

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	20/01/2020 18:02
Date Of Accident	19/01/2020 21:15
Exact Location Of Accident	TPE TWDS PIE B4 TAMPINES AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY1442L
Insured/Policyholder	
Name Of Registered Owner	KARTHIK VENUGOPALAN
NRIC No	SXXXX293I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91076665
Alternative Phone No	OFFICE-91076665

Vehicle Particulars

Manufacturer	HYUNDAI
Model	VERNA
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100043104-12
Cover Note Number	

Driver

Name of Driver	KARTHIK VENUGOPALAN
NRIC No	SXXXX293I
Date Of Birth	04/06/1977
Occupation	INDOOR
Date Of Driving Pass	20/08/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91076665
Fax Number	
Contact Number	OFFICE-91076665
Email Address	NOEMAIL

Address	BLK 234 TAMPINES ST 21 #08-529
Postcode	521234
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?	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: : MUHAMMAD TANVEER EJAAZ BIN MUHAMMAD S GENDER: : MALE
Passenger 2	NAME: : MUHAMMAD AMEER HAMZAH BIN MUHAMMAD J W GENDER: : MALE
Passenger 3	NAME: : MUMTAZ MAIMUNAH BINTE ABDUL WAHAB 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/20200120/7000

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	SKX6576J
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 INJURED PERSON 1

Name KARTHIK VENUGOPALAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGY1442L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD TANVEER EJAAZ BIN MUHAMMAD S
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGY1442L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name MUHAMMAD AMEER HAMZAH BIN MUHAMMAD J W
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGY1442L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name MUMTAZ MAIMUNAH BINTE ABDUL WAHAB
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGY1442L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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3. 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.:

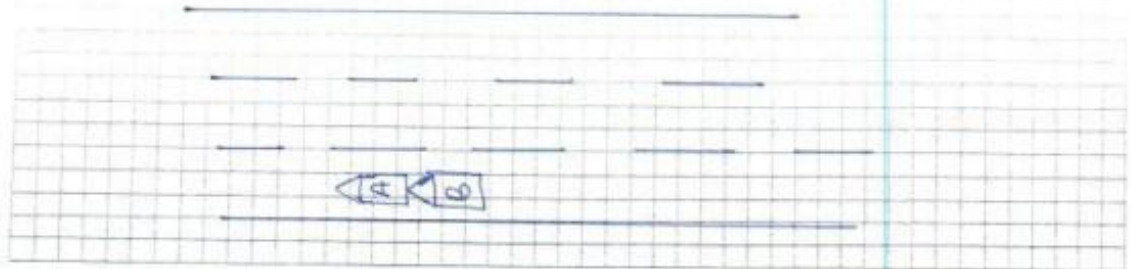
Accident Sketch Plan

SKETCH PLAN

A: SGY 1442L

B: SKX 6576J

TPE TOWARDS PIE

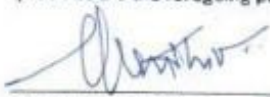


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. T 20200120/7000

DECLARATION

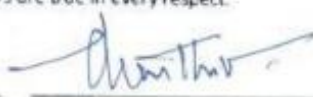
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

Signature & Date/Time of Policyholder



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200120/7000

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

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Report No. T/20200120/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2020 00:24	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KARTHIK VENUGOPALAN			Address: APT BLK 234 TAMPINES STREET 21 #08-529 SINGAPORE 521234	
ID Type / ID No.: NRIC NO / S7783293I			Contact No.:	Mobile: 91076665
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email: v_karthik_77@yahoo.com	
Sex: Male	Age: 42	Date of Birth: 04/06/1977	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2020 09:20	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY1442L	Car	HYUNDAI	VERNA 1.4 AUTO	Blue		0
SKX6576J	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGY1442L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100043104-12	18/09/2019	17/09/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200120/7000

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

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Report No. T/20200120/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KARTHIK VENUGOPALAN	ID No.	S7783293I
Related Vehicle	SGY1442L (Car)	Contact No.	91076665
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/01/2020	Date Discharge	19/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	MUHAMMAD TANVEER EJAAZ BIN MUHAMMAD S	ID No.	T0330290Z
Related Vehicle	SGY1442L (Car)	Contact No.	93876362
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/01/2020	Date Discharge	19/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	MUHAMMAD AMEER HAMZAH BIN MUHAMMAD J W	ID No.	S9717402D
Related Vehicle	SGY1442L (Car)	Contact No.	92397750
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2020	Date Discharge	19/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200120/7000

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

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Report No. T/20200120/7000

CONTINUATION OF REPORT

Passenger			
Name	MUMTAZ MAIMUNAH BINTE ABDUL WAHAB	ID No.	S6936941C
Related Vehicle	SGY1442L (Car)	Contact No.	98552821
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2020	Date Discharge	19/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On the stated date and time I vehicle (SGY1442L) was travelling on TPE towards PIE. As I was reaching the exit of Tampines Ave 12 the front vehicle stop I follow suit. Suddenly I felt an impact from the back. I alighted and found out then vehicle (SKX6576J) has collided onto my vehicle.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200120/7000

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

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Report No. T/20200120/7000

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 / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
20/01/2020 00:24

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

