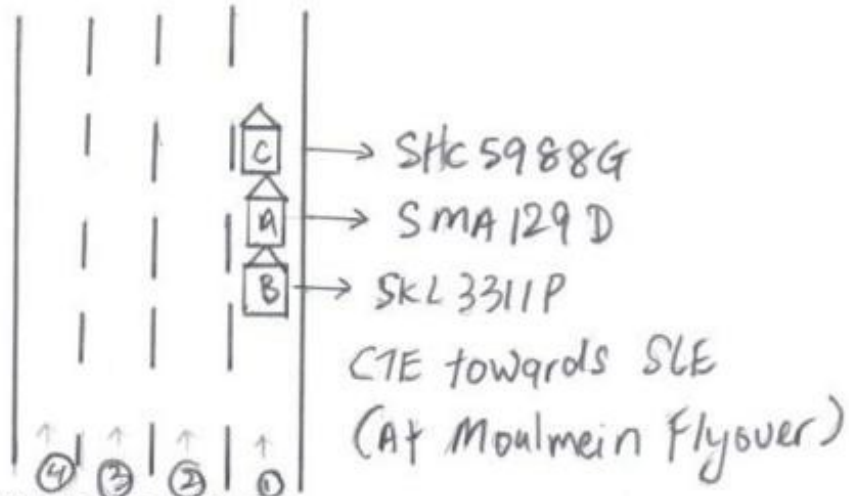

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Recording Centre Person's Signature
Name: Rodri
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
Report No: 7/20191231/2132

DECLARATION

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

Policyholder's Signature
Date & Time

Driver's Signature
(if driver is not the policyholder)
Date & Time

02/01/2020

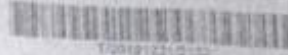
Reporting Centre Personnel's Signature
Name
NATC FNS No.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun South N.P.C.
32 Yishun Street 61 SINGAPORE 768456
Tel No: 1800-8522999



T201912310052

Report No: T201912310052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2019 19:15		Vide Report No.: E/20191231/0052	Station Diary No: 95
Informant's Particulars			
Name of Informant: RAGAVAN S/O RAMACHANDRAN		Address: APT BLK 426C YISHUN AVENUE 11 #11-134 SINGAPORE 763426	
ID Type / ID No.: NRIC NO / S7905368J		Contact No.: Home/Office: Mobile: 81639765	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 21/02/1979	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: SAF REGULAR		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident:

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No.	Date/Time of Accident: 31/12/2019 14:20	Type of Location: Flyover
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE towards SLE (At Moulmein Flyover), 7km mark.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Moving Vehicle Against Stationary Vehicle				Anyone conveyed by ambulance Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
SHC5988G	Taxi				Slightly Damaged	0
SKL3311P	Car				Slightly Damaged	0
SMA129D	Car	KIA	CERATO K3 1.6A SUNROOF	Grey	Seriously Damaged	3

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768458
Tel No: 1800-8522999



T-20191231/2132

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Report No: T-20191231/2132

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMA129D	FWD Singapore Pte. Ltd	PNPV2015-00006425-01	14/05/2019	13/05/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver


Name	RAGAVAN S/O RAMACHANDRAN	ID No.	S7905388J
Related Vehicle	SMA129D (Car)	Contact No.	81639785
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details:


On 31/12/2019 at about 1420hrs, I was travelling along CTE towards SLE (at Moulmein Flyover) near the 7km mark. I was travelling straight on lane one and the vehicle in front slowed down and came to a stop, hence I also came to a stop behind him. Suddenly, I heard a loud bang from behind and the impact forced my vehicle (SMA129D) forward and as a result, hit onto the rear of a taxi (SHC5958G). When I alighted, I realised it was the vehicle behind (SKL3311P) that had rear ended my vehicle which caused damages to the front and back of my vehicle. It was a chain collision of total 5 vehicles involved. At the time of accident, I had 3 other passengers in my car and my mother suffered injuries due to the collision. I then called for the ambulance and my mother was conveyed to Tan Tock Seng hospital via ambulance.

POLICE REPORT

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 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun South N.P.C
2 Yishun Street 81 SINGAPORE 768458
Tel No: 1800-8522999

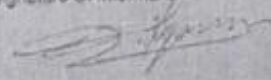


T/20191231/2132

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Report No. T/20191231/2132

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: L / Sgt 2 MOHAMED AZMIN BIN MOHAMED JAFFAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2019 19:15
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp IP163 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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