

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 15/03/2021 20:20 (SGT)
Date of Accident 11/03/2021 16:30 (SGT)
Exact Location of Accident Sungei Kadut Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ5327E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SHANKAR GANESH S/O MOORTHILA
NRIC No SXXXX393D
Email Address darsta_sg@ymail.com
Mobile Phone No (Phone) +65-91662722
Alternative Phone No +65-91662722

VEHICLE PARTICULARS

Manufacturer Jaguar
Model XJ 2.0 TSS SWB SR
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 China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00157862000
Cover Note Number -

DRIVER

Name of Driver SHANKAR GANESH S/O MOORTHILA
NRIC No SXXXX393D
Date Of Birth 10/05/1985
Occupation Indoor

Date Of Driving Pass	18/11/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91662722
Alt. Phone Number	+65-91662722
Email Address	darsta_sg@ymail.com
Address	BLK 427 BUKIT PANJANG RING ROAD #05-703
Address complement	-
Postcode	670427
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)	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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210312/2053

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	GBD7364X
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SITI JURAIMAH BINTE JUSOH
NRIC No	SXXXX036Z
Contact Number	(Phone) +65-91766970
Address	BLK 484 JURONG WEST AVENUE 1

Address complement	#08-95
Postcode	640484
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	SHANKAR GANESH S/O MOORTHILA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLJ5327E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

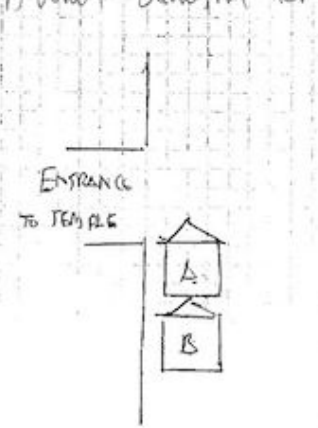
SKETCH PLAN

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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 Sketch Plan	 Driver's Signature (if driver is not the policyholder) / Date & Time Along Sungai Kroyar Ave	 Witnessed by Reporting Centre Personnel 15/03/2021
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Entrance to Temple



A - SLS5327E

B - 6B07369X

Describe Circumstances of the Accident


AS PER STATED TIME & DATE I WAS DRIVING ALONG JUNEBO
 KAMOT AVS GOING TO THE TEMPLE, AS I WAS APPROACHING NEAR
 THE TEMPLE AND ENTRANCE PLANNING TO TURN LEFT INTO THE TEMPLE
 SUDDENLY VEH B (GB07369X) FROM BEHIND REAR EXCEEDED MY
 VEH A (SL55327E) THE IMPACT CAUSES DAMAGES TO MY REAR PORTION
 OF THE VEHICLE AND MYSELF SUFFER INJURIES DUE TO THE IMPACT. WE BOTH
 THEN CAME DOWN TO EXCHANGE OUR PARTICULAR, THE DRIVER OF VEHICLE
 B HAS WRITTEN A STATEMENT TO ADMIT THAT SHE HAD HIT THE REAR SIDE
 OF MY VEHICLE.


POLICE REPORT 7/20210312/2053

Declaration

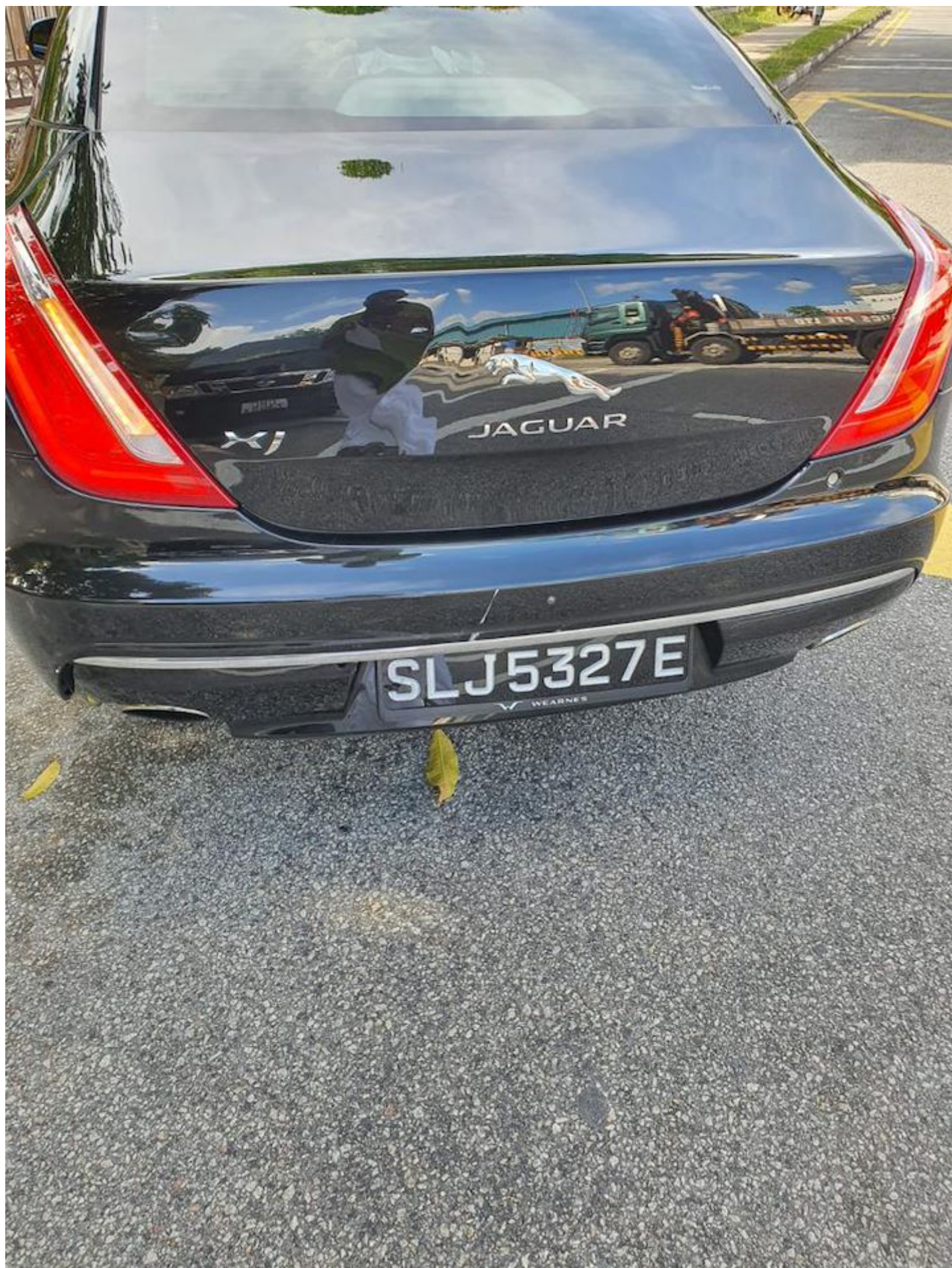
We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time


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

 15/03/2021
 Witnessed by Reporting Centre
 Personnel


































**SINGAPORE
POLICE FORCE**


T/20210312/2053

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20210312/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2021 14:01	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Name of Informant: SHANKAR GANESH S/O MOORTHILA	Address: APT BLK 427 BUKIT PANJANG RING ROAD #05-703 SINGAPORE 670427		
ID Type / ID No.: NRIC NO / S8513393D	Contact No.: Home/Office: Mobile: 91662722		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 35	Date of Birth: 10/05/1985	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: SELF-EMPLOYED	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2021 16:30	Type of Location: Straight Road
Location: SUNGEI KADUT AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
GBD7369X	Van				Slightly Damaged	0
SLJ5327E	Car	JAGUAR	XJ 2.0 TSS SWB SR	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ5327E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001578 62000	27/10/2020	26/10/2021


**SINGAPORE
POLICE FORCE**


T/20210312/2053

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Report No. T/20210312/2053

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT


Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHANKAR GANESH S/O MOORTHILA	ID No.	S8513393D
Related Vehicle	SLJ5327E (Car)	Contact No.	91662722
Hospital/Clinic	ONECARE CLINIC BUKIT PANJANG	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SITI JURAIMAH BINTE JUSOH	ID No.	S8337036Z
Related Vehicle	NIL	Contact No.	91766970
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/03/2021, at about 1630hrs, I was driving my vehicle plate no. SLJ5327E, Jaguar XJ, black in colour along Sungei Kadut Avenue, near the temple entrance. I was planning to turn left into the temple and suddenly there this vehicle plate no. GBD7369X hit my car's rear from the behind. The impact has cause damage to my rear portion of the vehicle and I suffer injury. Thereafter, I went to see doctor at the family clinic and I was given 3 days MC from 12/03/2021 to 14/03/2021. There's no traffic police and ambulance at scene.

We both came out from the vehicle and exchange particulars. I wish to state that the driver have written a statement to admit that she had hit my vehicle. I do not have any in-camera in my vehicle.

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 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999


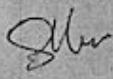

T/20210312/2053

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Report No. T/20210312/2053

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Sgt 2 FONG KHIK ANN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2021 14:01
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

Name: SITI JURAIMAH BTE FUSOH

Np: 91766970

Add: BUK 484 Juvong west Ave 1
#08-95 S(640484)

Remarks: Hit the back of Jaguar XJ Black
plate no. SLJ 5327 E

COMPANY VEHICLE G507369X

A SITI
11/3/21
1640 HRS.