

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 08/03/2021 12:13 (SGT)
Date of Accident 06/03/2021 12:40 (SGT)
Exact Location of Accident Dunearn Rd, Singapore
Additional Location Information SLIP RD INTO WHITLEY RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV6151A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAJARAMAN SUNDAR
NRIC No SXXXX279G
Email Address SUNDARRAJARAMAN@GMAIL.COM
Mobile Phone No (Phone) +65-83181685
Alternative Phone No +65-83181685

VEHICLE PARTICULARS

Manufacturer Honda
Model City
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 5103196055-02
Cover Note Number -

DRIVER

Name of Driver RAJARAMAN SUNDAR
NRIC No SXXXX279G
Date Of Birth 06/06/1970
Occupation Indoor

Date Of Driving Pass	27/08/1997
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83181685
Alt. Phone Number	+65-83181685
Email Address	SUNDARRAJARAMAN@GMAIL.COM
Address	BLK 542 BUKIT BATOK ST 52 #04-551
Address complement	-
Postcode	650542
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?	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	KARPAGAM RAMESH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

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	SMG2362B
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 RAJARAMAN SUNDAR
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SLV6151A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person KARPAGAM RAMESH
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SLV6151A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

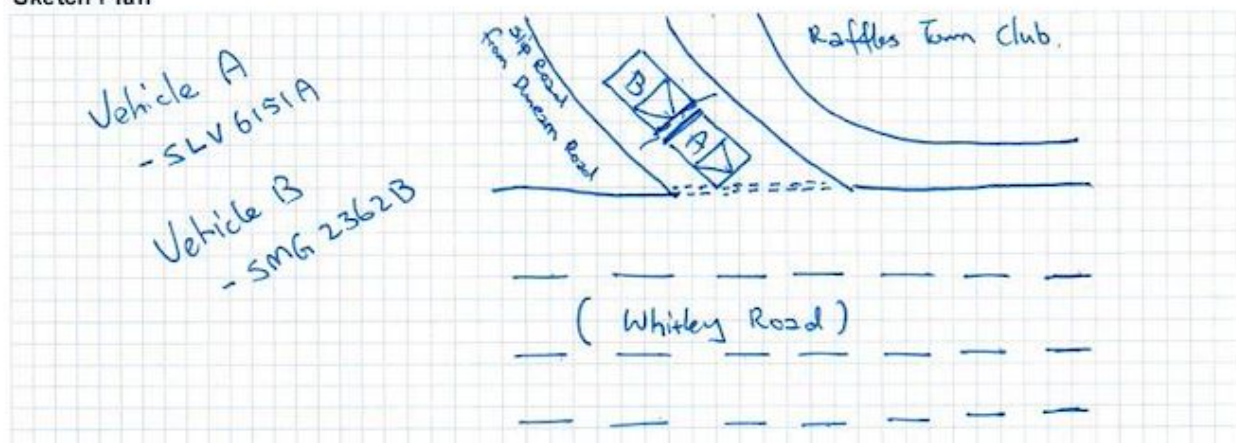
SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This 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. 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 & Time
R. Loh 06 March 2021
 6.07pm

Driver's Signature (If driver is not the policyholder) / Date & Time
R. Loh 06 March 2021

Witnessed by Reporting Centre Personnel
H

Sketch Plan

Describe Circumstances of the Accident

I was driving along Dunearn Road with intention of entering into Whitley Road and I was then on the single track, filter lane entering from Dunearn Road.

While driving straight ahead, and stopped at the give way line of the slip road engaging into Whitley Road. While in the stationary position at the give way line, suddenly I felt a impact from the rear of my vehicle.

I alighted from my vehicle and realized it was a vehicle with licence plate number (SMG 2362B) collided to the rear of my vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - SLV 6151 A

Vehicle B - SMG 2362B

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature]
06 March 2021
6:17 pm

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

[Signature]
06 March 2021

Witnessed by Reporting Centre Personnel

[Signature]











