# **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.

  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 06/03/2021 14:48 (SGT) Date of Accident 05/03/2021 09:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS AIRPORT DETOUR KALLANG WAY EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Private hire

Vehicle Registration Number SKR3525H

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SUPERTEC LIMOUSINE PTE LTD Company Reg No 2XXXXX332H **Email Address** SUPERTECLIMO@GMAIL.COM Mobile Phone No (Phone) +65-97777478 Alternative Phone No +65-97777478

## VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category

INSURANCE COMPANY

Name of Insurance Company Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number P2385128 Cover Note Number

#### DRIVER

Name of Driver VALAM PURI MARAN S/O KRISHNAN NRIC No SXXXX394A Date Of Birth 13/02/1962 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	07/12/1999 21 YEARS AND 3 MONTHS Male (Phone) +65-97777478 - MARANVIP3062@GMAIL.COM 436 TAMPINES ST 43 #03-107 - 520436 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  PASSENGER 1	No 3 Yes No Yes 2 No
Name	P.TAMILSELVI
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE	EPTE LTD 67415336
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SLS5215Y

Vehicle Registration Number

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	SLG2962G
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 Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	
INJURED 2	
Name of injured person Address	P.TAMILSELVI -
Address Complement Post Code	
Approximate Age Years Old Injuries Sustained	
Injured person in which vehicle? Were seat belts worn?	SKR3525H Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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)

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

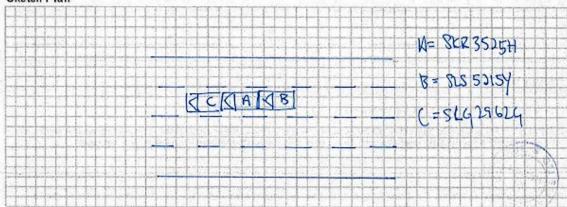
Policyholder's Signature / Date &

100911331H #OC:

Policyholder's Signature / Date 8 Time Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe Circumstances of the Accident

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























Police Station Of Origin:

Traffic Police

Report No. T/20210305/7024

1 of 3

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2021 16:50			Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: PURI MAR AN		Address: 436 TAMPINES STREET 43	#03-107 SINGAPORE 520436
	/ ID No.: D / S15383	94A	Contact No.: Home/Office:	Mobile: 97777478
National SINGAP	ity: ORE CITIZ	ΈN	Email: maranvip3062@gmail.com	
Sex: Male	Age: 59	Date of Birth: 13/02/1962	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Private Vehicle Hirer			Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

Seneral Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Date/Time of Accident: No 05/03/2021 09:4		Type of Location: Straight Road
	EXPRESSWAY			2
Weather:		Road Surface: Dry		
Clear		Dry		toad Speed Limit:
Clear Traffic Flow: Dual Carriage	e Way	Dry Traffic Control: Not Controlled		raffic Volume:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKR3525H	Car	TOYOTA	Vios	Black	Slightly Damaged	1
SLG2962G	Car				Slightly Damaged	0



T/20210305/7024

2 of 3

Report No. T/20210305/7024

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

## CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLS5215Y	Car				Slightly Damaged	0

Details of Perso	n Involved						
Any Pedestrian Ir	nvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA			
Passenger							
Name	P TAMILSELVI			ID No		S1809164Z	
Related Vehicle	SKR3525H (Car)			Conta	ct No.	NIL	
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class Drivin Licend Expire	g ce &	Class: 2B,2A,2 Date of Expiry: NIL	
Date	05/03/2021 Date				05/03/2021		
No. of Days gran	ted Medical Leave 03 Degre			of	Slight		
Driver							
Name	VALAM PURI MARAN S/O KRISHNAN			ID No		S1538394A	
Related Vehicle	SKR3525H (Car)			Conta	ict No.	97777478	
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class Drivin Licen Expir	g ce &	Class: 2B,2A,2 Date of Expiry: NIL	
Date	05/03/2021	- Unit of the control	Date	120	05/03	3/2021	
No. of Days gran	ted Medical Leave	03	Degree of	of	Sligh	t	

## Brief Details.

I was travelling along PIE towards the direction of Changi Airport. The traffic came to a halt and I also stopped my car. The car behind me (SLS5215Y) did not stop in time and collided into the rear of my car. The impact caused my car to jerk forward and hit the car (SLG2962G) in front of me. All parties exchanged phone details and left.

Subsequently my wife, who is my passenger at the point of accident and I sought medical treatment at Unihealth Clinic (Bedok) and we were given 3 days MC.





T/20210305/7024

3 of 3

Report No. T/20210305/7024

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 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: 05/03/2021 16:50
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168

Authentication Stamp

