

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	07/06/2021 16:27 (SGT)
Date of Accident	05/06/2021 20:30 (SGT)
Exact Location of Accident	Compassvale Cres, Singapore
Additional Location Information	BLK 291B RUBBISH CHUTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9004A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ACHUTHAN NAIR SARALA
NRIC No	SXXXX432H
Email Address	ACHUSARA@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-98274210
Alternative Phone No	+65-98274210

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0007329
Cover Note Number	-

DRIVER

Name of Driver	ACHUTHAN NAIR SARALA
NRIC No	SXXXX432H

Date Of Birth	20/03/1955
Occupation	Indoor
Date Of Driving Pass	24/10/1984
Driving experience	36 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98274210
Alt. Phone Number	+65-98274210
Email Address	ACHUSARA@SINGNET.COM.SG
Address	BLK 290B COMPASSVALE CRESCENT
Address complement	#03-40
Postcode	542290
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	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/20210605/7028

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	LAMP POST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government

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)	-

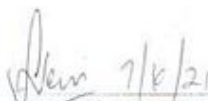
SKETCH PLAN

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7. By the lodgment 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:

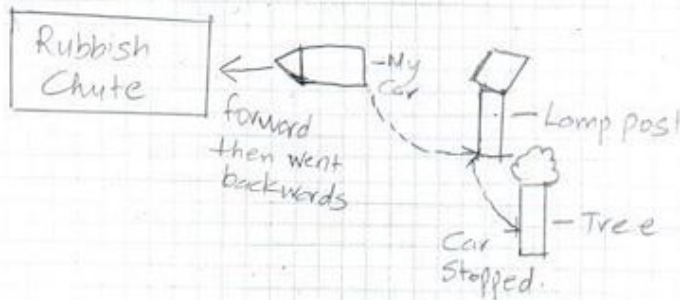
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:

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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



A - SLL9004A
B - Lamp post

BLK 2908 Compassvale Crescent
(Rubbish Chute Area)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Dropped my sister off at the rubbish chute area.
Instead of pressing the reverse gear for reversing
I pressed the accelerator and not the brake.

DECLARATION

I/we declare the foregoing particulars are true in every respect.

Alan 7/6/21
Policyholder's Signature
Date & Time

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

Alan 07/06/21
Reporting Centre Personnel's Signature
Name
NRIC/FIN No.



**SINGAPORE
POLICE FORCE**



T/20210605/7028

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

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Report No. T/20210605/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL9004A	INDIA INTERNATIONAL INSURANCE PTE LTD	D20MPC0007329	24/11/2020	05/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ACHUTHAN NAIR SARALA		ID No. S1137432H
Related Vehicle	SLL9004A (Car)		Contact No. 98274210
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	NIL

Brief Details.

Dropped my sister off and instead of while trying to reverse I pressed the accelerator instead of brake.





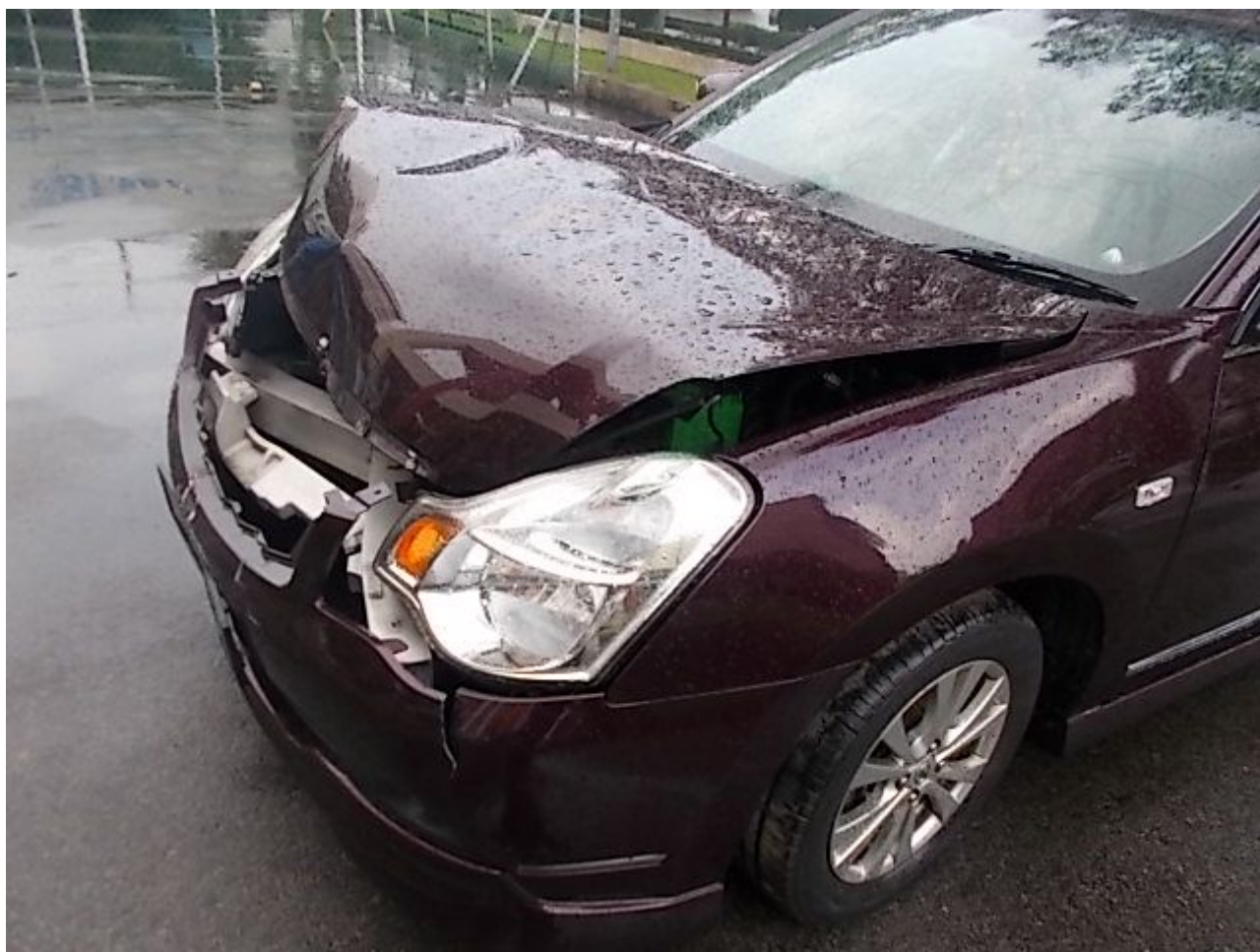



























**SINGAPORE
POLICE FORCE**


T/20210605/7028

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

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Report No. T/20210605/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2021 21:23	Vide Report No.: F/20210605/0259	Station Diary No.:
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Informant's Particulars

Name of Informant: ACHUTHAN NAIR SARALA			Address: 290B COMPASSVALE CRESCENT #03-40 SINGAPORE 542290	
ID Type / ID No.: NRIC NO / S1137432H			Contact No.: Home/Office: Mobile: 98274210	
Nationality: SINGAPORE CITIZEN			Email: achusara@singnet.com.sg	
Sex: Female	Age: 66	Date of Birth: 20/03/1955	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Air transport service supervisor			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/06/2021 20:30	Type of Location: Service roa
Location: 290B Compassvale Crescent				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLL9004A	Car	NISSAN	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210605/7028

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

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Report No. T/20210605/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL9004A	INDIA INTERNATIONAL INSURANCE PTE LTD	D20MPC0007329	24/11/2020	05/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ACHUTHAN NAIR SARALA		ID No. S1137432H
Related Vehicle	SLL9004A (Car)		Contact No. 98274210
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 NIL

Brief Details.

Dropped my sister off and instead of while trying to reverse I pressed the accelerator instead of brake.

**SINGAPORE
POLICE FORCE**

T/20210605/7028

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

3 of 3

Report No. T/20210605/7028

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 / TPIB /
GOH WEI LI
Contact No.: 65476394

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:
05/06/2021 21:23

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921670007 Vehicle Registration No: SL6900VA
 Name (as shown in NRIC): ACHUTHAN NAIR SARALA NRIC/FIN/Passport No: SXXXX4324
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 290B COMPASSVALE CRESENT #03-40 Singapore (544290)
 Contact (Tel): _____ Mobile No.: 98274310
 Email Address: _____
 Date of Accident: 05/06/21 Time of Accident: 2030
 Place of Accident: COMPASSVALE CREP BLK 291B RUBBISH CHUTE
 Insurance Company: INDIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND NAME OF REGISTERED OWNER

Policyholder / Driver's Signature
Date:

Slyn 10/06/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: