# **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 witholding 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.

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   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 27/01/2021 14:51 (SGT) Date of Accident 26/01/2021 08:15 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TWDS CHANGI** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLC432D

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **RAVINDRAN DHINESH** NRIC No. SXXXX455B Email Address r dhinesh@yahoo.com Mobile Phone No (Phone) +65-85185765 Alternative Phone No +65-85185765

### VEHICLE PARTICULARS

Manufacturer Mazda Model Variant 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 - Claiming third party Vehicle Category Private car

### INSURANCE COMPANY

Name of Insurance Company **FWD** Type of Coverage Comprehensive Fleet Policy Policy Number PNPV2018-00004044-02 Cover Note Number

# DRIVER

Name of Driver **RAVINDRAN DHINESH** NRIC No SXXXX455B Date Of Birth 04/04/1976 Occupation Indoor

Date Of Driving Pass 21/08/2015 Driving experience 5 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-85185765 Alt. Phone Number +65-85185765 Email Address r\_dhinesh@yahoo.com Address 62 ELIAS ROAD Address complement #06-05 Postcode 519939 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210126/7008 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	SLG5838M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	_

Address	
Address complement	
Postcode	<b>-</b>
Insurance Company Name	
Nature Of Damage	
Details of property damaged in acciden	nt
No. Of Passenger (Including Driver)	

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EK3436P
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 Address	RAVINDRAN DHINESH
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK & SHOULDER
Injured person in which vehicle?	SLC432D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

l 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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

DIE TWAS CHANGI	P SLC 4320
C	(B) 5L6 5838M
A	© EK 3436 P
8	

Describe Circumstances of the Accident	
On 26 01.2021 at about 08:15hrs, I was threlling	2
along PIE Tods Chant (Near Too Payoh). The traffic was o	N
	by,
I follow suit. While writing all of a sudden of Elt an ho	rd
Impact from the year. Then I realised a rehicle SL6 5836m	
had collided onto my rear. Due to the hard injust, my which ha	d
moved forward and collided onto EK 3436P. Potal 3 relicles	)
had involved in the accident. That's all.	

# Declaration

VWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel





Report No. T/20210126/7008

2 of 3

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

CONTINUATION OF REPORT

	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company			
SLC432D	FWD Singapore Pte, Ltd	PNPV2018- 00004044-02	28/04/2020	27/04/2021
SLG5838M	TOKIO MARINE INSURANCE SINGAPORE LTD			

Any Pedestrian Ir	volved: No		W			
No. of Pedestrian			Use of Ped	destrian	Cross	ing: NA
Driver		HE HAVE	AND ENDINE	4.76		
Name	RAVINDRAN DHINESH		ID No.		S7655455B	
Related Vehicle	SLC432D (Car)			Contac	ct No.	85185765
Hospital/Clinic	NIL			Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
	ted Medical Leave	03	Degree of		Sligh	

# Brief Details.

ON STATED TIME & DATE, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI AIRPORT NEAR TOA PAYOH. THE TRAFFIC WAS ON SLOW MOVED. AHEAD OF ME THERE'S A VEHICLE SLOW DOWN AND STOP, I FOLLOW SUIT. WHILE WAITING, ALL OF A SUDDEN I FELT AN HARD IMPACT FROM THE REAR. THEN I REALISED A VEHICLE SLG5838M HAD COLLIDED ONTO MY VEHICLE. DUE TO THE HARD IMPACT, MY VEHICLE WAS MOVED FORWARD AND COLLIDE ONTO EK 3436P. TOTAL 3 VEHICLES WAS INVOLVED. DUE TO THE ACCIDENT, I CONSULT A DOCTOR AT UNIHEALTH 24-HR CLINIC (TOA PAYOH) AND WAS GIVEN 3 DAYS OF MC. THAT'S ALL.





































Report No. T/20210126/7008

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

consultant/business analyst

REPORT C	F A TRAFFIC	ACCIDENT			
Date/Time Report Made: 26/01/2021 10:35			Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
	Informant:		Address: 62 ELIAS ROAD #06-05 SING	SAPORE 519939	
ID Type / ID No.: NRIC NO / S7655455B			Contact No.: Home/Office:	Mobile: 85185765	
Nationality: INDIAN			Email: r_dhinesh@yahoo.com		
Sex: Male	Age:	Date of Birth: 04/04/1976	Type of Informant: Driver		
Race:			Language: English	Institution / School Name:	
Occupation: IT business process		s	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2021 08:15	Type of Location Straight Road
Location: PAN ISLAND	EXPRESSWAY			
Weather:		Road Surface:	Re	oad Speed Limit:
Weather: Clear		Road Surface: Dry	d who	
Weather: Clear Traffic Flow: One Way		1.000	Tr	pad Speed Limit: raffic Volume: oderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
EK3436P	Car					0
SLC432D	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.5L SP.6EAT SR LED	Grey		0
SLG5838M	Car					0





Police Station Of Origin: Traffic Police

Report No. T/20210126/7008

2 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company			
SLC432D	FWD Singapore Pte, Ltd	PNPV2018- 00004044-02	28/04/2020	27/04/2021
SLG5838M	TOKIO MARINE INSURANCE SINGAPORE LTD			

Any Pedestrian Ir	volved: No		W			
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver		HE HAVE	AND ENDINE	4.76		
Name	RAVINDRAN DHINESH			ID No.		S7655455B
Related Vehicle	SLC432D (Car)			Contact No.		85185765
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days granted Medical Leave 03			Degree of	Degree of Slight		

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Sketch Plan



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

Informant is not able to provide sketch

3 of 3 Report No. T/20210126/7008

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 26/01/2021 10:35			
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:			

NP168

**Authentication Stamp**