

# 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 ..... 06/08/2021 17:25 (SGT)  
Date of Accident ..... 05/08/2021 15:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JALAN EUNOS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJG7704B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SATISH KUMAR S/O GANEASAN  
NRIC No ..... SXXXX598F  
Email Address ..... SATISHK0711@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-87490746  
Alternative Phone No ..... (Office) +65-87490746

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
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 ..... 1584

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00079762100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SATISH KUMAR S/O GANEASAN  
NRIC No ..... SXXXX598F

Date Of Birth .....	07/11/1990
Occupation .....	Indoor
Date Of Driving Pass .....	17/09/2012
Driving experience .....	8 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87490746
Alt. Phone Number .....	(Office) +65-87490746
Email Address .....	SATISHK0711@GMAIL.COM
Address .....	BLK 418 CANBERRA ROAD
Address complement .....	#03-353
Postcode .....	750418
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 .....	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) .....	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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20210805/2102

#### 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 .....	SMB1335M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	SATISH KUMAR S/O GANEASAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	CHEST AND LOWER BACK
Injured person in which vehicle? .....	SJG7704B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

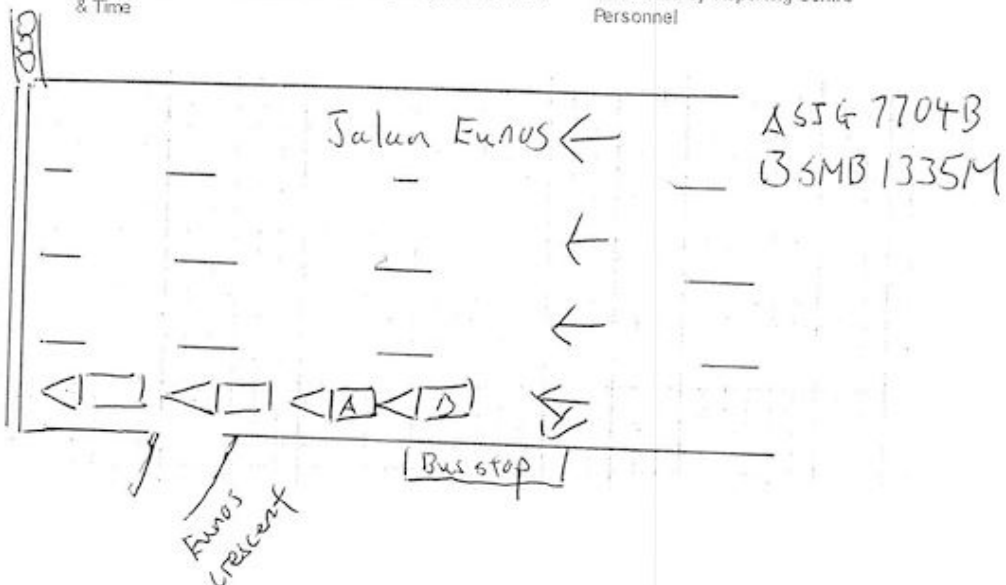
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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



Describe Circumstances of the Accident

As per police report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

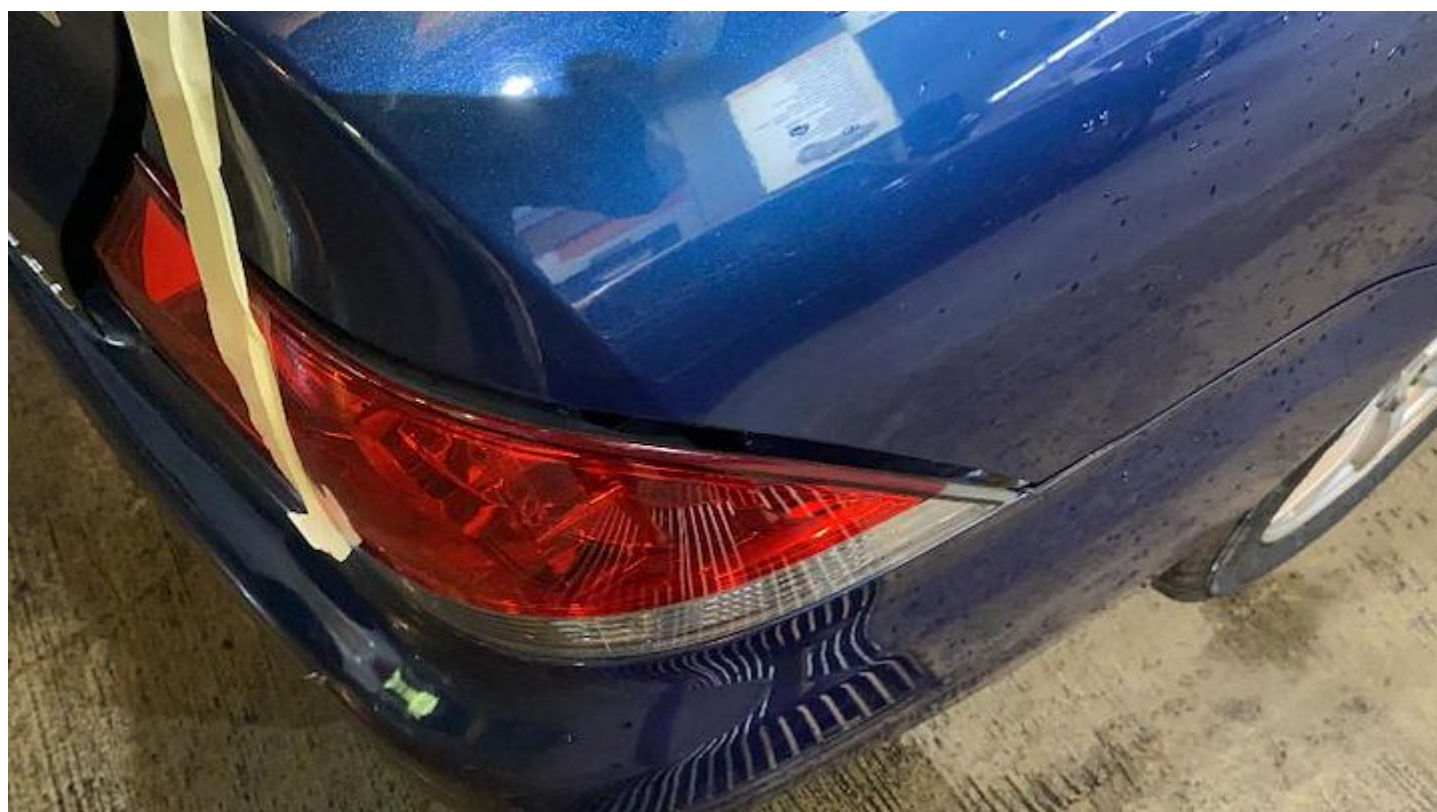


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel


















**SINGAPORE  
POLICE FORCE**


T/20210805/2102

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Report No. T/20210805/2102

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/08/2021 22:19	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars			
Name of Informant: SATISH KUMAR S/O GANEASAN		Address: APT BLK 418 CANBERRA ROAD #03-353 SINGAPORE 750418	
ID Type / ID No.: NRIC NO / S9042598F		Contact No.: Home/Office: Mobile: 87490746	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 07/11/1990	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: PRODUCTION TECHNICIAN		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/08/2021 15:45	Type of Location:
Location:  JALAN EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
SJG7704B	Car	MITSUBISHI	LANCER 1.6 A	Blue	Slightly Damaged	0
SMB1335M	Bus/Coach/Minibus				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG7704B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000797 62100	17/04/2021	16/04/2022





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757633  
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T/20210805/2102

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Report No. T/20210805/2102

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SATISH KUMAR S/O GANEASAN	ID No.	S9042598F
Related Vehicle	SJG7704B (Car)	Contact No.	87490746
Hospital/Clinic	SEMBAWANG X-RAY CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/08/2021	Date Discharge	05/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>BUS DRIVER</b>			
Name	YAH MIAW YIH	ID No.	G2984499U
Related Vehicle	NIL	Contact No.	88147131
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 05/08/2021 at about 1545hrs, I was at the traffic light junction along Jalan Eunos, just before Eunos Crescent junction. As the traffic light was red, I stopped at the traffic light just after the bus stop exit. Suddenly, I heard a loud bang from the back. I alighted and made a check and saw SMRT Bus, SMB1335M who was trying to exit from the bus stop and hit onto the rear of my car. There were damages on the car, where my rear bumper is slightly off from the position, rear bumper dented and scratches were found, both rear tail lights detached and as a result my boot is unable to close properly. SMRT Bus only has minor scratches on it. Managed to exchange details with the bus driver and he informed that he was looking for oncoming vehicles from the blind spot however did not apply the brake hence causing the bus to move forward.

After moving off from the said location, I felt slightly pain on my chest due to my seatbelt being pulled during the accident and lower back hence seek medical assistance and was given 03 days of MC by Sembawang X-Ray Centre, MC No: MC2108054726.



# SINGAPORE POLICE FORCE

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Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



T/20210805/2102

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Report No. T/20210805/2102

## 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:

L /

Sgt 2 NUR ATIQA BINTE ABDULLAH @  
ABDULL RAHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
05/08/2021 22:19

Classification Of Case:

