

# 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 ..... 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 ..... 6  
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 ..... No  
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 .....	Male
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 .....	3
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) .....	1
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 .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
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 .....	RAVINDRAN DHINESH
Address .....	-
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





## Describe Circumstances of the Accident

On 26.01.2021 at about 06:15hrs, I was travelling along PIE Tudu Chang (Near Toa Payoh). The traffic was on slow moving. 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 SL6 5838M had collided onto my rear. Due to the hard impact, my vehicle had moved forward and collided onto EK 3436P. Total 3 vehicles had involved in the accident. That's all.

## Declaration

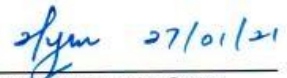
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210126/7008

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

Report No. T/20210126/7008

**CONTINUATION OF REPORT**

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

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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	Slight

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.









































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

Report No. T/20210126/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/01/2021 10:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: RAVINDRAN DHINESH			Address: 62 ELIAS ROAD #06-05 SINGAPORE 519939		
ID Type / ID No.: NRIC NO / S7655455B			Contact No.: Home/Office:		Mobile: 85185765
Nationality: INDIAN			Email: r_dhinesh@yahoo.com		
Sex: Male	Age: 44	Date of Birth: 04/04/1976	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: IT business process consultant/business analyst			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

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: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
EK3436P	Car					0
SLC432D	Car	MAZDA	MAZDA6 4-DOOR SEDAN 2.5L SP.6EAT SR LED	Grey		0
SLG5838M	Car					0





**SINGAPORE  
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Tel No: 65470000

Report No. T/20210126/7008

**CONTINUATION OF REPORT**

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

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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	Slight

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.



**SINGAPORE  
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T/20210126/7008

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Police Station Of Origin:  
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Report No. T/20210126/7008

**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:  
26/01/2021 10:35

Classification Of Case: