

# 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 19:25 (SGT)  
Date of Accident ..... 14/03/2021 00:15 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS CHANGI  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD5378C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SREEKUMAR S/O SREEDHARA KURUP  
NRIC No ..... SXXXX915G  
Email Address ..... s\_ssree@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96245169  
Alternative Phone No ..... +65-83824691

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
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 ..... DMPCSNW00000152100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SREE SANGEETH S/O SREEKUMAR  
NRIC No ..... SXXXX191G  
Date Of Birth ..... 09/02/1997  
Occupation ..... Indoor

Date Of Driving Pass .....	17/06/2017
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83824691
Alt. Phone Number .....	-
Email Address .....	thesree@live.com
Address .....	BLK 772 YISHUN AVENUE 3 #09-211
Address complement .....	-
Postcode .....	760772
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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/20210315/7002

#### 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 .....	SHB7670P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 ..... UNKNOWN  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SHB7670P  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... Yes

### INJURED 2

Name of injured person ..... UNKNOWN PASANGGER  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SHB7670P  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... Yes

SKETCH PLAN

IMPORTANT NOTICE

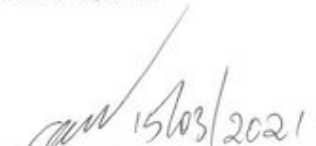
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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



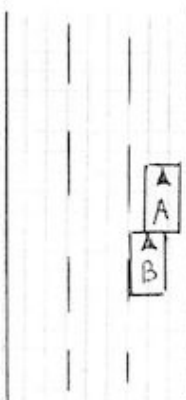
Driver's Signature (If driver is not the policyholder) / Date & Time

 15/03/2021

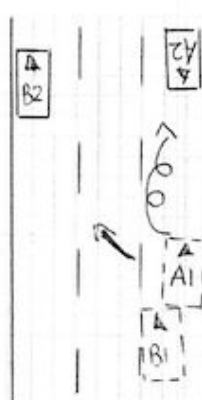
Witnessed by Reporting Centre Personnel

Sketch Plan

Scenario 1



Scenario 2



V. A) SMD5378C

V. B) SHB7670P

PIE towards Changi.

report no. T/20210315/7002.

15/03/2021  
Witnessed by Reporting Centre  
Personnel




























**SINGAPORE  
POLICE FORCE**

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



T/20210315/7002

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Report No. T/20210315/7002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2021 10:30		Vide Report No.: J/20210314/0039		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SREE SANGEETH S/O SREEKUMAR			Address: 772 YISHUN AVENUE 3 #09-211 SINGAPORE 760772		
ID Type / ID No.: NRIC NO / S9705191G			Contact No.: Home/Office:		Mobile: 83824691
Nationality: SINGAPORE CITIZEN			Email: THESREE@LIVE.COM		
Sex: Male	Age: 24	Date of Birth: 09/02/1997	Type of Informant: Driver		
Race: Malayalee			Language: English		Institution / School Name:
Occupation: others			Driving Licence Information: Class: 3A		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2021 00:15	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB7670P	Car			Red		0
SMD5378C	Car	HYUNDAI	ELANTRA	Silver	Totally Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
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10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



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Report No. T/20210315/7002

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD5378C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000001 52100	08/12/2020	07/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHB7670P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Driver</b>			
Name	SREE SANGEETH S/O SREEKUMAR	ID No.	S9705191G
Related Vehicle	SMD5378C (Car)	Contact No.	83824691
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI (28.5KM) ON THE RIGHT OF THE THREE LANES. WHILE I WAS DRIVING, I SUDDENLY DOZE OFF AND WAS AWAKENED WHEN I HEARD AN IMPACT ON THE RIGHT. I TURNED ON THE HAZARD LIGHT AND I TRIED TO DRIVE FURTHER. HOWEVER I REALIZED MY STEERING WAS LOCKED. AFTER THAT, I STOPPED AND CHECKED MY VEHICLE. I INFORMED MY FATHER TO CALL FOR TOW TRUCK WHILE HE WAS ON THE WAY. WHILE WAITING FOR THE TOW, I STOPPED MY VEHICLE AND DIRECTED TRAFFIC AWAY FROM MY VEHICLE. TO CATCH THE ATTENTION OF ONCOMING DRIVERS. I OPENED THE CAR BOOT AND TURNED ON THE FLASHLIGHT ON MY MOBILE PHONE AS I DEVIATED THE VEHICLES. ABOUT 20 MINS LATER, I SPOTTED A TAXI FROM AFAR TRAVELLING AT HIGH SPEED. I ATTEMPTED TO DEVIATE HIS DIRECTION TOWARDS THE OTHER LANE. AS HE SPED TOWARDS MY DIRECTION, I JUMPED TO THE SIDE AS HE HIT THE REAR OF MY CAR. MY CAR SPINNED DUE TO THE IMPACT CAUSED BY THE TAXI AND ALSO GRAZED AGAINST THE SIDE RAILING. MY VEHICLE FACED THE OPPOSITE DIRECTION AGAINST THE TRAFFIC. I WOULD ALSO LIKE TO DECLARE THAT THE CAR THAT I WAS



**SINGAPORE  
POLICE FORCE**



T/20210315/7002

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**CONTINUATION OF REPORT**

DRIVING HAD NO MECHANICAL FAULT WHEN I DROVE IT SINCE 13/03/2021 AT 1500HRS. I WISH TO STATE THAT MY VEHICLE HAZARD LIGHT WAS STILL ON AND MY REAR BOOT WAS OPENED WHEN MY VEHICLE BROKE DOWN. AFTER THE COLLISION CAUSED BY THE TAXI, EMAS, TRAFFIC POLICE AND AMBULANCE CAME TO THE SCENE. THE DRIVER AND PASSENGER OF SHB7670P WAS CONVEYED BY AMBULANCE. THE TRAFFIC POLICE THEN PROVIDE ME A CASE CARD NUMBER : J/20210314/0039 AND INFORMED ME TO FILE A TRAFFIC INCIDENT REPORT.



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T/20210315/7002

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Report No. T/20210315/7002

**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 /  
SUFYAN BIN KHAIRI  
Contact No.: 65476390

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:  
15/03/2021 10:30

Classification Of Case: