

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 10:31 (SGT)
Date of Accident 26/01/2021 07:50 (SGT)
Exact Location of Accident Near AYE, Singapore
Additional Location Information TUAS ROAD UNDERPASS EXIT 41
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF8938G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VENU MOTURU
NRIC No SXXXX875C
Email Address MOTURUVENU@HOTMAIL.COM
Mobile Phone No (Phone) +65-98802621
Alternative Phone No (Home) +65-65192869

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800142088-01
Cover Note Number -

DRIVER

Name of Driver VENU MOTURU
NRIC No SXXXX875C
Date Of Birth 15/06/1969
Occupation Indoor

Date Of Driving Pass	24/02/2010
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98802621
Alt. Phone Number	(Home) +65-65192869
Email Address	MOTURUVENU@HOTMAIL.COM
Address	BLK 633 JURONG WEST ST 65
Address complement	#14-306
Postcode	640633
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?	Yes
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	SARAVANAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 26/1/2021 AT ABOUT 750HRS, I WAS DRIVING MY CAR (VEHICLE NUMBER: SMF8938G) ALONG AYE HEADING TOWARDS TUAS. NEAR TO EXIT 41, THE ROAD HAD BECOME DOWNHILL. HOWEVER, THE CARS IN FRONT OF ME WERE STILL TRAVELLING AT THE SAME SPEED OF ABOUT 60KM/H. ALL OF A SUDDEN, THE CAR (VEHICLE NUMBER: SJG7294S) IN FRONT OF ME HAD COME TO A STOP. I NOTICED IT TOO LATE AND WAS UNABLE TO STOP IN TIME. THE FRONT OF MY CAR HAD COLLIDED INTO THE REAR OF THE CAR IN FRONT OF ME. THE IMPACT CAUSED SLIGHT DAMAGES TO THE FRONT OF MY CAR, WHILE THE OTHER PARTY'S (ROSLEE, HP: +65 9656 542) CAR HAD SERIOUS DAMAGED TO THE REAR AREA.

WE BOTH EXITED OUR VEHICLES AND EXCHANGED INFORMATION. INITIALLY, ROSLEE WAS NOT HURT AND DID NOT REQUIRE AMBULANCE. HOWEVER, A WHILE LATER, HE TOLD ME THAT HE WAS FEELING GIDDY. I WAS WORRIED ABOUT HIS SAFETY AND DECIDED TO CALL FOR AMBULANCE. SHORTLY AFTER, BOTH AMBULANCE AND TRAFFIC POLICE HAD ARRIVED AT SCENE. THE TRAFFIC POLICE OFFICER TOOK MY MEMORY CARD (LIVE 32GB MICROSD-SMF8938G). ROSLEE WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL BY AMBULANCE. I WAS INSTRUCTED BY THE TRAFFIC POLICE OFFICER TO REPORT TO TRAFFIC POLICE HEADQUARTERS ON 28/01/2021.

I WISH TO INFORM THAT THIS IS THE FIRST TIME I HAD GOTTEN INTO AN ACCIDENT WITH ANOTHER CAR.

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJG7294S
 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 ROSLEE
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SJG7294S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

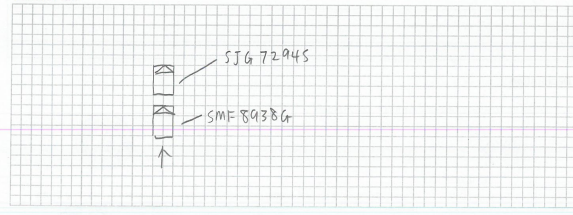
SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- Any false reporting may be referred to the Police for investigation.
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- 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.
- 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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time 8:45 AM	Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel Tony Foo
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Sketch Plan





Describe Circumstances of the Accident


Please Refer to the Traffic Police
Report: T/20210126/2077

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time 8:45 AM.


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


 Witnessed by Reporting Centre Personnel Tony Fong

























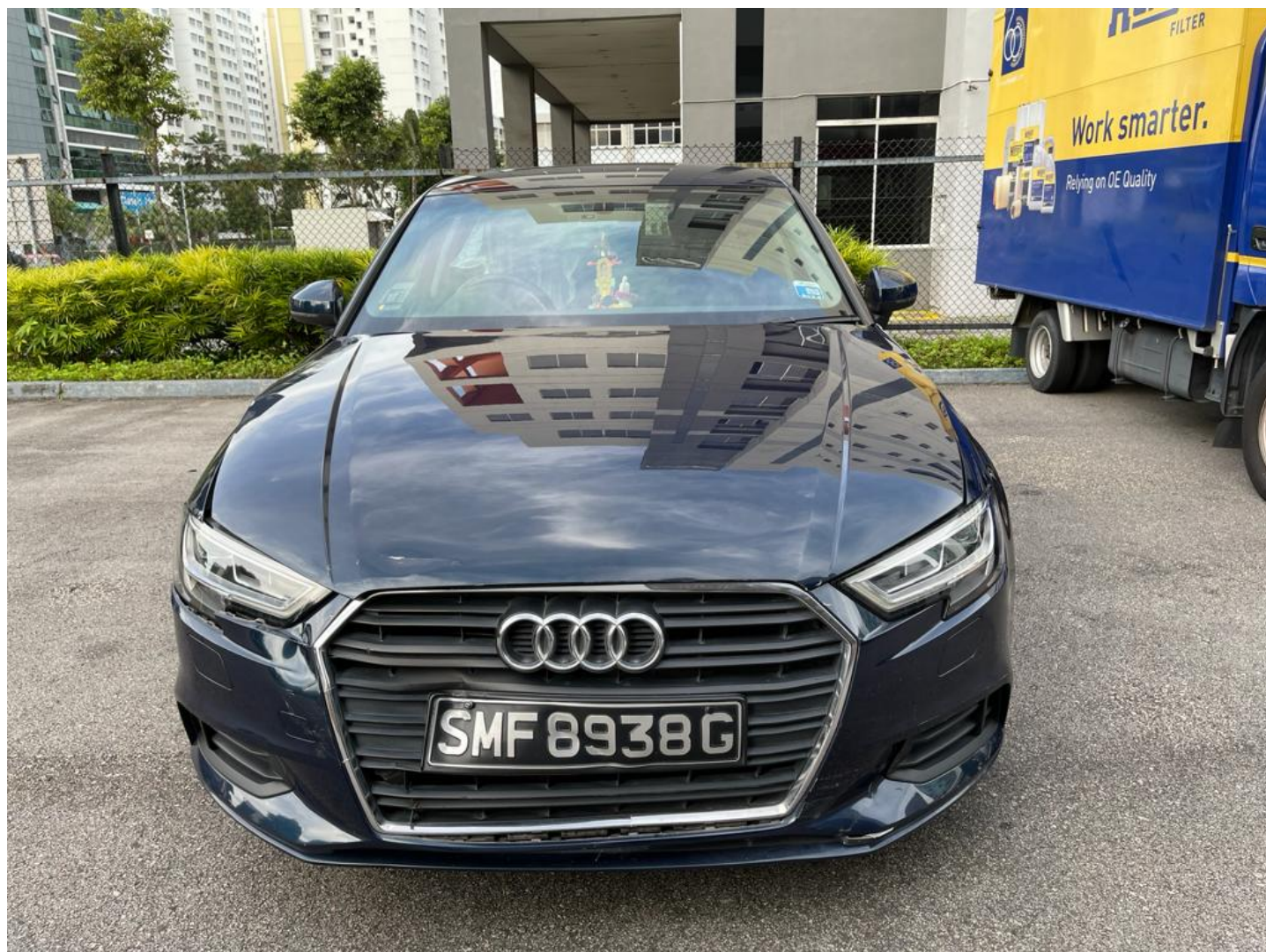












SINGAPORE POLICE FORCE		T/20210126/2077				
Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999		1 of 3 Report No. T/20210126/2077				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 26/01/2021 16:57		Vide Report No.:	Station Diary No.: 72			
Informant's Particulars						
Name of Informant: VENU MOTURU		Address: APT BLK 633 JURONG WEST STREET 65 #14-306 SINGAPORE 640633				
ID Type / ID No.: NRIC NO / S6962875C		Contact No.:	Mobile: 98802621			
Nationality: INDIAN		Email:				
Sex: Male	Age: 51	Date of Birth: 15/06/1969	Type of Informant: Driver			
Race: Indian		Language:	Institution / School Name:			
Occupation: QUALITY ENGINEER		Driving Licence Information: Class: 3 Date of Expiry:				
General Information of the Accident						
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/01/2021 07:50			
Type of Location: Downhill						
Location: AYER RAJAH EXPRESSWAY						
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h				
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate				
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: Yes				
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG7294S	Car	TOYOTA	AXIO	Blue	Seriously Damaged	0
SMF8938G	Car	AUDI	A3 SEDAN 1.4 TFSI COD S TRONIC	Blue	Slightly Damaged	1
Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		

SINGAPORE POLICE FORCE		T/20210126/2077		
Police Station Of Origin: Nanyang N.P.C. 2 Jurong West Avenue 5 SINGAPORE 649462 Tel No: 1800-7929999		2 of 3 Report No. T/20210126/2077		
CONTINUATION OF REPORT				
Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMF8938G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800142088-01	28/11/2020	27/11/2021
Brief Details. On 26/01/2021 at about 0750hrs, I was driving my car (Vehicle Number: SMF8938G) along AYE heading towards Tuas. Near to exit 41, the road had become downhill. However, the cars in front me were still travelling at the same speed of about 60km/h. All of a sudden, the car (Vehicle Number: SJG7294S in front me had come to a stop. I noticed it too late and was unable to stop in time. The front of my car had collided into the rear of the car in front of me. The impact caused slight damages to the front of my car, while the other party's (Roslee, HP: +65 9656 0542) car had serious damages to the rear area. We both exited our vehicles and exchanged information. Initially, Roslee was not hurt and did not require Ambulance. However, a while later, he told me that he was feeling giddy. I was worried about his safety and decided to call for Ambulance. Shortly after, both Ambulance and Traffic Police had arrived at scene. The Traffic Police officer took my memory card (Live 32GB microSD-SMF8938G). Roslee was conveyed to Ng Teng Fong General Hospital by Ambulance. I was instructed by the Traffic Police Officer to report to Traffic Police Headquarters on 28/01/2021. I wish to inform that this is the first time I have gotten into an accident with another car.				

 SINGAPORE POLICE FORCE		 T/20210126/2077
Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999		3 of 3 Report No. T/20210126/2077
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: J / SC2 RAHIK RAHMAN	Signature Of Informant: 	Date/Time: 26/01/2021 16:57
Signature Of Interpreter: Not applicable	Classification Of Case:	
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252		
 Stamp		