

SV0M2128000B / VICOM LTD (VAC) - Sin Ming [575718]
 ENTRY DATE & TIME: 08/02/2021 16:19 (SGT)
 SUBMITTED BY: Zarifah Majeed
 VERSION: 1 (08/02/2021 16:19 (SGT))

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	08/02/2021 16:19 (SGT)
Date of Accident	06/02/2021 21:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE Slip Road Towards CTE (SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF6168A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chappidi Pattabhi Narasimha Rao
NRIC No	SXXXX266D
Email Address	raocpn@hotmail.com
Mobile Phone No	(Phone) +65-91873105
Alternative Phone No	+65-91873105

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V12780/PC2/R01Q
Cover Note Number	-

DRIVER

Name of Driver	Chappidi Pattabhi Narasimha Rao
NRIC No	SXXXX266D
Date Of Birth	20/02/1968
Occupation	Indoor

Date Of Driving Pass	21/12/2010
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91873105
Alt. Phone Number	+65-91873105
Email Address	raocpn@hotmail.com
Address	353 Kang Ching Road #02-49
Address complement	-
Postcode	610353
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Stevanie Nur Rindyanie
Gender	Female

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 Sketch Plan

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	SLX3762X
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	SLB5431D
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	Chappidi Patabhi Narasimha Rao
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	52
Injuries Sustained	3 days medical leave
Injured person in which vehicle?	SMF6168A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	Stevanie Nur Rindyanie
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMF6168A
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

IDAC KAKI BUKIT (VICOM LTD)
23 KAKI BUKIT AVENUE 4 S(415933)

Witnessed by Reporting Centre Personnel

Sketch Plan

BRADILL	CTE(SLE)	
↑	↑	
	△	
	C	
	△	
	A	
	△	
	B	

A: SMF 6168A

B: SLX 3762X

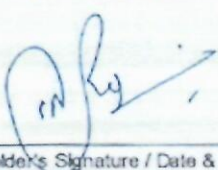
C: SLB 5431D

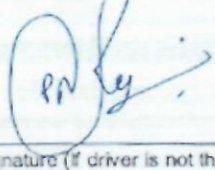
Describe Circumstances of the Accident

Please refer to police report (Report x/0.7/20210208/7020)

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

IDAC KAKI BUKIT (VICOM LTD)
 23 KAKI BUKIT AVENUE 4S(415933)
 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210208/7020

1 of 3

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

Report No. T/20210208/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2021 13:39	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: CHAPPIDI PATTABHI NARASIMHA RAO			Address: 353 KANG CHING ROAD #02-49 SINGAPORE 610353	
ID Type / ID No.: NRIC NO / S6866266D			Contact No.: Home/Office:	Mobile: 93873105
Nationality: INDIAN			Email: RAOCPN@HOTMAIL.COM	
Sex: Male	Age: 52	Date of Birth: 20/02/1968	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2021 21:30	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: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLB5431D	Car					1
SLX3762X	Car					0
SMF6168A	Car					1



**SINGAPORE
POLICE FORCE**



T/20210208/7020

2 of 3

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

Report No. T/20210208/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	STEVANIE NUR RINDYANIE	ID No.	NIL
Related Vehicle	SMF6168A (Car)	Contact No.	87677088
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	NIL
Driver			
Name	CHAPPIDI PATTABHI NARASIMHA RAO	ID No.	S6866266D
Related Vehicle	SMF6168A (Car)	Contact No.	93873105
Hospital/Clinic	MEDICAL CENTRE KEPPEL FELS LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/02/2021	Date	08/02/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 6th February 2021, at about 09:30pm, I was travelling along the slip road towards CTE(SLE). I was driving straight on the right lane. The vehicles in front of me slowed down and stopped due to the heavy traffic. Noticing that, I followed suit and came to a halt. After a few seconds, I felt a huge impact from the rear. The impact was so huge that it pushed my vehicle forward and hit onto the vehicle in front of me (SLB5431D). I alighted and realised vehicle SLX3762X had collided onto my vehicle and I was involved in a chain collision involving 3 vehicles in total.

On 8th February 2021, I went to Medical Centre Keppel Fels Ltd to seek treatment and was issued with 3 days MC

I am lodging this report for insurance claims purpose.



**SINGAPORE
POLICE FORCE**



T/20210208/7020

3 of 3

Report No. T/20210208/7020

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

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 /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

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:
08/02/2021 13:39

Classification Of Case: