

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	26/09/2020 18:55
Date Of Accident	22/09/2020 16:15
Exact Location Of Accident	X JUNCTION OF ANG MO KIO AVE 5 & DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8359J
Insured/Policyholder	
Name Of Registered Owner	YOOHENTHRAN S/O N PONNUDURAI
NRIC No	SXXXX130Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97885641
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.5 (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA457337/1
Cover Note Number	

Driver

Name of Driver	JAYANTHI KANAGARATNAM
NRIC No	SXXXX841J
Date Of Birth	25/11/1958
Occupation	INDOOR
Date Of Driving Pass	31/10/1989
Driving Experience	30 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97885647
Fax Number	
Contact Number	
Email Address	YOOHENTHRAN57@GMAIL.COM

Address	11 ANG MO KIO AVE 9 #04-02
Postcode	569763
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	4
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T/20200924/7030 T2020925/2053
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Report please refer to Police Report

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	SMS1369B
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	GBJ5799U
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDP8888X
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	JAYANTHI KANAGARATNAM
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SLZ8359J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


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5. Any false reporting may be referred to the Police for investigation.
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.

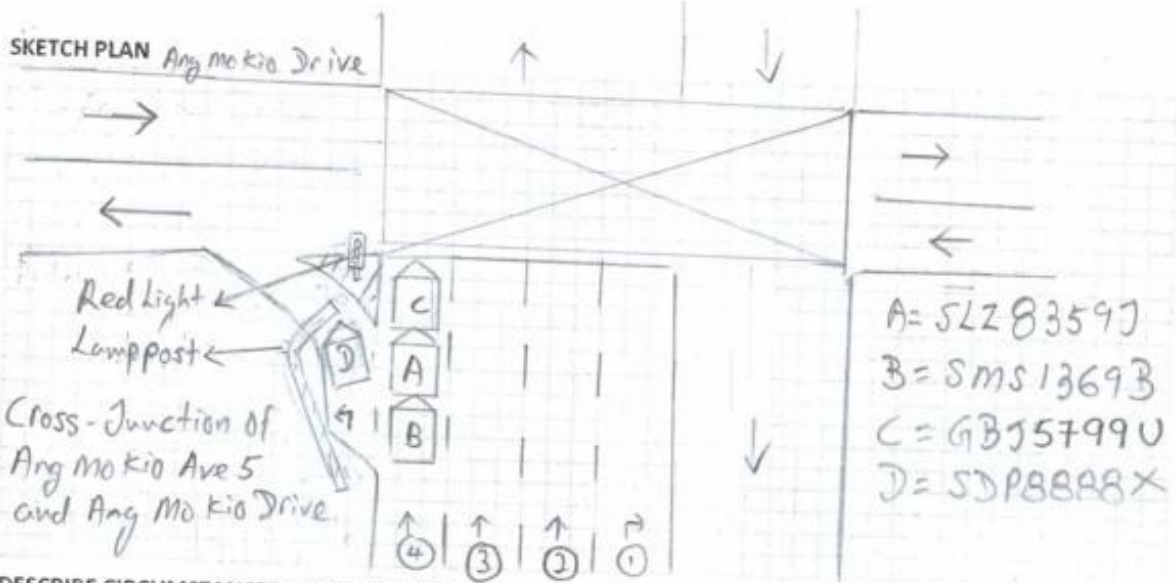

Policyholder's Signature
Date & Time:


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


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

Donnie
S71318096

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T/20200924/7030
&
Report No: T/20200925/2053

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200924/7030

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

1 of 3

Report No. T/20200924/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2020 18:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JAYANTHI KANAGARATNAM			Address: 11 ANG MO KIO AVENUE 9 #04-02 SINGAPORE 569763		
ID Type / ID No.: NRIC NO / S1317841J			Contact No.: Home/Office: Mobile: 97885647		
Nationality: SINGAPORE CITIZEN			Email: RATNAM_JAYANTHI@YAHOO.COM.SG		
Sex: Female	Age: 61	Date of Birth: 25/11/1958	Type of Informant: Driver		
Race: Ceylonese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/09/2020 16:15	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: 4 car collision				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLZ8359J	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20200924/7030

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

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Report No. T/20200924/7030

CONTINUATION OF REPORT

Driver			
Name	JAYANTHI KANAGARATNAM	ID No.	S1317841J
Related Vehicle	SLZ8359J (Car)	Contact No.	97885647
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 25/11/2028
Date	22/09/2020	Date	24/09/2020
No. of Days granted Medical Leave	09	Degree of	Serious
Driver			
Name	JAYANTHI KANAGARATNAM	ID No.	S1317841J
Related Vehicle	SLZ8359J (Car)	Contact No.	97885647
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 22.09.2020 at about 16.15 hours I was at the cross junction of Ang Mo Kio Ave 5 and Ang Mo Kio Drive. I was travelling on the 4th lane going towards Ang Mo Kio Avenue 5 in the direction towards CTE. When I was stationary waiting for the traffic light to turn green. Suddenly I heard three loud bangs from the back. The impact forced my vehicle (SLZ 8359J) to move forward and hit the rear portion of the vehicle (GBJ 5799U). The impact of my car was great and I immediately felt shooting pains from neck down my spine. I could not move and I was conveyed by the ambulance to the hospital. I realized, it was a chain collision of the 4 vehicles involved.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20200924/7030

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Report No. T/20200924/7030

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 /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

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:
24/09/2020 18:53

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200925/2053

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

1 of 3

Report No. T/20200925/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2020 13:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JAYANTHI KANAGARATNAM			Address: APT BLK 11 ANG MO KIO AVENUE 9 #04-02 FAR HORIZON GARDEN SINGAPORE 569763		
ID Type / ID No.: NRIC NO / S1317841J			Contact No.: Home/Office: Mobile: 97885647		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 25/11/1958	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/09/2020 16:15	Type of Location:
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: 4 CAR COLLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ5799U	Van					0
SDP8888X	Car					0
SLZ8359J	Car					0
SMS1369B	Car					0

Police Report



SINGAPORE
POLICE FORCE



T/20200925/2053

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

2 of 3

Report No. T/20200925/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JAYANTHI KANAGARATNAM	ID No.	S1317841J
Related Vehicle	SLZ8359J (Car)	Contact No.	97885647
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	09	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS AT THE CROSS JUNCTION OF ANG MO KIO AVE NUE 5 AND ANG MO KIO DRIVE, I WAS DRIVING ALONG THE 4TH LANE, HEADING TOWARDS ANG MO KIO AVENUE 5 TOWARDS CTE. MY VEHICLE WAS STATIONARY WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. I SUDDENLY HEARD 3 LOUD BANGS FROM BEHIND AND AN IMPACT AGAINST MY VEHICLE. THE IMPACT MOVED MY VEHICLE FORWARD AND MY VEHICLE ENDED UP COLLIDING INTO THE REAR OF ANOTHER VEHICLE(GBJ5799U). THE IMPACT AGAINST MY VEHICLE WAS GREAT AND I FELT SOME PAIN AND WAS UNABLE TO MOVE AT THAT TIME. I WAS LATER CONVEYED TO THE HOSPITAL. I REALIZED THAT I WAS INVOLVED IN A CHAIN COLLISION INVOLVING 4 VEHICLES.

THAT IS ALL

Police Report



SINGAPORE
POLICE FORCE



T/20200925/2053

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

3 of 3

Report No. T/20200925/2053

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:
TP /
LEE CHEN EN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/09/2020 13:26

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: