

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	14/09/2020 14:30
Date Of Accident	12/09/2020 12:00
Exact Location Of Accident	SEBBAWANG ROAD TOWARDS GAMBAS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ5985E
Insured/Policyholder	
Name Of Registered Owner	KRISHNAKUMAR S/O RAMACHANDRAN
NRIC No	S8817816E
Email Address	ESHVINKRISH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87555285
Alternative Phone No	OFFICE-87555285

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5LSR
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112701519 CLASSIC
Cover Note Number	

Driver

Name of Driver	KRISHNAKUMAR S/O RAMACHANDRAN
NRIC No	S8817816E
Date Of Birth	21/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87555285
Fax Number	
Contact Number	OFFICE-87555285
Email Address	ESHVINKRISH@HOTMAIL.COM

Address	BLK 187A #11-852 RIVERVALE DRIVE
Postcode	541187
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	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)	3
Passenger 1	NAME: : SENBAGAH VALLI D/O K NAGAPPAN GENDER: : FEMALE
Passenger 2	NAME: : KUMARASEN GENDER: : MALE

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 ATTACHED

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	SFV681Y
Vehicle Make/Model/Colour	TOYOTA/WISH 1.8 AUTO
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 GY4106M
Vehicle Make/Model/Colour TOYOTA/HILUX
Details Of Properties
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)

DETAILS OF INJURED PERSON 1

Name KRISHNAKUMAR S/O RAMACHANDRAN
Approximate Age 32
Injuries Sustain
Injured person in which vehicle? SGZ5985E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address BLK 187A #11-852 RIVERVALE DRIVE
Postcode 541187

DETAILS OF INJURED PERSON 2

Name SENBAGAH VALLI D/O K NAGAPPAN (PASSENGER)
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? SGZ5985E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

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.

K. B. T.

Policyholder's Signature

Date & Time: 14 SEP 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933

Tel: 67416697 Fax: 67492305

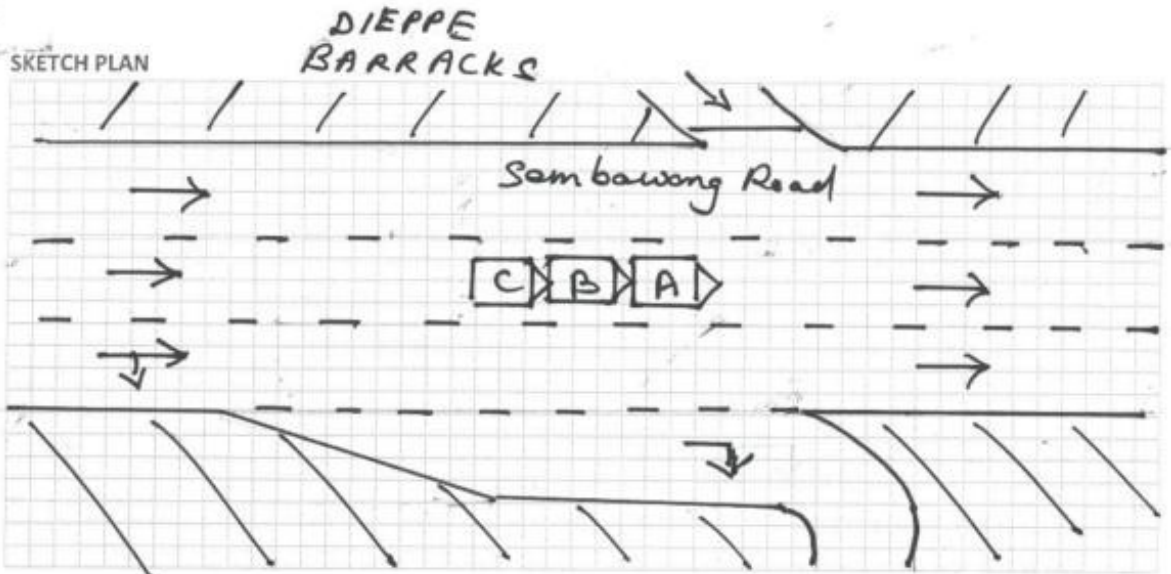
Email: vackb@vldom.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SGZ 5985 E

(B) SFV 681 Y

(C) GY 4106 M

Refer to Police Report

Report No :-

T/20200914/7022

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 14 SEP 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933

Tel: 67416697 Fax: 67492305

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200914/7022

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

1 of 4
Report No. T/20200914/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2020 12:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KRISHNAKUMAR S/O RAMACHANDRAN			Address: 187A RIVERVALE DRIVE #11-852 SINGAPORE 541187		
ID Type / ID No.: NRIC NO / S8817816E			Contact No.: Home/Office: Mobile: 87555285		
Nationality: SINGAPORE CITIZEN			Email: ESHVINKRISH@HOTMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 21/05/1988	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2020 12:00	Type of Location: Straight Road
Location: SEMBAWANG ROAD TOWARDS GAMBAS AVENUE BEFORE JALAN MATA AYER				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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	Conditio	No of
GY4106M	Van					0
SFV681Y	Car					0
SGZ5985E	Car	NISSAN	LATIO 1.5LSR	Black		2

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200914/7022

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

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Report No. T/20200914/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGZ5985E	NTUC Income Insurance Co-Operative Limited	5112701519	18/09/2019	08/11/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SENBAGAH VALLI D/O K NAGAPPAN		ID No.	S1420315Z
Related Vehicle	SGZ5985E (Car)		Contact No.	87555285
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	KRISHNAKUMAR S/O RAMACHANDRAN		ID No.	S8817816E
Related Vehicle	SGZ5985E (Car)		Contact No.	87555285
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

On 12/09/2020 at about 1200hrs at along Sembawang road towards Gambas Avenue before Jalan Mata Ayer. I was travelling on the centre lane and when my front vehicle slow down and stop hence i follow suit. Suddenly I felt a great impact from the rear and when I alighted, I realised that it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my vehicle. There is a total of 3 vehicles involved in this chain collision. I have 2 passengers inside my vehicle. Both passengers and I had suffer injuries and we went to Intemedical 24hr Clinic and was awarded 3 days MC each.

Vehicle A: SGZ5985E
Vehicle B: SFV681Y
Vehicle C: GY4106M

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200914/7022

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

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Report No. T/20200914/7022

CONTINUATION OF REPORT

Individual Statement



**SINGAPORE
POLICE FORCE**

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



T/20200914/7022

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Report No. T/20200914/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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:
14/09/2020 12:20

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

