

# 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 ..... 05/02/2021 17:52 (SGT)  
Date of Accident ..... 04/02/2021 18:30 (SGT)  
Exact Location of Accident ..... KJE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN8601K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... BUVANESVARI RAMALINGAM  
NRIC No ..... SXXXX518H  
Email Address ..... VIYSHNU321@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-81386425  
Alternative Phone No ..... +65-81386425

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A4  
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 ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120792202  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... VIYSHNU S/O VELMURUGAN  
NRIC No ..... SXXXX993B  
Date Of Birth ..... 24/12/1997  
Occupation ..... Indoor

Date Of Driving Pass .....	14/01/2021
Driving experience .....	1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97384310
Alt. Phone Number .....	-
Email Address .....	VIYSHNU321@GMAIL.COM
Address .....	100 PUNGGOL WALK #03-03
Address complement .....	-
Postcode .....	828790
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	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

REFER TO POLICE REPORT T/20210204/7031

#### 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 .....	GBJ7789K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	VIYSHNU S/O VELMURUGAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMN8601K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

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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:

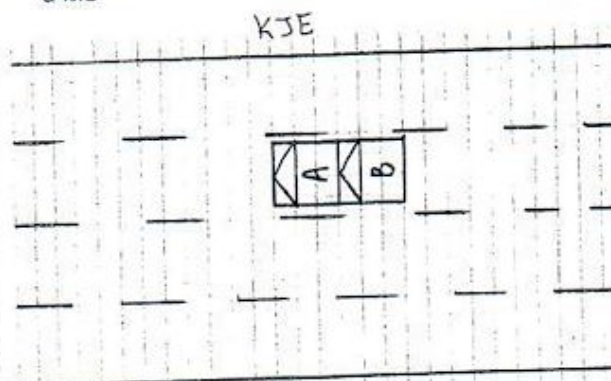
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A: SMN8601K  
B: GBJ7789K

Refer to police report T/2021020417031

We declare the foregoing particulars are true in every respect.

  
Driver's Sig

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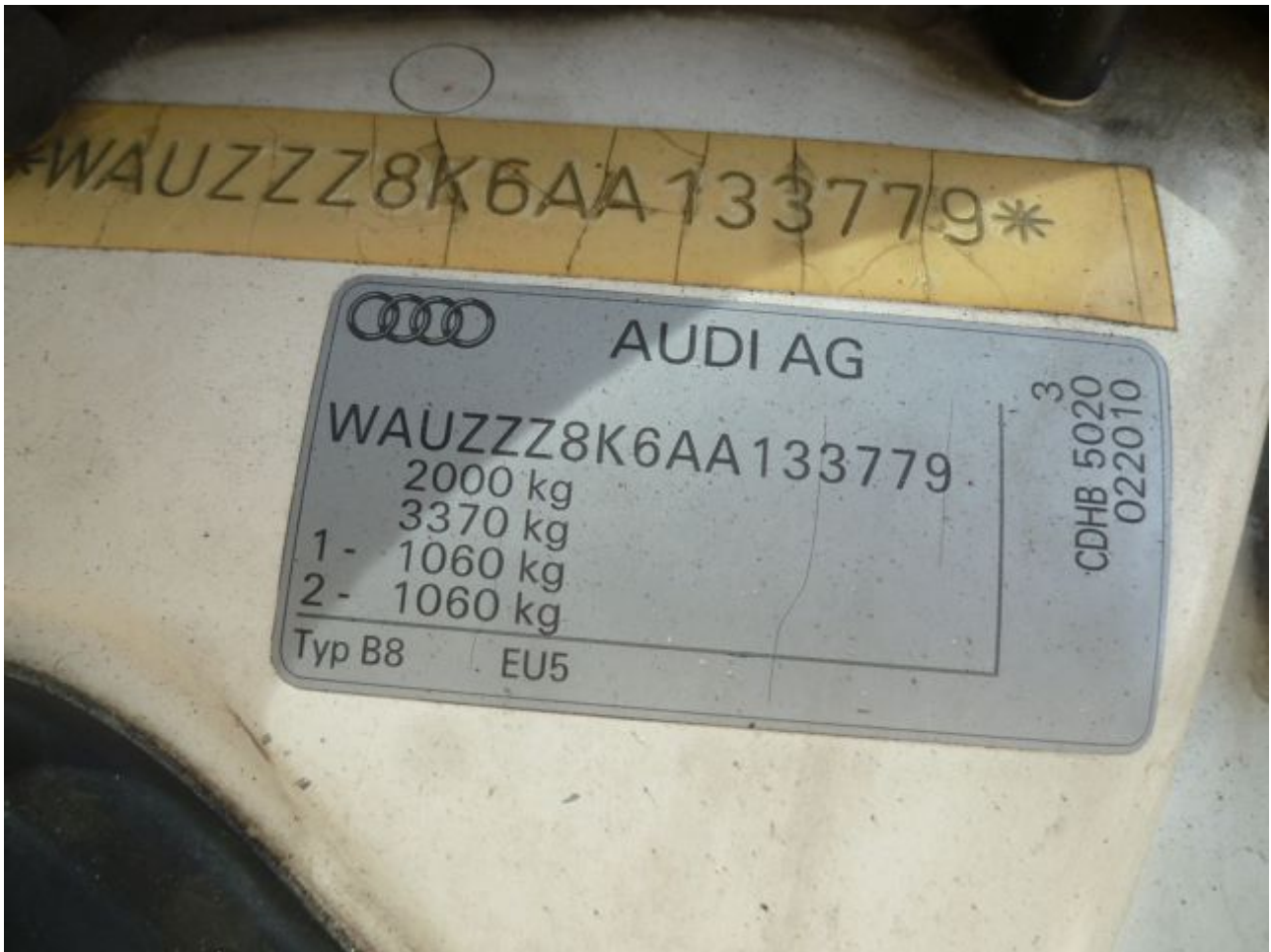













**SINGAPORE  
POLICE FORCE**


T/20210204/7031

1 of 3

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

Report No. T/20210204/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/02/2021 19:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: VIYSHNU S/O VELMURUGAN			Address: 100 PUNGGOL WALK #03-03 SINGAPORE 828790		
ID Type / ID No.: NRIC NO / S9745993B			Contact No.: Home/Office:                      Mobile: 97384310		
Nationality: SINGAPORE CITIZEN			Email: VIYSHNU321@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 24/12/1997	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: ADMIN			Driving Licence Information: Class:                      Date of Expiry:		

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/02/2021 18:30	Type of Location:	
Location:  KRANJI EXPRESSWAY					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBJ7789K	Lorry					0
SMN8601K	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210204/7031

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210204/7031

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	VIYSHNU S/O VELMURUGAN		ID No. S9745993B
Related Vehicle	SMN8601K (Car)		Contact No. 97384310
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On the stated date and time, I was driving my vehicle (SMN8601K) along KJE on the second lane. I was stationary as the traffic was very heavy at that point of time. Out of sudden, I felt an impact from my rear. When I went down to check, I realized vehicle (GBJ7789K) had collided onto the rear portion of my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20210204/7031

3 of 3

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

Report No. T/20210204/7031

**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 / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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:  
04/02/2021 19:29

Classification Of Case: