

# 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 ..... 23/03/2021 16:33 (SGT)  
Date of Accident ..... 20/03/2021 22:45 (SGT)  
Exact Location of Accident ..... Lentor Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PA8864B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LJ TRANSPORT SERVICE  
Company Reg No ..... 5XXXX974D  
Email Address ..... SEJAR69@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91672711  
Alternative Phone No ..... +65-91672711

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Bus  
Transmission ..... Auto  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5114982441-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SELVASEKHARAN S/O RAMOO  
NRIC No ..... SXXXX157B

Date Of Birth .....	21/03/1969
Occupation .....	Indoor
Date Of Driving Pass .....	11/03/1999
Driving experience .....	22 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91672711
Alt. Phone Number .....	-
Email Address .....	SEJAR69@GMAIL.COM
Address .....	BLK 907 TAMPINES AVE 4 #12-282
Address complement .....	-
Postcode .....	520907
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 - Change/cross lane
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	BENEDICT SOOSAI @ BENEDECK SUSAY
Gender .....	Male

#### PASSENGER 2

Name .....	SANTHI
Gender .....	Male

#### PASSENGER 3

Name .....	AUGUSTINE BENEDICT
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210321/2060

#### 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 .....	SJS1430S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	BARJAYSH KUMAR RAI S/O PARMATMA RAI
NRIC No .....	SXXXX994C
Contact Number .....	(Phone) +65-90073984
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 .....	SELVASEKHARAN S/O RAMOO
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	PA8864B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	BENEDICT SOOSAI @ BENEDECK SUSAY
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	PA8864B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 3

Name of injured person .....	SANTHI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	PA8864B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 4

Name of injured person .....	AUGUSTINE BENEDICT
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-

Injuries Sustained .....	BODY
Injured person in which vehicle? .....	PA8864B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.



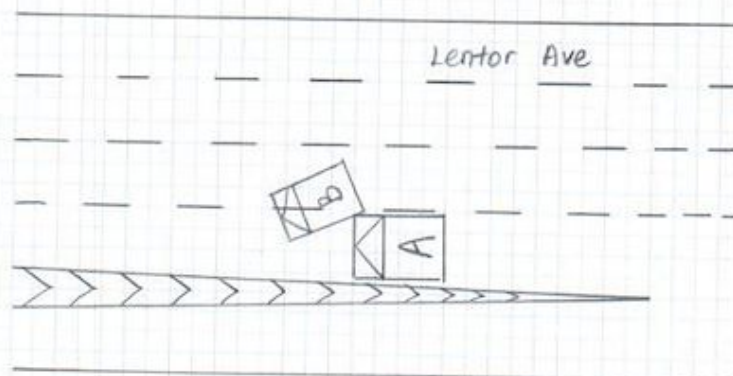
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: PA8864B  
B: 3J5143DS





**Describe Circumstances of the Accident**

Refer to Police Report T/20210321/2060

**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

Witnessed by Reporting Centre Personnel



































**SINGAPORE  
POLICE FORCE**



T/20210321/2060

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20210321/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2021 16:03	Vide Report No.:	Station Diary No.: 55
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**Informant's Particulars**

Name of Informant: SELVASEKHARAN S/O RAMOO			Address: APT BLK 907 TAMPINES AVENUE 4 #12-282 SINGAPORE 520907		
ID Type / ID No.: NRIC NO / S6911157B			Contact No.: Home/Office: Mobile: 91672711		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 21/03/1969	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SCHOOL BUS DRIVER			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/03/2021 22:45	Type of Location: Straight Road
Location:  LENTOR AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA8864B	Bus/Coach/Minibus (School Children)				Slightly Damaged	3
SJS1430S	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/20210321/2080

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210321/2080

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SELVASEKHARAN S/O RAMOO	ID No.	S6911157B
Related Vehicle	PA8864B (Bus/Coach/Minibus (School Children))	Contact No.	91672711
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	21/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	BARJAYSH KUMAR RAI S/O PARMATMA RAI	ID No.	S1671994C
Related Vehicle	SJS1430S (Car)	Contact No.	90073984
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 20/03/2021 at about 2245hrs, I was driving my vehicle bearing plate number PA8864B along Lentor Avenue. At that time, traffic was heavy and road surface was dry. I had three passengers on board my vehicle.

I was driving on the bus lane of the said road, driving towards Yishun. I wish to state that I was driving within the speed limit and was not road hogging. As I was approaching the junction of Lentor Avenue and Upp Thomson Road, V1, bearing plate number SJS1430S, was seen driving at a faster speed on my right lane, and suddenly cut into my lane, intending to merge onto the slip road towards Upp Thomson Road. As V1 was cutting into my lane, I did not manage to brake in time, and the rear left side of V1 had hit onto the front right side of my vehicle. The impact caused one of my passengers to lose balance and fall in the bus.

I wish to state that V1 did not stop at first, and I had followed V1 a certain distance before he had stopped to acknowledge the collision.

I wish to state that there is in car camera installed in my vehicle, however was not recording at that time. I wish to state that I sustained injuries and received 3 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20210321/2060

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Report No. T/20210321/2060

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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:

G /  
Sgt 3 MOHAMED FADHLY BIN MOHAMED  
AYOP

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI VILTON HIA WEE SIANG  
Contact No.: 65476232

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
21/03/2021 16:03

Classification Of Case:

