

# 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 ..... 20/04/2021 15:42 (SGT)  
Date of Accident ..... 20/04/2021 06:40 (SGT)  
Exact Location of Accident ..... Clementi, Singapore  
Additional Location Information ..... ALONG CLEMENTI AVENUE 6  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SME3463Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHANASUNTHRI G NADARAJA  
NRIC No ..... SXXXX227B  
Email Address ..... KUMA\_SGT1955@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-97987963  
Alternative Phone No ..... +65-97987963

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... ELANTRA AD 1.6 GLS AT (AMS)  
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 ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5121539763  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KUMAR S/O MARUTHAVANAN  
NRIC No ..... SXXXX122A

Date Of Birth .....	06/01/1977
Occupation .....	Indoor
Date Of Driving Pass .....	29/09/2006
Driving experience .....	14 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97987963
Alt. Phone Number .....	-
Email Address .....	KUMA_SGT1955@YAHOO.COM.SG
Address .....	BLK 7 JALAN BUKIT MERAH
Address complement .....	#02-4428
Postcode .....	150007
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

-

#### 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 .....	YQ685M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	LIU JIE
Passport No/FIN .....	GXXXXX813N
Contact Number .....	(Phone) +65-85020385
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 .....	KUMAR S/O MARUTHAVANAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SME3463Y
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Clementi Loop

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

Loop

Witnessed by Reporting Centre Personnel

Loop

Traffic Red light Camera Junction

A - SME 3463Y  
B - YD 685M



Clementi Ave 6

LICENSE PLATE: SME 3463Y ACCIDENT DATE & TIME: 200421 0640am  
CONTACT NUMBER: 97987963 E-MAIL ADDRESS: ~~kuma\_sgt~~ kuma\_sgt1955@yahoo.com.sg  
LOCATION: Along Clementi avenue 6

Refer to police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

( ) Claim Own Policy ( ) Claim Third Party (X) Claim OD/ at other workshop ( ) Reporting Only

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel





























**SINGAPORE  
POLICE FORCE**



T/20210420/2037

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20210420/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/04/2021 11:32		Vide Report No.:		Station Diary No.: 28	
<b>Informant's Particulars</b>					
Name of Informant: KUMAR S/O MARUTHAVANAN			Address: APT BLK 7 JALAN BUKIT MERAH #02-4428 SINGAPORE 150007		
ID Type / ID No.: NRIC NO / S7702122A			Contact No.: Home/Office: Mobile: 97987963		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 06/01/1977	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Driving Instructor			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2021 06:40	Type of Location: Straight Road
Location:  CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SME3463Y	Car				Slightly Damaged	0
YQ685M	Lorry				No Damage	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME3463Y	NTUC Income Insurance Co-Operative Limited	5121539763		



**SINGAPORE  
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T/20210420/2037

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Police Station Of Origin:  
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Tel No: 1800-4719999

Report No. T/20210420/2037

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KUMAR S/O MARUTHAVANAN	ID No.	S7702122A
Related Vehicle	SME3463Y (Car)	Contact No.	97987963
Hospital/Clinic	FRIENDSHIP CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Liu Jie	ID No.	G2625813N
Related Vehicle	YQ685M (Lorry)	Contact No.	85020385
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 20/04/2021 at about 0640hrs, I was driving vehicle bearing 'SME3463Y' along Clementi Avenue 6 on the most right lane. Ahead of me there was a traffic light and as it changes to amber in colour, I then halted my vehicle. I halted my vehicle immediately as there is also a red light camera and thus do not want to risk not stopping in time. Suddenly I felt an impact at the rear of my vehicle. I then came out to inspect my vehicle and also exchanged particulars with the lorry driver, lorry bearing 'YQ685M' which was behind my car. We then left after exchanging particulars as he could not speak English. I observed him to be alright and with no injuries and felt that both of us do not require any ambulance. After an hour later, I felt pain on my right shoulder and went to "FRIENDSHIP CLINIC & SURGERY" and was given 3 days of MC. I received a missed call from namely Francis H/P: +6596822726 believed to be the supervisor of the lorry driver. He informed me on which workshop I am going to and such. I will be sending to a workshop at Ah Koon Motor (1960) PTE LTD at B/1001 Bukit Merah Lane 3 #01-69 S159718 and the workshop advised me to make a Police report first.

I would like to add on that there is a metal plate inside my right shoulder due to an operation that I did year 2003 due to a motorbike incident.





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POLICE FORCE**



T/20210420/2037

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Report No. T/20210420/2037

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210420/2037

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Tel No: 1800-4719999

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Report No. T/20210420/2037

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:

D /

Sgt 1 TERRY ONG JU QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/04/2021 11:32

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No: 65476404

SN 49

Authentication Stamp

NP168

SIGNATURE

Classification Of Case: