

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	07/01/2020 13:34
Date Of Accident	06/01/2020 08:20
Exact Location Of Accident	AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6685H
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Insured/Policyholder

Name Of Registered Owner	VIKNES S/O JAGADESAN MUKAYAH PANDARAM
NRIC No	SXXXX476H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97429642
Alternative Phone No	OFFICE-97429642

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10264006R00
Cover Note Number	

Driver

Name of Driver	VIKNES S/O JAGADESAN MUKAYAH PANDARAM
NRIC No	SXXXX476H
Date Of Birth	06/12/1981
Occupation	INDOOR
Date Of Driving Pass	07/12/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97429642
Fax Number	
Contact Number	OFFICE-97429642
E-Mail Address	NOEMAIL

Address	BLK 461A BUKIT BATOK WEST AVE 8 #06-700
Postcode	651461
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 - HEAD TO REAR
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?	NO
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)	3
Passenger 1	NAME: : SHAMINI GENDER: : FEMALE
Passenger 2	NAME: : VASUKI AASHMA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20200106/7013.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE4947S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:



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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

(A) SJK 6685H
(B) GBE 4947S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: 7/20200106/7013

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:

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



**SINGAPORE
POLICE FORCE**



T/20200106/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200106/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2020 14:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: VIKNES S/O JAGADESAN MUKAYAH PANDARAM		Address: APT BLK 461A BUKIT BATOK WEST AVENUE 8 #06-700 SINGAPORE 651461	
ID Type / ID No.: NRIC NO / S8139476H		Contact No.: Home/Office: Mobile: 97429642	
Nationality: SINGAPORE CITIZEN		Email: ouzo007@hotmail.com	
Sex: Male	Age: 38	Date of Birth: 06/12/1981	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Accountant		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/01/2020 08:20	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE4947S	Lorry					0
SJK6685H	Car	HONDA	CIVIC 1.8G A	Black		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK6685H	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10264006R00	29/10/2019	28/10/2020



**SINGAPORE
POLICE FORCE**



T/20200106/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200106/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VIKNES S/O JAGADESAN MUKAYAH PANDARAM	ID No.	S8139476H
Related Vehicle	SJK6685H (Car)	Contact No.	97429642
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/01/2020	Date Discharge	06/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	VASUKI AASHNA D/O VIKNES	ID No.	T1703764H
Related Vehicle	SJK6685H (Car)	Contact No.	97429642
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/01/2020	Date Discharge	06/01/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	SHAMINI SELVRAJ	ID No.	S8611650B
Related Vehicle	SJK6685H (Car)	Contact No.	91082806
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/01/2020	Date Discharge	06/01/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 6th January 2020 at about 8:20hrs, I was travelling along AYE towards MCE after Bouna Vista exit. The vehicles in front of me slowed down and stopped. Noticing that, I followed suit and stopped my vehicle. After a few seconds, I felt an impact from my rear. I alighted and realised vehicle GBE4947S had collided onto the rear portion of my vehicle. We exchanged particulars and left the scene.



**SINGAPORE
POLICE FORCE**



T/20200106/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200106/7013

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200106/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200106/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 06/01/2020 14:00
Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8139476H



Name
**VIKNES S/O JAGADESAN
MUKAYAH PANDARAM**
விசுவநாதன் ஜகதீசன் முகையாஹ் பண்டாரம்

Race
INDIAN

Date of birth Sex
06-12-1981 M

Country of birth
SINGAPORE

S8139476H

4901966

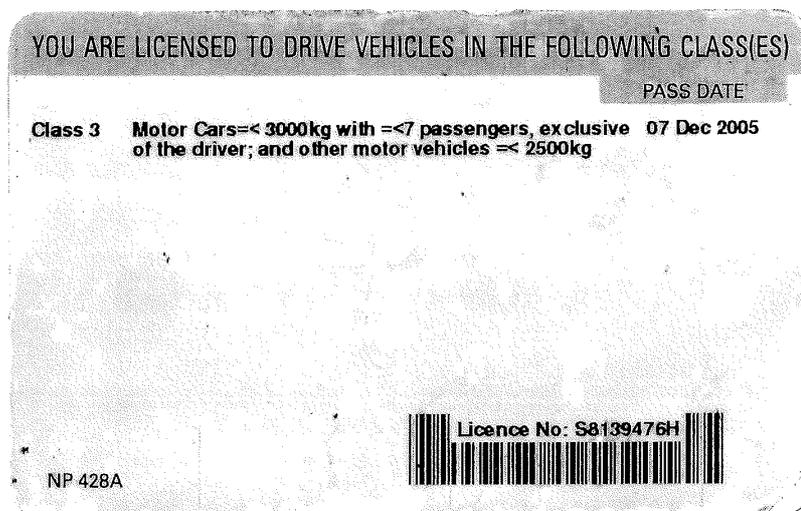
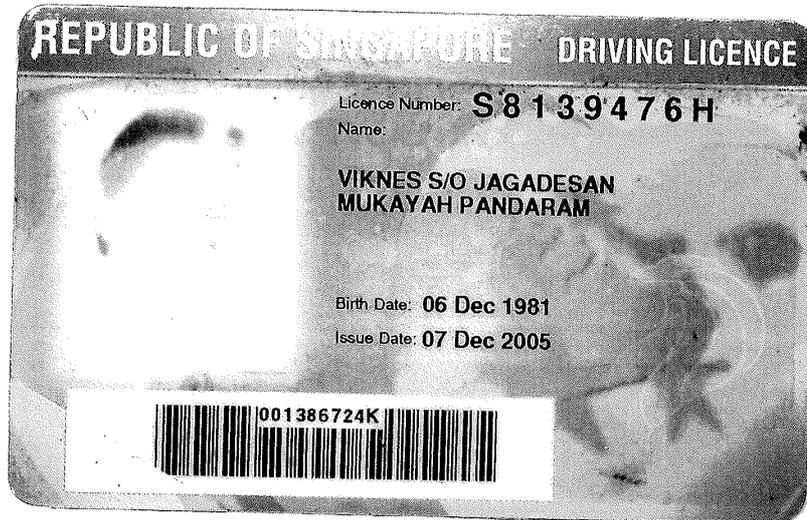


NRIC No **S8139476H**

Date of issue
02-11-2012

**APT BLK 461A BUKIT BATOK WEST AVENUE 8 #06-700
SINGAPORE 651461**

NRIC No: **S8139476H** Date: **10/06/2019**



Certificate of Insurance

Comprehensive Car Policy
Policy Number: P10264006R00

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10264006R00 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number	:	SJK6685H
Chassis Number	:	FD11202360
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	29/10/2019 (00:00)
3) Date / Time of Expiry of Insurance	:	28/10/2020 (23:59)
4) Excess (i) Policy	:	S\$ 600.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	VIKNES S/O JAGADESAN MUKAYAH PANDARAM
6) Persons or Classes of Persons Entitled to Drive*	Drivers named as a Main / Named Driver in this Certificate of Insurance only.	
	Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.	
	Main Driver / Date of Birth	: Viknes S/O Jagadesan Mukayah Pandaram (06/12/1981)
	Named Driver(s) / Date of Birth	: Shamini d/o Selvaraj (06/05/1986)
7) Limitation as to use*	Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.	
	* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.	
8) Finance Company	:	Maybank Singapore Limited

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
21/10/2019

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

