

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 25/08/2021 17:28 (SGT)
Date of Accident 24/08/2021 10:15 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information EAST COAST PARKWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU3626Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ASIA EXPRESS CAR RENTAL PTE LTD
Company Reg No 2XXXXX882D
Email Address PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No (Phone) +65-96253682
Alternative Phone No +65-0

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant HYBRID 1.8S CVT
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number 5121569529
Cover Note Number 5121569529-000322

DRIVER

Name of Driver RAJU MOHAN PERIASAMY
NRIC No SXXXX335D

Date Of Birth	17/06/1973
Occupation	Outdoor
Date Of Driving Pass	25/10/2013
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91181499
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	BLK 249 CHOA CHU KANG AVENUE 2 #07-480
Address complement	-
Postcode	680249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

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	GBD7466Z
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Commercial vehicle

Name of Driver	AMIN RUHLI
Work Permit No	GXXXX146Q
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	RAJU MOHAN PERIASAMY
Gender	Male
Phone No	(Phone) +65-91181499
Address	BLK 249 CHOA CHU KANG AVENUE 2 #07-480
Address Complement	-
Post Code	680249
Approximate Age Years Old	-
Injuries Sustained	MC 3 DAYS
Injured person in which vehicle?	SLU3626Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstances of the Accident

Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.

  1158AHS 24/8/21
Policyholder's Signature / Date & Time

 1158AHS 24/8/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 
Witnessed by Reporting Centre Personnel

SKETCH PLANIMPORTANT 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:

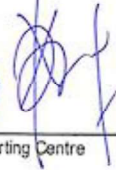
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

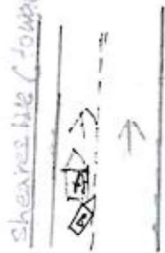
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

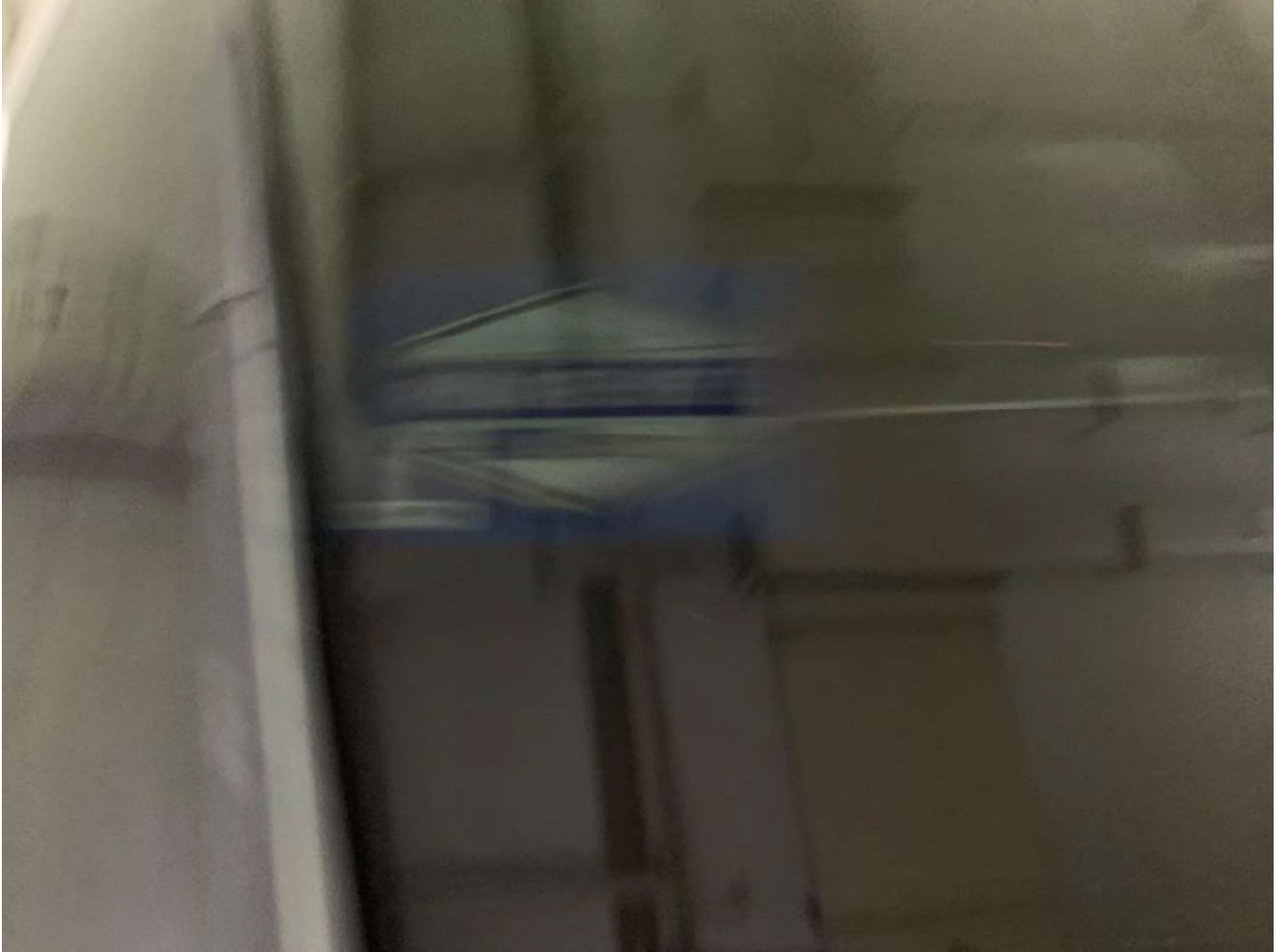

 Policyholder's Signature / Date & Time
 1158hrs
 24 Aug 2021
 Sketch Plan


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


 Witnessed by Reporting Centre Personnel

A-SW36264
 B-GPD74662

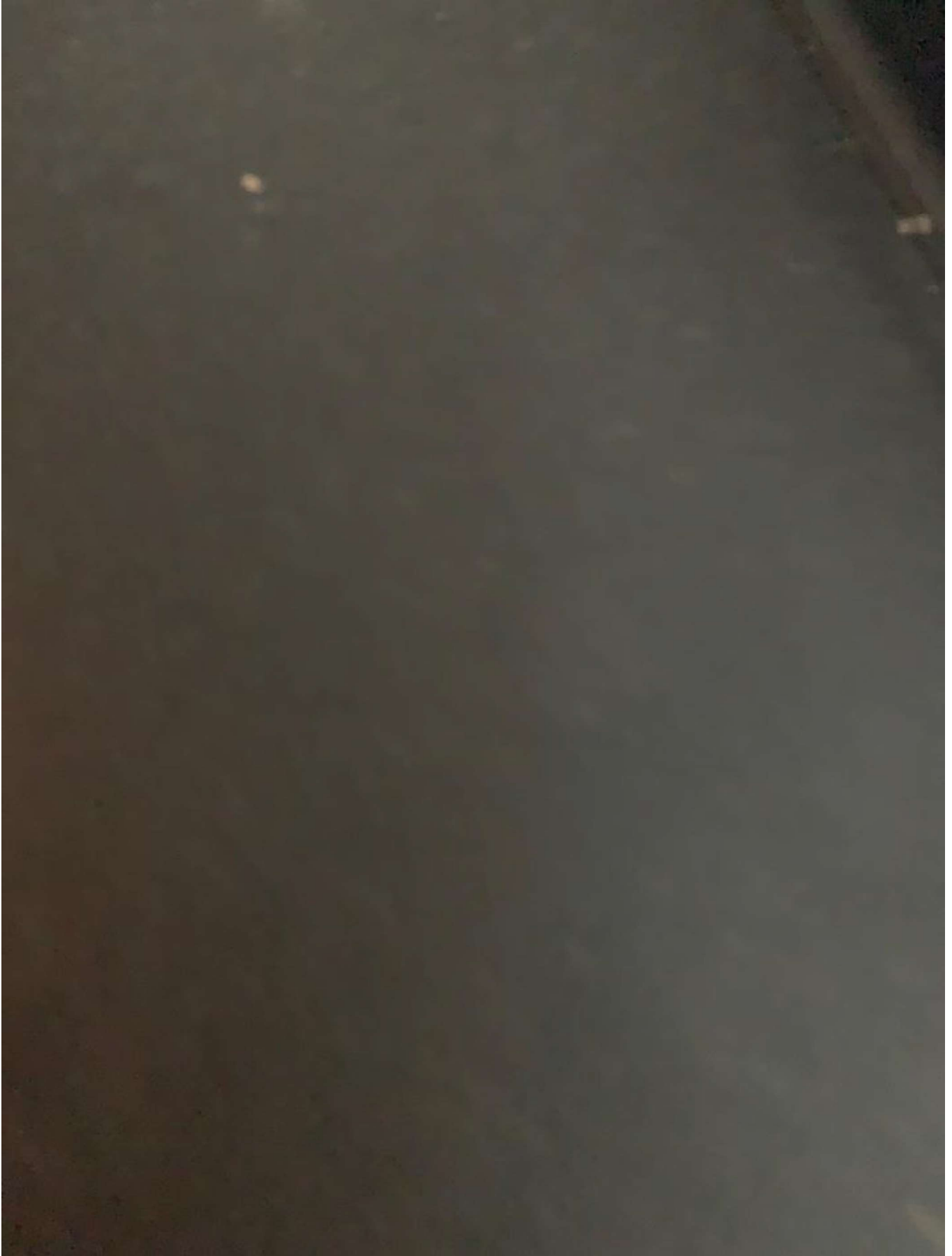




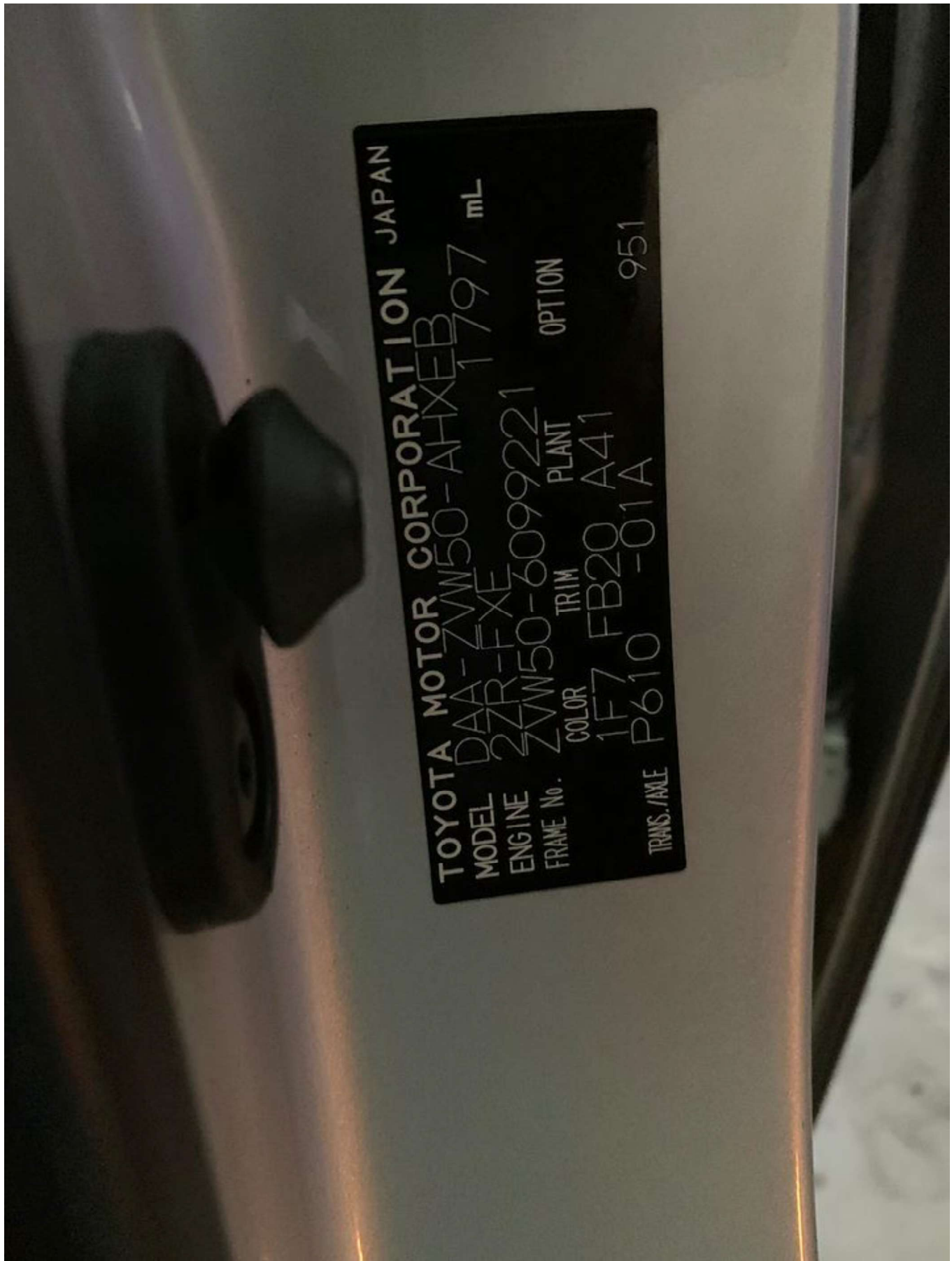


















**SINGAPORE
POLICE FORCE**



T/20210825/2097

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20210825/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2021 16:23		Vide Report No.: T/20210821/2076		Station Diary No.: 66	
Informant's Particulars					
Name of Informant: RAJU MOHAN PERIASAMY			Address: APT BLK 249 CHOA CHU KANG AVENUE 2 #07-480 SINGAPORE 680249		
ID Type / ID No.: NRIC NO / S7363335D			Contact No.: Home/Office: Mobile: 91181499		
Nationality: INDIAN			Email:		
Sex: Male	Age: 48	Date of Birth: 17/06/1973	Type of Informant: Driver		
Race: Tamil			Language:		Institution / School Name:
Occupation: COMPANY DIRECTOR			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: 24/08/2021 10:15	Type of Location: East Coast Parkway
Location: EAST COAST PARKWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU3626Y	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210825/2097

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20210825/2097

CONTINUATION OF REPORT

Driver			
Name	RAJU MOHAN PERIASAMY		ID No. S7363335D
Related Vehicle	SLU3626Y (Car)		Contact No. 91181499
Hospital/Clinic	EVERCARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	24/08/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

Reference to report no vide: T/20210824/2076 complainant wanted to input some more additional information.

On the 24/08/2021, at about 1015hrs, I was driving along the ECP Sheares Avenue towards Rochor Road when I saw one rider standing at the road side flagging his hand an indication asking for a help. I slowed down and switched on my hazard lights before came to a stop and went over to the rider asking why? The rider told me that he drop his handphone on the road and asking for a help if he can borrow my handphone to call his friend for assistance.



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Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20210825/2097

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Report No. T/20210825/2097

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:

J /

Sgt.2 SHARIEUDIN BIN ROSMAN



Signature Of Interpreter:

Not applicable

SIGNATURE

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/08/2021 16:23

Classification Of Case:


**SINGAPORE
POLICE FORCE**


T/20210824/2076

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20210824/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2021 17:18		Vide Report No.:	Station Diary No.: 93
Informant's Particulars			
Name of Informant: RAJU MOHAN PERIASAMY		Address: APT BLK 249 CHOA CHU KANG AVENUE 2 #07-480 SINGAPORE 680249	
ID Type / ID No.: NRIC NO / S7363335D		Contact No.:	Mobile: 91181499
Nationality: INDIAN		Email:	
Sex: Male	Age: 48	Date of Birth: 17/06/1973	Type of Informant: Driver
Race: Tamil		Language:	Institution / School Name:
Occupation: Company director		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: 24/08/2021 10:15	Type of Location: Flyover
Location: EAST COAST PARKWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU3626Y	Car	TOYOTA	PRIUS		Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210824/2076

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3
Report No. T/20210824/2076

CONTINUATION OF REPORT

Driver			
Name	RAJU MOHAN PERIASAMY	ID No.	S7363335D
Related Vehicle	SLU3626Y (Car)	Contact No.	91181499
Hospital/Clinic	EVERCARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/08/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 24/08/2021, at about 1015hrs, I was driving along ECP towards Rochor road, on the inner lane. I saw the motorcyclist in front of me drop his mobile phone on the floor and he began to come to a stop to pick it up. I then slowed down and switched on my hazard lights as well since he was stopping in front of me.

The motorcyclist stopped and got off his motorcycle to pick up his phone. As there were only two lanes and there were other cars traveling on the other lane, I waited with my hazard light on for the motorcyclist to move off. I was waiting there stationary for about one or two minutes when suddenly a blue lorry (GBD7466Z) hit the right back side of my car. My car was scratched and dented by the collision. As I was seated with my seatbelt on while waiting, I felt a pain in my neck and back after the collision.

I took down the lorry driver's particulars and took photos of both the vehicles, before driving off to the car workshop to have a look at my car.

I visited a doctor and was given 3 days MC for my neck and back pain.

This is the first time this has happened, and I am making this report for record purposes.



**SINGAPORE
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T/20210824/2076

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20 Choa Chu Kang Street 52 #01-02
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Tel No: 1800-7659999

3 of 3

Report No. T/20210824/2076

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:

J /

Insp TEO WOON YANG, ANDRE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/08/2021 17:18

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABUL WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp

NP168

SIGNATURE

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: SJ08218P0003 Vehicle Registration No: SLU 3626Y
 Name (as shown in NRIC): Raju Mohan Periasamy NRIC/FIN/Passport No: 8736333SD
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 249 Choa Chu Kang Ave 2 #07-480 Singapore (680248)
 Contact (Tel): _____ Mobile No.: 91181499
 Email Address: ✗
 Date of Accident: 24/8/2021 Time of Accident: 10:15
 Place of Accident: East coast Parkway
 Insurance Company: NTUC Income Insurance

(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:

To change vehicle Registration Number from 8M17226Y
to SLU 3626Y

Policyholder / Driver's Signature
Date:

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