

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	19/07/2021 12:47 (SGT)
Date of Accident	16/07/2021 17:03 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI AFTER TOA PAYOH LOR 6 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2568D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FINNLAYSON TECHNOLOGY PTE LTD
Company Reg No	2XXXXX359H
Email Address	X543210H@GMAIL.COM
Mobile Phone No	(Phone) +65-98515842
Alternative Phone No	+65-98515842

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00069962100
Cover Note Number	-

DRIVER

Name of Driver	AKHILANAND RAI
NRIC No	SXXXX841Z

Date Of Birth	11/12/1982
Occupation	Outdoor
Date Of Driving Pass	19/04/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98515842
Alt. Phone Number	-
Email Address	X543210H@GMAIL.COM
Address	BLK 130B LORONG 1 TOA PAYOH #23-514
Address complement	-
Postcode	312130
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KOH SENG LAM
Gender	Male

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

REFER TO STATEMENT

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	SJU3458P
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	AKHILANAND RAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK,SHOULDER
Injured person in which vehicle?	SMK2568D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KOH SENG LAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK,SHOULDER
Injured person in which vehicle?	SMK2568D
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' 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.



[Handwritten signature]

[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIC tooks Changi after too Payah Lor 6 Exct.

[Handwritten sketch of a vehicle with 'A' and 'B' inside]

Vehicle A: SMK 2568 D.

Vehicle B: SJ43458 P.

Describe Circumstances of the Accident

On the stated date & time, I, vehicle 'A' was travelling along the stated venue. Due to traffic heavy, in front of my vehicle make a jammed brake. I followed suit. Moment later, vehicle 'B' could not stopped in time & hit onto my vehicle rear portion.

Please refer to the police report T/20210718/7019.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel



























**SINGAPORE
POLICE FORCE**



T/20210718/7019

1 of 3

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

Report No. T/20210718/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2021 22:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AKHILANAND RAI			Address: 130B LORONG 1 TOA PAYOH #23-514 SINGAPORE 312130		
ID Type / ID No.: NRIC NO / S8262841Z			Contact No.: Home/Office: Mobile: 98515842		
Nationality: INDIAN			Email: AKHILANAND.RAI@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 11/12/1982	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/07/2021 17:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SJU3458P	Car	HYUNDAI	AVANTE	Purple	Seriously Damaged	1
SMK2568D	Car	TOYOTA	WISH	White	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20210718/7019

2 of 3

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

Report No. T/20210718/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	KOH SENG LAM	ID No.	NIL
Related Vehicle	SMK2568D (Car)	Contact No.	98371754
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
Driver			
Name	AKHILANAND RAI	ID No.	S8262841Z
Related Vehicle	SMK2568D (Car)	Contact No.	98515842
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/07/2021	Date	17/07/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED DATE AND TIME , MY VEHICLE BEARING SMK2568D WAS TRAVELLING ON THE STATED VENUE. THERE WAS A HEAVY TRAFFIC . THE FRONT VEHICLE SUDDENLY MAKE A JAMMED BRAKE . I FOLLOWED SUIT . MOMENT LATER VEHICLE BEARING SJU3458P COULD NOT STOPPED IN TIME AND HIT ONTO MY VEHICLE REAR PORTION . I WISH TO STATE THERE WAS A PASSANER KOH SENG LAM AT THE POINT OF TIME . THE FOLLOWING DAY I FELT MY NECK AND BACK WAS PAIN AND WENT TO BRADDELL MEDICAL CLINIC FOR TREATMENT AND GIVEN 3 DAYS MC .



**SINGAPORE
POLICE FORCE**

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



T/20210718/7019

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Report No. T/20210718/7019

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 /
TAN JEOK LENG
Contact No.: 65476151

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:
18/07/2021 22:01

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0921750003 Vehicle Registration No: SMK 2568D
Name (as shown in NRIC) : Akhil and Rai NRIC/FIN/Passport No : 2XXXXX 35941
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 14/7/21 Time of Accident : 17:03
Place of Accident : PIC
Insurance Company : China Taiping

(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:

change carplate

Policyholder / Driver's Signature
Date:


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

ISSUED AND PRINTED BY: