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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 witholding 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.

- 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

atoresaid.	
	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
	ETAILS 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

 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

BLK 426C YISHUN AVENUE 11 Address

#11-134

763426 Postcode

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

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES

3

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES YES

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKL3311P

Vehicle Make/Model/Colour

Page 2 of 19

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 AND NECK 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

YES

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 3

Name

RAMACHANDRAN S/O KALIYEHPERUMAL MANIKAM

Approximate Age

Injuries Sustain

BODY PAIN AND SLIGHT ABRASION

Injured person in which vehicle?

SMA129D

Were seat belts worn?

YES

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as possible. Any will all micrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Cectre established by the Geograf Insurance.
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made invalidable upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby content 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)

l 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 :
 - 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")
- 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 pervice 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 freud detection, investigation and management in present and all future claims.
- (e) the information to collected under (d) above may be shared / bisclosed:
 - 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
 - (III) for complying with requirements under any regulations, lives or court orests.

Policyholder s Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Borning Contra: Parsonn

Name

NAME /FINANCE

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DESCRIBE CIRCUMST	ANCES OF THE ACC	DIDENT		

Refer to Police Report

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

of driver a not the policyholderi

Date & Time:

Centre Personners Signature

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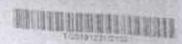
SINGAPORE ACCIDENT STATEMENT

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DETAILS OF 3 rd party Name / Nric Contact		No 2 1
Veh B S L 3 3 1 1 P Veh C S H C 5 7 6 8 G Veh D Veh E Veh F) No If yes attach police repo-
Veh C 5HC 5566G Veh D Veh E Veh F	DETAILS OF 3 rd party Name / Nric	Contact
Veh D Veh E Veh F	Veh B SEL 3311P	
Veh E Veh F	Veh C 5tC 55686	
Veh F		
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Police Station of Origin. Value South N.P.C. 32 Yizhan Street 81 SINGAPORE 768458 Tel No. 1800-8522999



Haport No. 7 80 10 12 12 12 12

REPORT OF A TRAFFIC ACCIDENT

31/12/2019 19:15			Vide Report No.: E/20191231/0082	Station Diary No.	
RAGAV.	f Informant AN S/O RA	MACHANDRAN	Addrese: APT BLK 426C YISHUN AV 783426	ENUE 11 #11-134 SINGAPORE	
ID Type / ID No.: NRIC NO / S7905388J Nationality SINGAPORE CITIZEN			Contact No.: Home/Office: Email	Mobile: 81639785	
Sex: Male	Age: 40	Date of Birth: 21/02/1979	Type of Informant Driver		
Race, Indian Occupation: SAF REGULAR			Language:	Insulution / School Name:	
			Driving Licence Information: Class: 28.2A.2.3,4.5	Date of Expiry:	

Type of · Accident	Injury Conveyed By An	nbulance	Drink Drive No	Date/Time of Accident:	Type of Location: Flyover
Location: Along Road 1 CENTRAL EX GTE towards 5 Weather	PRESSWAY	4 over). 7km	ı mark	1.31/12/2019 14 20	
		Road	Surface:		Road Speed Limit
Clear	OS BAYOUR	Dry			
Clear Traffic Flow: One Way		Dry Traffic	Control:		Traffic Volume.

Details of V	ehicle toyo	fved	BOOK STREET, S	ROSE STATE	TOTAL PROPERTY.	AUSTON USSA
Vehicle No	Type	Make	Model	Color	Condition	No of Palsenger
SHC5988G	Taxi					0
SKL3311P	Car				Slightly	0
SMA129D	Car	KIA	CERATO K3 1.5A SUNROOF	Grey	Seriously Damaged	3



Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 755458 Tel No: 1800-8522999



Report No. 1/25/01/25/02/32

CONTINUATION OF REPORT

Details of V	shicle insurance	E STORY OF THE REAL PROPERTY.	ESCHARACION CO.	CONTRACTOR OF THE PARTY OF THE
Vehicle No.	Insurance Company	Ittimance flo	Effective	Expey Dato
SMA129D	FWD Singapore Pte Ltd	PNPV2018- 00006425-01	14/05/2019	

Any Pedestrian In	and the second plant to the project of					
No. of Pedestrian	No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver						
Name	RAGAVAN S/O RAMACHANDR	AN	ID No.	\$7905388J		
Related Vehicle	SMA129D (Cer)		Contact No.	81639785		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 28.2A.2.3.4.5 Date of Expiry: N/L		
Date Treatment	NIL	Date Disch	and of the second			
No. of Days gran	nted Medical Leave NIL	Degree of I	njury Slight			

On 31/12/2019 at about 1420hrs, I was travelling along CTE towards SLE (at Moulmen Pryoven near the Term mark. I was travelling straight on lane one and the vehicle in front slowed down and cares to a stop, hence I also came to a stop behind him. Suddenly, I heard a loud bang from behind and the impact forces my vehicle (SMA129D) forward and as a result, hit onto the rear of a taxi (SHC59363). When I signted realised if 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 3 vehicles involved. At the time of the provision of the collision of the collision of the collision. I then 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.



Jolice Station Of Origin: Ishun South N.P.C 2 Yishun Street 81 SINGAPORE 768456 el No. 1800-8522999 7/2019/22/12/13

1 of 3 Report No. 1/20191231/2132

CONTINUATION OF REPORT

ketch Plan

nformant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you con'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	Oate Time. 31/12/2019 19:15
Officer In Charge Of Case TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp	



CERTIFICATE OF INSURANCE

Please call -65-6377 2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-00006425-01 (Comprehensive - Classic Plan)

Car plate number: SMA129D

Car chassis number: KNAFZ411MI5763977

Engine number: G4FGHH694184

Your name (As the policyholder). Ragavan S/O Ramachandran

Coverage start date: 14/05/2019 Coverage end date: 13/05/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company:HL Bank

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 15/03/2019

Shine

Abhishek Bhatia

Chief Executive Officer

FWD Singapore Pte Ltd

Please immediately inform us at +65-6870-6588 or email us at compact specified coes if any details in this Certificate of Insurance need to be changed



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

€ Refflex Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Moncoy to Friday, 09:00 - 17:00 URN \$665500200 / GST Reg. No.: M400012735

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

	ADDI	ENDUM	
) PARTICULARS OF	PERSON MAKING THE AMENDA	VIENTS:	
Original Report N	0: MNA40000385	Vehicle Registration No:	SMA129)
Namelas shownin N	119: Reignvon Ste Renvis	Charte NRIC/FIN/Passport No.	579053887
(*Vehicle Driver/	Vehicle Öwner) (*) Please delete	≥ as appropriate	
Address	: BIK 426 C. Jishan	Acres 11 , n 11-13	Y Singaporel #634
Contact (Tel)		Mobile No.:_ 8/63	
Email Address	: escoler 21 @ hot p		
Date of Accident	: 3./12/19	Time of Accident :	4.20 605
Place of Accident	: CTE towards SCE	(At montmein Flyer	pr)
Insurance Compar	ny: _ FWD		
	D ADONY RAMACHOMORO	u Sto KOLIYRH PHEUN	nge Manuson
- Sofan		Antos	la/9020
Policyholder / Drive Date:	ir's Signaturė	Name: Coffee	Inning Signature

Date: