

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 13/03/2021 15:01 (SGT)
Date of Accident 12/03/2021 14:30 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information TOWARDS TPE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP3585G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KALACHELVAN S/O KAVUNDAR SELLAPPAN
NRIC No SXXXX750B
Email Address vinodh_liverpool@hotmail.com
Mobile Phone No (Phone) +65-96819880
Alternative Phone No +65-84841605

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900007561-01
Cover Note Number -

DRIVER

Name of Driver K. VINODHKANNA
NRIC No SXXXX717H
Date Of Birth 16/05/1996
Occupation Indoor

Date Of Driving Pass	14/01/2016
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84841605
Alt. Phone Number	-
Email Address	vinodh_liverpool@hotmail.com
Address	BLK 627 JURONG WEST STREET 65 #11-386
Address complement	-
Postcode	640627
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	Raining
Road Surface	Wet

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

PLEASE REFER TO POLICE REPORT T/20210313/7001

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	SMD7430X
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 K. VONODHKANNA
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SJP3585G
 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:

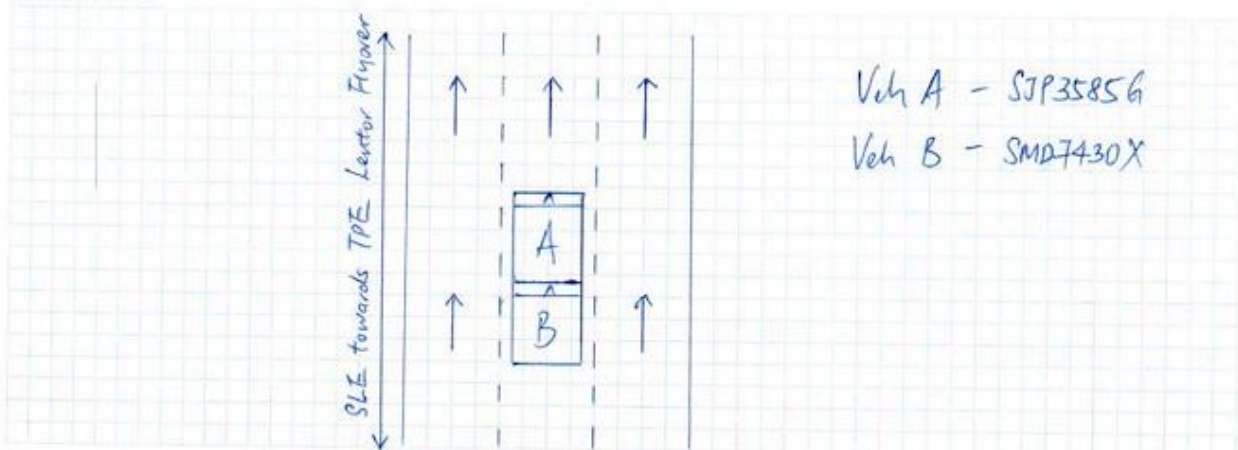
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

Describe Circumstances of the Accident

Refer to Police Report : 7/20210313/7007

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
TimeDriver's Signature (If driver is not the policyholder) / Date
& Time 13/08/2021Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20210313/7001

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

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Report No. T/20210313/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2021 00:56	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: K VINODHKANNA		Address: 627 JURONG WEST STREET 65 #11-386 SINGAPORE 640627	
ID Type / ID No.: NRIC NO / S9617717H		Contact No.: Home/Office: Mobile: 84841605	
Nationality: SINGAPORE CITIZEN		Email: vinodh_liverpool@hotmail.com	
Sex: Male	Age: 24	Date of Birth: 16/05/1996	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/03/2021 14:30	Type of Location: Flyover
Location: SELETAR EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJP3585G	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210313/7001

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

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Report No. T/20210313/7001

CONTINUATION OF REPORT

Driver			
Name	K VINODHKANNA	ID No.	S9617717H
Related Vehicle	SJP3585G (Car)	Contact No.	84841605
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	13/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time I was traveling along seletar express way towards tampines express way. I was traveling On the 2nd lane of 3 lane traffic on lentor flyover. Before seletar west link exit.

Suddenly I felt an impact from my rear. I went down of my vehicle and realise that the vehicle no SMD7430X had rear ended my vehicle. We exchange particular and left the scene.

I suffered soreness on some portion on my body and went to my family clinic Unihealth 24hr clinic (Jurong East) to seek for medical treatment and was issued 3days MC.



**SINGAPORE
POLICE FORCE**

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



T/20210313/7001

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Report No. T/20210313/7001

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
13/03/2021 00:56

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09213D0006 Vehicle Registration No: SJP 3585G
 Name (as shown in NRIC): K. VINODHAKANNA NRIC/FIN/Passport No: SXXX 7174
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8484/605
 Email Address: _____
 Date of Accident: _____ Time of Accident: 14:30
 Place of Accident: 12/03/2021
 Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle LAMBOR 70 SJP 3585G

Policyholder / Driver's Signature
Date:

15/03/2021
Reporting Centre Personnel's Signature
Name: