

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 22/03/2021 17:00 (SGT)
Date of Accident 20/03/2021 20:50 (SGT)
Exact Location of Accident E Coast Park Service Rd, East Coast Park, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG6939K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SANJEEV S/O CHANDRAMOGAN
NRIC No SXXXX325G
Email Address SANJEEVUBER123@GMAIL.COM
Mobile Phone No (Phone) +65-86172819
Alternative Phone No +65-86172819

VEHICLE PARTICULARS

Manufacturer BMW
Model 523i
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
Transmission Auto
CC 2497

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119267789
Cover Note Number -

DRIVER

Name of Driver SANJEEV S/O CHANDRAMOGAN
NRIC No SXXXX325G

Date Of Birth	21/11/1984
Occupation	Outdoor
Date Of Driving Pass	27/07/2005
Driving experience	15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86172819
Alt. Phone Number	+65-86172819
Email Address	SANJEEVUBER123@GMAIL.COM
Address	BLK 407 BUKIT BATOK WEST AVE 4
Address complement	#09-104
Postcode	650407
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SUKTIRA YASHINI
Gender	Female

PASSENGER 2

Name	CLARA KAMINI
Gender	Female

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

PLS REFER TO THE POLICE REPORT:T/20210322/7015

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	SLT5856S
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	SANJEEV S/O CHANDRAMOGAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SKG6939K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2


Name of injured person	CLARA KAMINI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SKG6939K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3


Name of injured person	SUKTIRA YASHINI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SKG6939K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

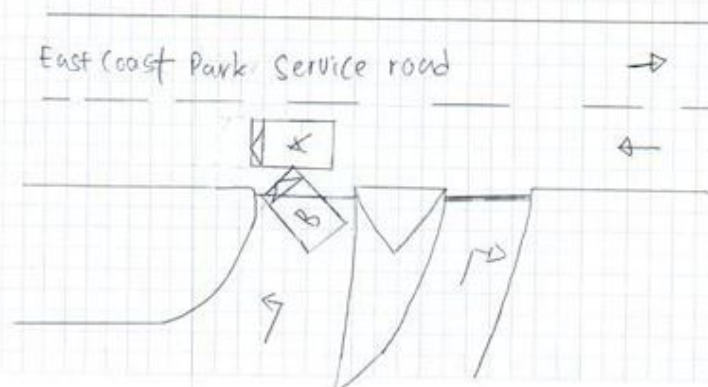
SKETCH PLAN**IMPORTANT NOTICE**

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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

 22/03/21
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SK66939K
B = SLT5856S

Describe Circumstances of the Accident


Refer to Police Report T/20210322/7015

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

 23/03/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210322/7015

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

2 of 4

Report No. T/20210322/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG6939K	NTUC Income Insurance Co-Operative Limited	5119267789	07/10/2020	06/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SANJEEV S/O CHANDRAMOGAN		ID No.	S8437325G
Related Vehicle	SKG6939K (Car)		Contact No.	86172819
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Passenger				
Name	SUKTIRA YASHINI		ID No.	T1428652C
Related Vehicle	SKG6939K (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight
Passenger				
Name	CLARA KAMINI D/O TERANCE SLEVARAJ		ID No.	S8630360D
Related Vehicle	SKG6939K (Car)		Contact No.	87541032
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20210322/7015

3 of 4

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

Report No. T/20210322/7015

CONTINUATION OF REPORT

Brief Details.

On the stated date and time, I was travelling straight along East Coast Park Service Road on my vehicle SKG6939k. When suddenly vehicle SLT5856S coming out from slip road without checking the main was clear, collided onto the left portion of my vehicle.

Me and my passenger sustained injuries due to the accident.

























SINGAPORE POLICE FORCE



T/20210322/7015

1 of 4

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

Report No. T/20210322/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2021 12:24	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SANJEEV S/O CHANDRAMOGAN			Address: 407 BUKIT BATOK WEST AVENUE 4 #09-104 SINGAPORE 650407		
ID Type / ID No.: NRIC NO / S8437325G			Contact No.: Home/Office: Mobile: 86172819		
Nationality: SINGAPORE CITIZEN			Email: sanjeevuber123@gmail.com		
Sex: Male	Age: 36	Date of Birth: 21/11/1984	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General information for the accident					
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 20/03/2021 20:50	Type of Location:
Location: EAST COAST PARK SERVICE ROAD					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKG6939K	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D	White		0
SLT5856S	Car					0



**SINGAPORE
POLICE FORCE**



T/20210322/7015

2 of 4

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210322/7015

CONTINUATION OF REPORT

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Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG6939K	NTUC Income Insurance Co-Operative Limited	5119267789	07/10/2020	06/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SANJEEV S/O CHANDRAMOGAN		ID No.	S8437325G
Related Vehicle	SKG6939K (Car)		Contact No.	86172819
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Passenger				
Name	SUKTIRA YASHINI		ID No.	T1428652C
Related Vehicle	SKG6939K (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight
Passenger				
Name	CLARA KAMINI D/O TERANCE SLEVARAJ		ID No.	S8630360D
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Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20210322/7015

3 of 4

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**SINGAPORE
POLICE FORCE**

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210322/7015

4 of 4

Report No. T/20210322/7015

CONTINUATION OF REPORTSketch 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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
22/03/2021 12:24

Classification Of Case: