

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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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

Along Sungei Kadu Ave

ENTRANCE
TO TEMPLE



A - S25327E

B - G807369X


Describe Circumstances of the Accident


AS PER STATED TIME & DATE I WAS DRIVING ALONG JUNEBO
KADUT AVB GOING TO THE TEMPLE, AS I WAS APPROACHING NEAR
THE TEMPLE ENTRANCE PLANNING TO TURN LEFT INTO THE TEMPLE
SUDDENLY VEH B (GB07369X) FROM BEHIND REAR ENDED 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 EXCHANGING OUR PARTICULAR, THE DRIVER OF VEHICLE
B HAS WRITTEN A STATEMENT TO ADMIT THAT SHE HAD HIT THE REAR SIDE
OF MY VEHICLE.

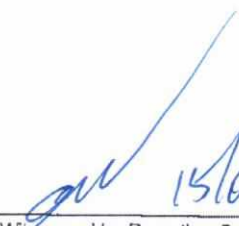
POLICE REPORT 7/20210812/2053

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

ACCIDENT STATEMENT

Date of accident: 11/3/2021 Time: 1630H
Location of accident: ALONG SUNGGI KAUT AV6

Details of Own Vehicle

Vehicle Number: SLJ 5327E Make/Model: SAGUAR XJ
Insurer: CHINA TAIPING Passenger (incl. Driver): 1
Policy No: DMPC SNW 00157862000 Policy Type: C/TPFT/TPO

Policyholder

Name: SHANKAR GANGSH S/O MOORTHILA NRIC/FIN no.: S85133930
Contact no.: 91662722

Driver

Name: SHANKAR GANGSH S/O MOORTHILA NRIC/FIN no.: S85133930
Contact no.: 91662722 D.O.B: 10/3/1985
Email: DARSTA-SE @YMAIL.COM Occupation: DIRECTOR
Address: BLK 427 BUKIT PANJANG RING ROAD
Driving pass date: 18/11/2020 Relationship with Policyholder: OWN

General Information

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom: _____

Injuries: Yes/No

If Yes, provide injuries details:-

Name	Veh No.	Seatbel (Y/N)	Conveyed to hospital (Y/N)
SHANKAR GANGSH S/O MOORTHILA	SLJ 5327E	Y	N

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>6BBD 7369 X</u>	
Driver name:	<u>SEI SURABIMBH BINTI JESHT</u>	
NRIC/ FIN no.:	<u>S83370362</u>	
Contact no:	<u>91766970</u>	
Insurance Co:		
Remarks: (Make/Model, Passenger, property info & etc)		

Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Workshop: _____

Policyholder/
driver

Signature:



**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

1 of 3

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	
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

2 of 3

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

Report No. T/20210312/2053

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.



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

3 of 3

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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

12/03/2021 14:01

Classification Of Case:

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 G1507369X

A Siti

11/8/21

1640 HRS.

Motor Private Car

MX1E

N SN

AN0656A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00157862000

Engine No.: 016208193748204PT

Cha. No.:SAJAC12MXHPW04970

1. Index Mark and Registration
Number of Vehicle

SLJ5327E

AUTOSAFE

2. Name of Policy Holder

SHANKAR GANESH S/O MOORTHILA

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

27/10/2020
(17:59:28)

Named Drivers Ex Sect. I \$S750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

* Age as at date of accident

EX ON WINDSCREEN \$S100.00

4. Date of Expiry of Insurance

26/10/2021

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use.*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time

Waiver of Excess for the first \$S1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: ABS AUTO HOLDING PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TAN LAY YONG
Authorised Officer



Authorised Signatory