

# 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 ..... 08/09/2021 17:42 (SGT)  
Date of Accident ..... 07/09/2021 11:50 (SGT)  
Exact Location of Accident ..... Jalan Bukit Merah, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNA6828T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SIVAKUMARU KANDASAMY  
NRIC No ..... SXXXX682Z  
Email Address ..... sivavik@yahoo.com  
Mobile Phone No ..... (Phone) +65-82984079  
Alternative Phone No ..... +65-82984079

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00133692100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SIVAKUMARU KANDASAMY  
NRIC No ..... SXXXX682Z

Date Of Birth .....	08/11/1979
Occupation .....	Indoor
Date Of Driving Pass .....	08/09/2016
Driving experience .....	5 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-82984079
Alt. Phone Number .....	+65-82984079
Email Address .....	sivavik@yahoo.com
Address .....	BLK 324 ANG MO KIO AVENUE 3 #10-1872
Address complement .....	-
Postcode .....	560324
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 .....	Side Swipe
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 .....	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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210907/7020

#### 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 .....	FBR2014R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

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 .....	SIVAKUMARU KANDASAMY
Gender .....	Male
Phone No .....	(Phone) +65-82984079
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNA6828T
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' law yers/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/rail 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

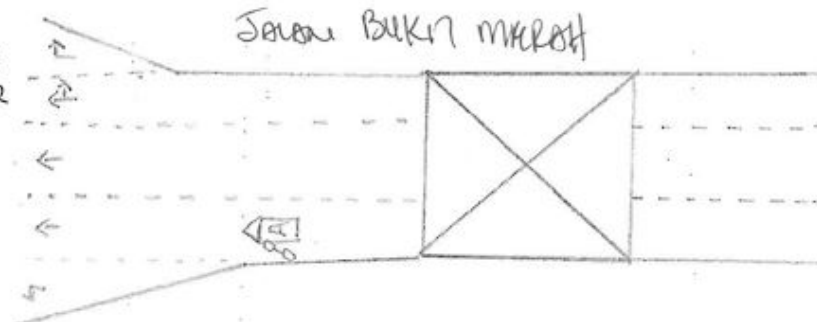
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SMA 6828T

Vehicle B: FBR 2014R




## Describe Circumstances of the Accident


ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT.  
 OUT OF A SUDDEN, I FELT A HUGE IMPACT FROM THE LEFT. VEH  
 B HIT ONTO THE LEFT SIDE OF MY VEHICLE WHILE TRYING TO SQUEEZE  
 FROM THE LEFT SIDE.

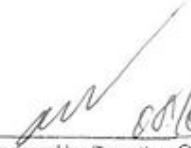
POLICE REPORT #120210907/7020

## 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

 08/09/2021  
 Witnessed by Reporting Centre  
 Personnel









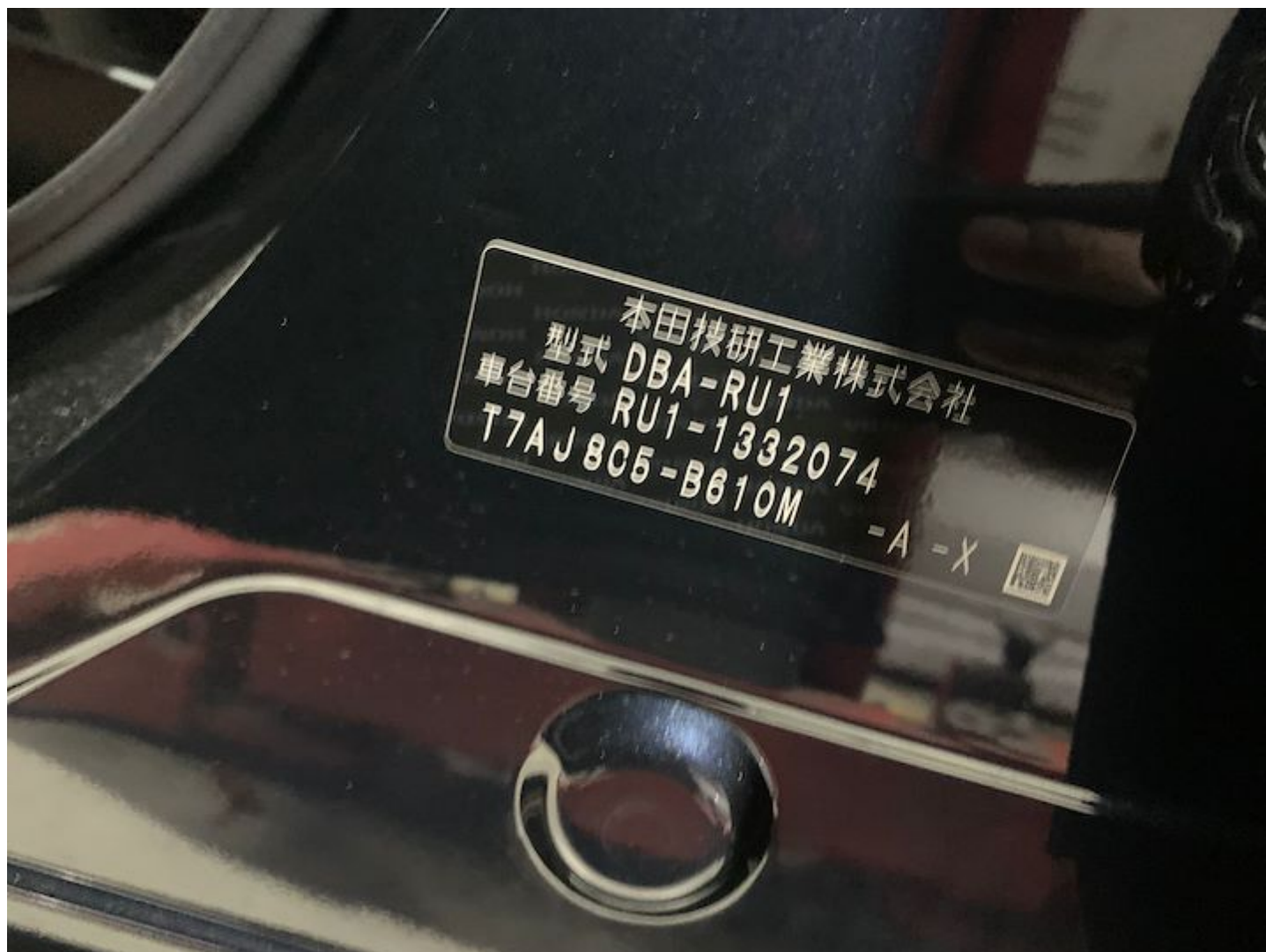




















**SINGAPORE  
POLICE FORCE**



T/20210907/7020

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

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Report No. T/20210907/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2021 15:53		Vide Report No.: D/20210907/0049		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SIVAKUMARU KANDASAMY			Address: 324 ANG MO KIO AVENUE 3 #10-1872 SINGAPORE 560324		
ID Type / ID No.: NRIC NO / S7969682Z			Contact No.: Home/Office: Mobile: 82984079		
Nationality: SINGAPORE CITIZEN			Email: sivavik@yahoo.com		
Sex: Male	Age: 41	Date of Birth: 08/11/1979	Type of Informant: Driver		
Race: Tamil			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/09/2021 11:50	Type of Location: Straight Road
Location:  JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR2014R	Motorcycle					0
SNA6828T	Car	HONDA	VEZEL 1.5X CVT	Blue		0

**Details of Vehicle Insurance**





**SINGAPORE  
POLICE FORCE**



T/20210907/7020

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

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Report No. T/20210907/7020

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA6828T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001336 92100	02/07/2021	01/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIVAKUMARU KANDASAMY		ID No. S7969682Z
Related Vehicle	SNA6828T (Car)		Contact No. 82984079
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	07/09/2021		Date 07/09/2021
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT.

I SAW FROM MY LEFT SIDE MIRROR THAT THE 3RD PARTY WAS COMING AT A HIGH SPEED AND I GAVE HIM SUFFICIENT SPACE TO SQUEEZE THROUGH.

OUT OF A SUDDEN, I FELT A HUGE IMPACT FROM THE LEFT AND REALISED THAT THE 3RD PARTY COLLIDED ONTO THE LEFT PORTION OF MY CAR.

I FELT PAIN AND WENT TO CONSULT A DOCTOR AND WAS GIVEN 2 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**

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



T/20210907/7020

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Report No. T/20210907/7020

**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 /  
JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
07/09/2021 15:53

Classification Of Case: