

# 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 ..... 23/08/2021 11:16 (SGT)  
Date of Accident ..... 21/08/2021 08:40 (SGT)  
Exact Location of Accident ..... Somerset Rd, Singapore  
Additional Location Information ..... NEAR DROP OFF 313 SOMERSET  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLV5078K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ROOPESH PATHANIA  
NRIC No ..... S7068884J  
Email Address ..... roopeshpathania2@gmail.com  
Mobile Phone No ..... (Phone) +65-91998156  
Alternative Phone No ..... +65-91998156

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... X-trail  
Variant ..... SUV  
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 ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1700014958-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ROOPESH PATHANIA  
NRIC No ..... S7068884J

Date Of Birth .....	03/08/1970
Occupation .....	Indoor
Date Of Driving Pass .....	24/03/2009
Driving experience .....	12 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91998156
Alt. Phone Number .....	+65-91998156
Email Address .....	roopeshpathania2@gmail.com
Address .....	NA
Address complement .....	-
Postcode .....	-
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 - Change/cross lane
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Mountbatten Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18003449999
Alt. Police Station Phone No .....	(Fax) +65-64474185
Police Station Address .....	Blk 60 Dakota Crescent #01-213/ 215 Singapore 390060
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT T/20210821/2051 ABD VIDEO

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA3695A
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi

Name of Driver .....	MT TOH
NRIC No .....	-1
Contact Number .....	(Phone) +65-96148268
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	AXA Insurance Pte Ltd
Nature Of Damage .....	ACCIDENT
Details of property damaged in accident .....	RH PORTION
No. Of Passenger (Including Driver) .....	-



**SKETCH PLAN****IMPORTANT NOTICE**

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6. The 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 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: 23/5/21  
10:40am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



























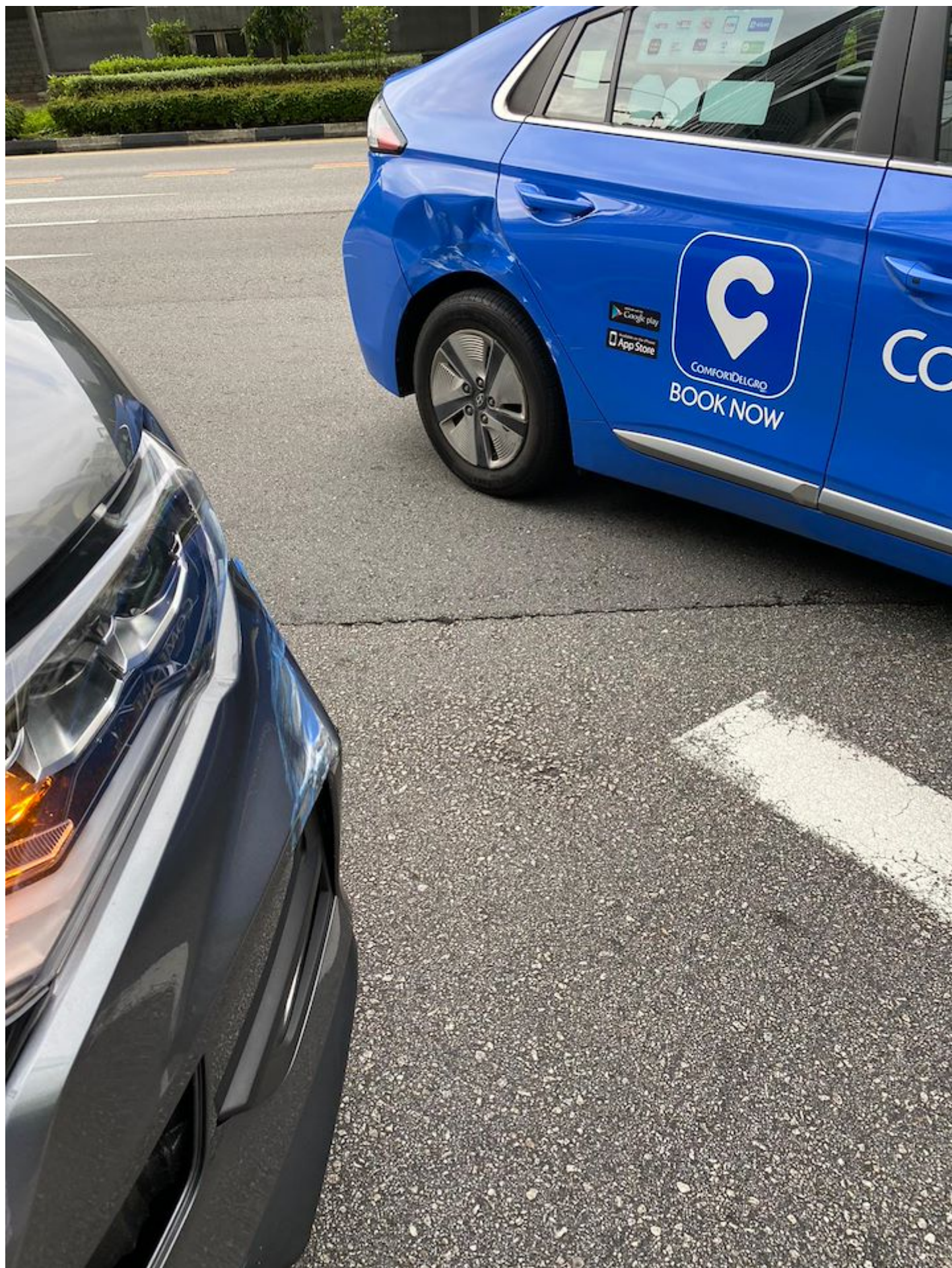






















**SINGAPORE  
POLICE FORCE**



T/20210821/2051

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

1 of 3

Report No. T/20210821/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/08/2021 15:18		Vide Report No.:		Station Diary No.: 14	
<b>Informant's Particulars</b>					
Name of Informant: ROOPESH PATHANIA			Address: 110 TANJONG RHU ROAD #03-04 SINGAPORE 436928		
ID Type / ID No.: NRIC NO / S7068884J			Contact No.: Home/Office: Mobile: 91998156		
Nationality: INDIAN			Email:		
Sex: Male	Age: 51	Date of Birth: 03/08/1970	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Hedge fund manager			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/08/2021 08:40	Type of Location: Straight Road
Location:  SOMERSET ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA3695A	Taxi				Slightly Damaged	0
SLV5078K	Car	NISSAN	X-TRAIL 2.0 CVT	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLV5078K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700094958-03	29/12/2020	28/12/2021





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390060  
Tel No: 1800-3449999

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Report No. T/20210821/2051

## 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	Toh	ID No.	NIL
Related Vehicle	SHA3695A (Taxi)	Contact No.	96148268
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
<b>Driver</b>			
Name	ROOPESH PATHANIA	ID No.	S7068884J
Related Vehicle	SLV5078K (Car)	Contact No.	91998156
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 21 August 2021 at about 0840hrs I was driving my vehicle SLV5078K on the extreme right lane along Somerset Road. A taxi SHA3695A was driving along the lane beside on my left suddenly switched lane into my lane without signaling and my vehicle left front portion collided onto the taxi's right side rear portion above the right rear wheels. We stopped at the side and exchanged contact details with each other. The taxi driver stated that it was his mistake and to lodge an accident report with our respective insurances for the claims.

Nobody was injured in this accident and there was no government property damage in this accident. I am lodging this report as a reference for insurance claims.





**SINGAPORE  
POLICE FORCE**



T/20210821/2051

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

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Report No. T/20210821/2051

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:

G /  
Sr Staff Sgt LOI JUN FENG

Signature Of Informant:

Date/Time:  
21/08/2021 15:18

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE