

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
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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

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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

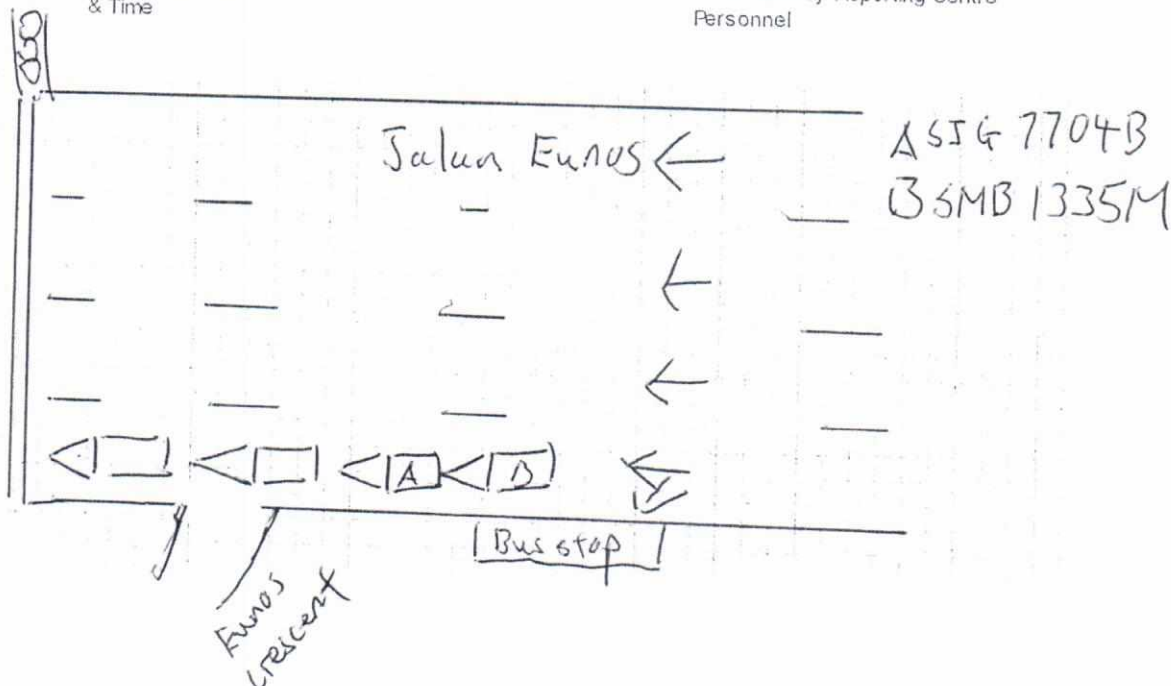
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 05/08/2021 (dd/mm/yy)

Time of Accident: 15:45 (24-HR-FORMAT)

Vehicle No.: SJG 7704B Vehicle Make & Model / Engine (cc): MITSUBISHI LANCE Private Hire: (Y) ☒ (N) ☐

Exact location of Accident: Jalan Fungus

Policyholder's Name / IC No.: CHINA TAIPING ROC/UEN (Company): _____

Driver's Name / IC No.: SATISH KUMAR S/O GANEASAN S9042598F (As Above) ☐

Driver's Contact No.: 87490746 Company Contact No / Owner Contact No: u

Driver's Address: APT BLK 418 CANBERRA ROAD #03-353 SIN 750418

Owner Email address: Satishk0711@gmail.com Insurance Company: CHINA TAIPING

Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 01

*Passenger Name: _____ Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: SATISH KUMAR S/O GANEASAN

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Sembawang N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMB 1335M

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



SINGAPORE POLICE FORCE



T/20210805/2102

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

1 of 3

Report No. T/20210805/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2021 22:19		Vide Report No.:		Station Diary No.: 64	
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



**SINGAPORE
POLICE FORCE**



T/20210805/2102

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

2 of 3

Report No. T/20210805/2102

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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
BUS DRIVER			
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**



T/20210805/2102

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

3 of 3


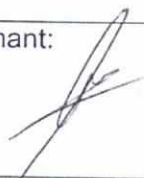

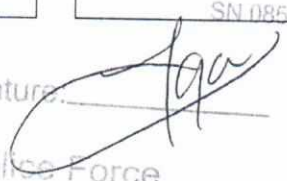
Report No. T/20210805/2102

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 Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2021 22:19
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168 	SN 085 

Motor Private Car

MX1F

N SN

AN0716A

Cov. Type:C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00079762100

Engine No.: 4G18JQ9878

Cha. No.: JMYSTCS3A8U007586

1. Index Mark and Registration
Number of Vehicle

SJG7704B

AUTOSAFE
=====

2. Name of Policy Holder

SATISH KUMAR S/O GANEASAN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

17/04/2021
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

16/04/2022

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED

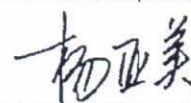
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: STRAITS EURO MOTORS PTE LTD
Authorised Officer



Authorised Signatory