

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	09/11/2020 16:02
Date Of Accident	06/11/2020 20:00
Exact Location Of Accident	ALONG CTE TWDS BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN2817R
Insured/Policyholder	
Name Of Registered Owner	TAMIZH SELVAM MUNUSAMY
NRIC No	SXXXX931F
Email Address	TAMIZH@SANKYU.COM.SG
Mobile Phone No	(LOCAL) +65-97363536
Alternative Phone No	OFFICE-97363536

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A

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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Policy Number
Cover Note Number

Driver

Name of Driver	TAMIZH SELVAM MUNUSAMY
NRIC No	SXXXX931F
Date Of Birth	31/08/1973
Occupation	INDOOR
Date Of Driving Pass	07/06/2011
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97363536
Fax Number	
Contact Number	OFFICE-97363536
Email Address	TAMIZH@SANKYU.COM.SG

Address	BLK 782A WOODLANDS CRESCENT #05-303
Postcode	731782
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	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: : NA
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 06/11/2020 AT ABOUT 2000HRS. I WAS DRIVING MY VEHICLE BEARING REGISTRATION NUMBER SGN2817R ALONG CTE TOWARDS THE EXIT OF BUKIT TIMAH ROAD. I WAS TRAVELLING AT ON LANE 2 OF THE LANE ROAD AT A SPEED OF ABOUT 60KM/H. AT THE MATERIAL TIME, THERE WAS HEAVY TRAFFIC AND THE VEHICLES IN FRONT OF ME CAME TO AN ABRUPT STOP SUDDENLY. I HAD MANAGED TO STOP MY VEHICLE IN TIME HOWEVER FELT A COLLISION FROM MY REAR. I LATER DISCOVERED THAT A TAXI BEARING REGISTRATION NUMBER SHA9112B THAT WAS TRAVELLING BEHIND ME LANE 4 WAS INTENDING TO FILTER TOWARDS LANE 2 WHEN TRAFFIC CAME TO A STOP AND HE COULD NOT STOP IN TIME. AT THE TIME OF THE INCIDENT, MY WIFE HAD EXPERIENCED SOME PAIN AND HER LEFT HEAD HOWEVER WE BOTH AGREED TO PURSUE THE MATTER WITH OUR INSURANCES. HOWEVER, ON 07/11/2020, MY WIFE WOKE UP FEELING SOME DISCOMFORT ON HER NECK AND SHOULDERS, SHE HAS SINCE VISITED NORWOOD MEDICAL CLINIC WHERE SHE RECEIVED 5DAYS MC. I WISH TO STATE THAT I DON NOT HAVE ANY IN VEHICLE CAMERA INSTALLED.

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	SHA9112B
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

MR TEO

NRIC/Passport Number

Contact Number

90730503

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KAVITHA ARUMUGAM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

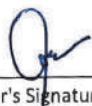
SKETCH PLAN


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**.
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. 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:

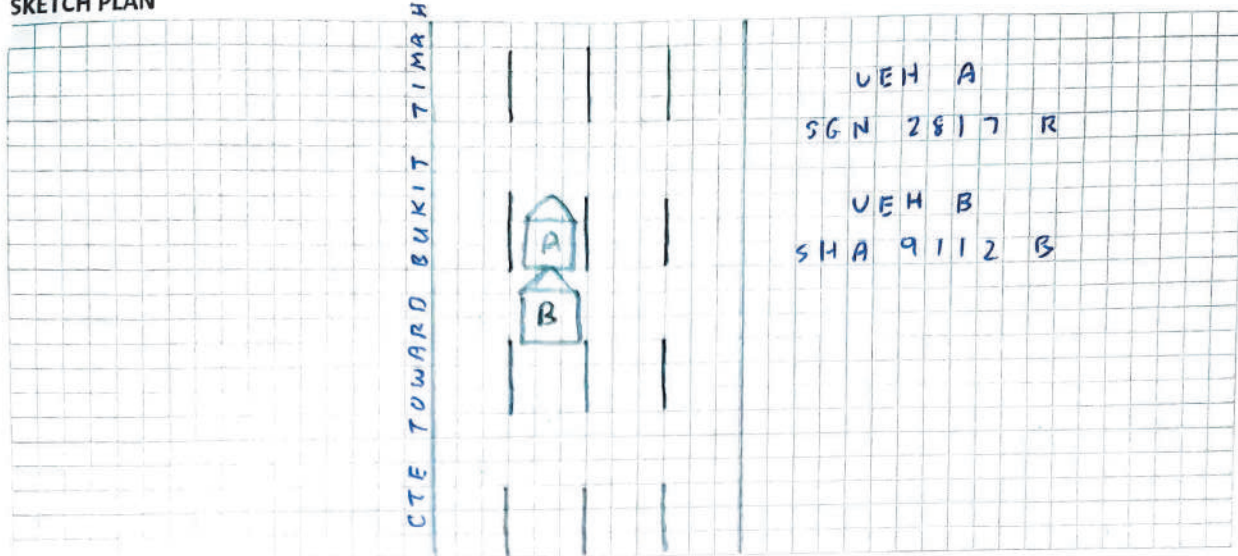
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

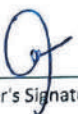



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report

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.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201107/2048

1 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

-Report No. T/20201107/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2020 14:04		Vide Report No.:		Station Diary No.: 69
Informant's Particulars				
Name of Informant: TAMIZH SELVAM MUNUSAMY		Address: APT BLK 782A WOODLANDS CRESCENT #05-303 SINGAPORE 731782		
ID Type / ID No.: NRIC NO / S7388931F		Contact No.: Home/Office:		Mobile: 97363536
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 47	Date of Birth: 31/08/1973	Type of Informant: Driver	
Race: Indian		Language: English		Institution / School Name:
Occupation: MANUFACTURING MANAGER		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/11/2020 20:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGN2817R	Car	TOYOTA	WISH 1.8 A	Silver	Slightly Damaged	1
SHA9112B	Car	HYUNDAI		Yellow	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SGN2817R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900234991	14/11/2019	13/11/2020	

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201107/2048

2 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20201107/2048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	KAVITHA ARUMUGAM	ID No.	S8156563E
Related Vehicle	SGN2817R (Car)	Contact No.	NIL
Hospital/Clinic	NORWOOD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAMIZH SELVAM MUNUSAMY	ID No.	S7388931F
Related Vehicle	SGN2817R (Car)	Contact No.	97363538
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TEO	ID No.	NIL
Related Vehicle	SHA9112B (Car)	Contact No.	90730503
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/11/2020 at about 2000hrs, I was driving my vehicle bearing registration number SGN2817R along CTE towards the exit of Bukit Timah Rd. I was travelling at on lane 2 of the 4 lane road at a speed of about 80km/h. At the material time, there was heavy traffic and the vehicles in front of me came to an abrupt stop suddenly. I had managed to stop my vehicle in time however felt a collision from my rear.

I later discovered that a taxi bearing registration number SHA9112B that was travelling behind me on lane 4 was intending to filter towards lane 2 when traffic came to a stop and he could not stop in time.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20201107/2048

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 4

Report No. T/20201107/2048

CONTINUATION OF REPORT

At the time of the incident, my wife had experienced some pain on her left head however we both agreed to pursue the matter with our insurances.

However, on 07/11/2020, my wife woke up feeling some discomfort on her neck and shoulders, she has since visited Norwood Medical Clinic where she received 5 days of MC.

I wish to state that I do not have any in vehicle camera installed.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20201107/2048

4 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20201107/2048

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:

L /

Sgt 3 TAN SWEE WEE AARON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/11/2020 14:04

Officer In Charge Of Case

TP / AEIT /

SSI2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP155