

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 Submission	03/12/2020 15:23 (SGT)
Date of Accident	02/12/2020 14:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS LORNIE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2186X
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SREETHARAN S/O RAMACHANDRAN
NRIC No	SXXXX543F
Email Address	s_sansay_92@hotmail.com
Mobile Phone No	(Phone) +65-85334527
Alternative Phone No	+65-85334527

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	511240208-01
Cover Note Number	-

DRIVER

Name of Driver	SREETHARAN S/O RAMACHANDRAN
NRIC No	SXXXX543F
Date Of Birth	27/08/1958
Occupation	Outdoor

Date Of Driving Pass	28/09/1978
Driving experience	42 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85334527
Alt. Phone Number	+65-85334527
Email Address	s_sansay_92@hotmail.com
Address	BLK 500 SERANGOON NORTH AVENUE 4
Address complement	#04-520
Postcode	550500
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201203/2027.

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	SLR4494U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SREETHARAN S/O RAMACHANDRAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMP2186X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

03/12/2020
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan grid showing vehicle positions and details:

Vehicle A: Δ A

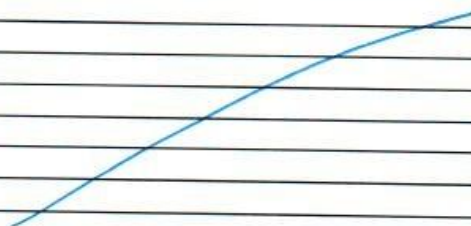
Vehicle B: Δ B

Other details: A: SMP 2186X, B: SLR 44944

Additional note: PIE fuds lwrnie rd

Describe Circumstances of the Accident

Refer to police report - 7/10/201703/2227.



Declaration

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

03/12/2020

 Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel





























SINGAPORE POLICE FORCE



T/20201203/2027

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 4

Report No. T/20201203/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2020 12:04	Vide Report No.:	Station Diary No.: 19
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SREETHARAN S/O RAMACHANDRAN	Address: APT BLK 500 SERANGOON NORTH AVENUE 4 #04-520 SINGAPORE 550500		
ID Type / ID No.: NRIC NO / S1335543F	Contact No.: Home/Office: Mobile: 85334527		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 62	Date of Birth: 27/08/1958	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2020 14:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		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
SLR4494U	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey	No Damage	0
SMP2186X	Car	HONDA	VEZEL 1.5X CVT	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------


**SINGAPORE
POLICE FORCE**


T/20201203/2027

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 4

Report No. T/20201203/2027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP2186X	NTUC Income Insurance Co-Operative Limited	5112640208-01	16/09/2020	15/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE ,OMGREM ELLIOT	ID No.	S8502906A
Related Vehicle	SLR4494U (Car)	Contact No.	90097420
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
Driver			
Name	SREETHARAN S/O RAMACHANDRAN	ID No.	S1335543F
Related Vehicle	SMP2186X (Car)	Contact No.	85334527
Hospital/Clinic	CHEN FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/12/2020	Date Discharge	03/12/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 02/12/2020 at around 1410hrs, I was driving my vehicle SMP2186X along PIE towards Lornie Road. The weather was clear, road was dry and traffic was heavy.

I was driving at the 2nd lane and there was a roadwork at the 1st lane. I noticed there was an accident at the front of me, thus I slowed down my vehicle wanting to shift to another lane.

However, after I had slowed down my vehicle, the vehicle behind me SLR4494U hit onto the rear of my vehicle. The impact was huge, I off my vehicle and made a check with the rear driver.

The driver did not mention much and claimed he wanted to leave it to insurance to settle the matter. There was a passenger in my vehicle and he claimed that he did not require any immediate medical assistance and will see a doctor later.

Thus, no ambulance or police was activated. I went to see a doctor on 03/12/2020 as I felt pain at on my



**SINGAPORE
POLICE FORCE**



T/20201203/2027

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 4

Report No. T/20201203/2027

CONTINUATION OF REPORT

left back and was given 4 days MC by the doctor. I took photos of the incident however I did not have any footage of the incident. I was advised to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20201203/2027

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

4 of 4

Report No. T/20201203/2027

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:
F /
Sgt 2 LAM CHEW KIT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/12/2020 12:04

Officer In Charge Of Case:
TP / AEIT /

Classification Of Case:

SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219 SN 154

Authentication Stamp
NP168 Signature:

Singapore Police Force

