

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 21/10/2021 09:34 (SGT)
Date of Accident 30/09/2021 17:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information WHITLEY RD TWDS PIE(TUAS)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ9328C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SKY BUILDERS PTE LTD
Company Reg No 2XXXXX171H
Email Address skvbuilders2015@gmail.com
Mobile Phone No (Phone) +65-91093688
Alternative Phone No +65-91093688

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 3456

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900257407-01
Cover Note Number -

DRIVER

Name of Driver SETHU DHARMALINGAM
Passport No/FIN FXXXX588K

| | |
|--|---------------------------|
| Date Of Birth | 10/05/1973 |
| Occupation | Indoor |
| Date Of Driving Pass | 26/06/1997 |
| Driving experience | 24 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91093688 |
| Alt. Phone Number | - |
| Email Address | skvbuilders2015@gmail.com |
| Address | 33 JURONG WEST ST 41 |
| Address complement | #04-57 THE LAKESHORE |
| Postcode | 649413 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | DIRECTOR |
| 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 | Chain Collision |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 5 |
| 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) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|------------------|
| Name | VASU PANDIMEENAL |
| Gender | Female |

PASSENGER 2

| | |
|--------------|--------------------------|
| Name | DHARMALINGAM RITISHKUMAR |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18002659999 |
| Alt. Police Station Phone No | (Fax) +65-62664987 |
| Police Station Address | Blk 158 Yung Loh Road #01-58 Singapore 610158 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211020/2041

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 | SMR7684G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|---------|
| Vehicle Registration Number | SG5797P |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|---|-------------|
| Vehicle Registration Number | SMD373Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 4

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | SJR6732T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 SETHU DHARMALINGAM
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BACK & NECK
 Injured person in which vehicle? SMQ9328C
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person VASU PANDIMEENAL
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SMQ9328C
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person DHARMALINGAM RITISHKUMAR
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SMQ9328C
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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5. Any false reporting may be referred to the Police for investigation.
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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:

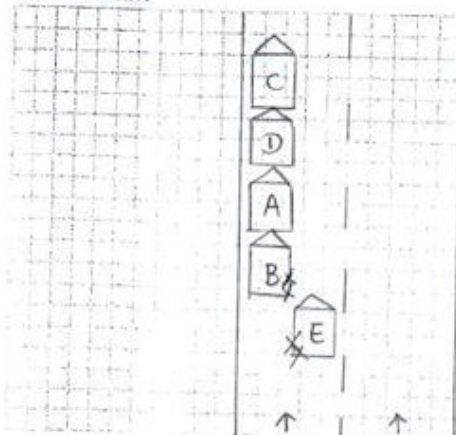
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

A = SMQ 9328C

B = SMR 7684G

C = SG 5797P

D = SMD 373Z

E = SJR 6732T

Whitley Road towards PIE (Tuas)

Describe Circumstances of the Accident

Refer to Police Report

Police Report No. : T/20211020/2041

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 21/10/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211020/2041

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

2 of 4

Report No. T/20211020/2041

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------------------|--|--|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | VASU PANDIMEENAL | ID No. | NIL |
| Related Vehicle | SMQ9328C (Car) | Contact No. | NIL |
| Hospital/Clinic | SHENTON CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 01/10/2021 | Date Discharge | 01/10/2021 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | NIL |
| Driver | | | |
| Name | SETHU DHARMALINGAM | ID No. | F7625588K |
| Related Vehicle | SMQ9328C (Car) | Contact No. | 91093688 |
| Hospital/Clinic | CENTRAL 24HR CLINIC (JURONG WEST) | Class of Driving Licence & Expiry Date | Class: 2B,3,4,5 Date of Expiry: NIL |
| Date Treatment | 01/10/2021 | Date Discharge | 01/10/2021 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |
| Passenger | | | |
| Name | DARMALINGAM RITISHKUMAR | ID No. | NIL |
| Related Vehicle | SMQ9328C (Car) | Contact No. | NIL |
| Hospital/Clinic | SHENTON CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 01/10/2021 | Date Discharge | 01/10/2021 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | NIL |

Brief Details.

Previously, I lodged a traffic accident report vide T/20211001/2056. However, after consulting medical assistance, my insurance company informed me to lodge another traffic accident report to include the Medical Certificate details in the report.

Report lodged previously are as follow:

On 30/09/2021 at 1745hrs, I was driving along Whitley Road heading towards PIE (TUAS). I was driving on left lane and traffic was slow moving. My vehicle was moving at about 5-10km/h. Suddenly, the rear vehicle SMR7684G collided onto rear of my vehicle. My vehicle then collided onto front



**SINGAPORE
POLICE FORCE**



T/20211020/2041

3 of 4

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

Report No. T/20211020/2041

CONTINUATION OF REPORT

vehicle and front vehicle collided onto the SBS bus in front of his car.
I alighted to check and noticed that the rear vehicle SMR7684G had collided onto another vehicle SJR6732T before colliding onto my car.
My wife and son were in car with me. My wife and I were not injured however my son had a small cut on his tongue as he may have hit somewhere inside the car. We have not sought medical assistance yet.
There is no in car camera in my car. Traffic Police and ambulance were at scene vide E/20210930/0114. I noticed that someone from vehicle SMR7684G was conveyed by ambulance.

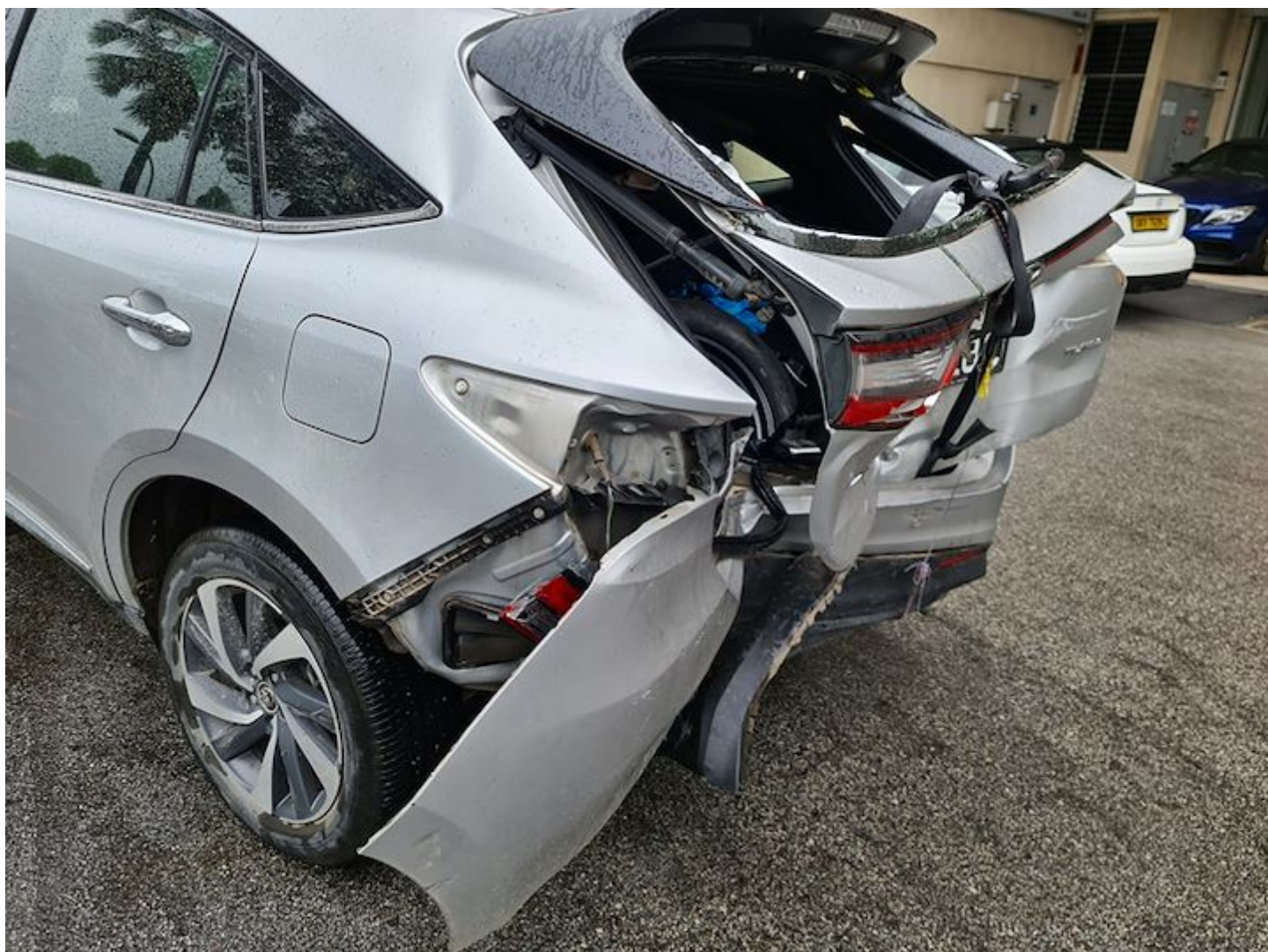
I wish to state that I have MC for 3 days (MC ref: 0000169255). My wife was given MC for 4 days and my son was given 2 days MC.





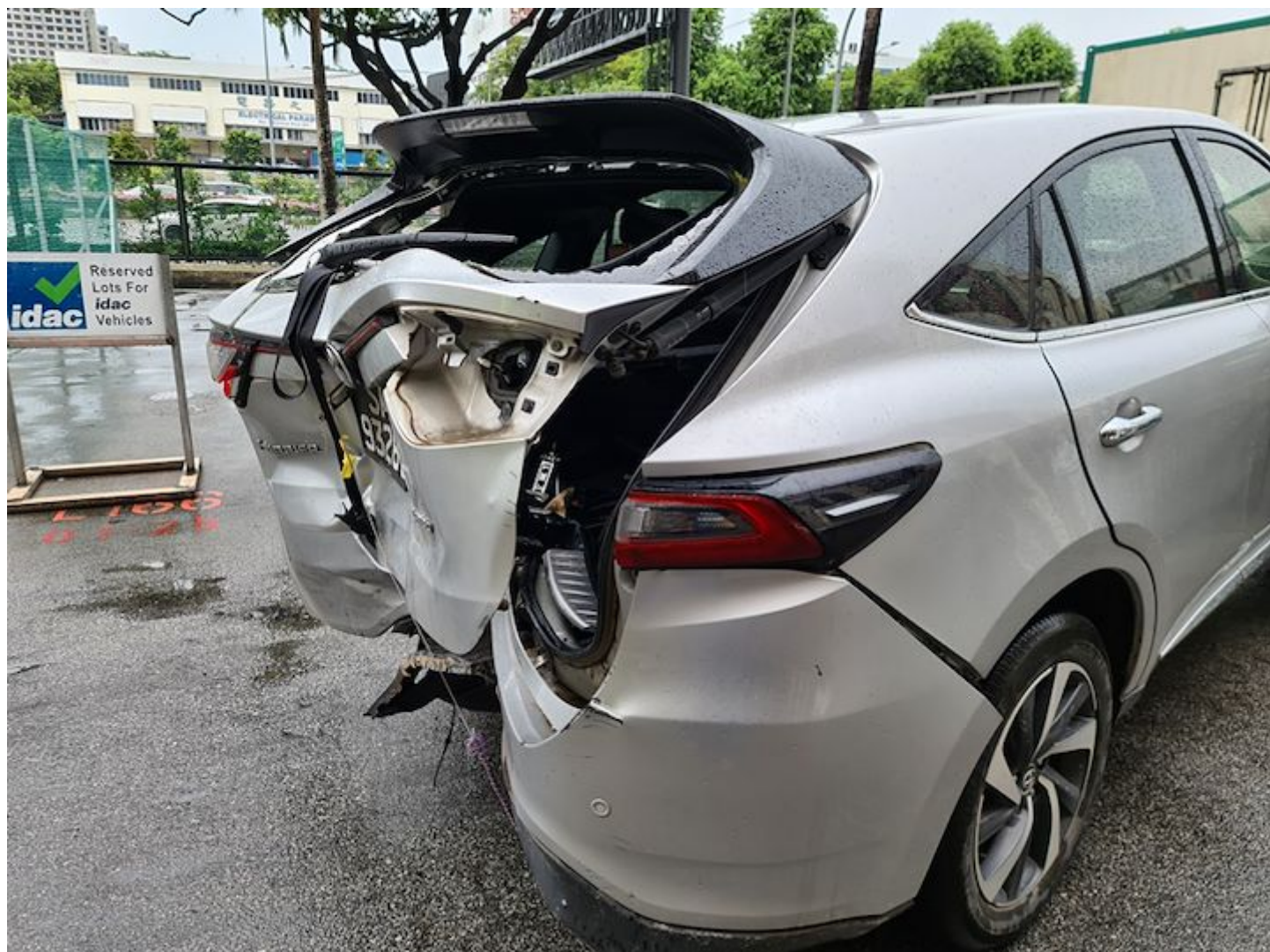


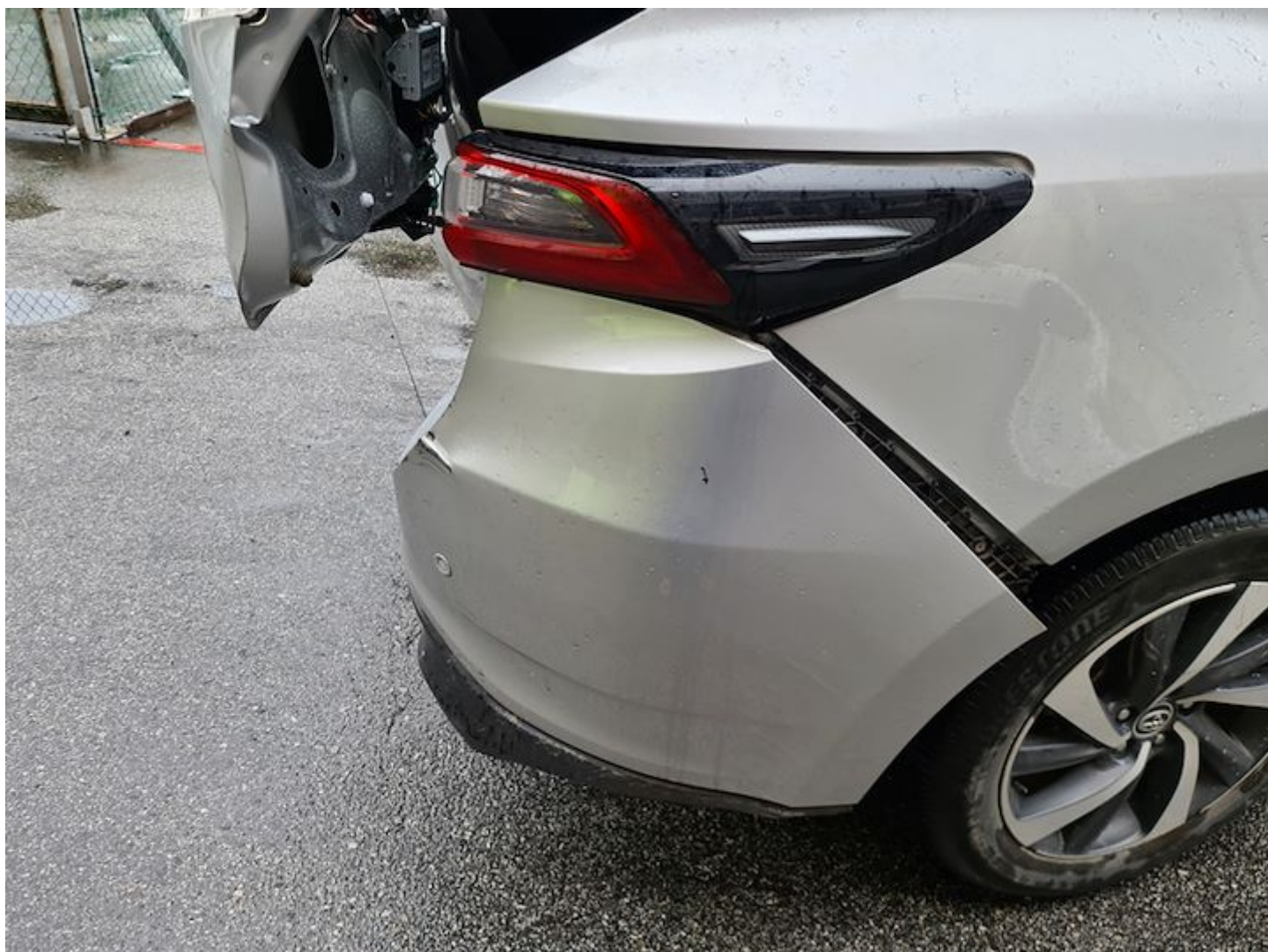











































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Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 4

Report No. T/20211020/2041

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 20/10/2021 14:33 | | Vide Report No.: | | Station Diary No.: 38 |
| Informant's Particulars | | | | |
| Name of Informant: SETHU DHARMALINGAM | | Address: C/O 33 JURONG WEST STREET 41 #04-57 SINGAPORE 649413 | | |
| ID Type / ID No.: FIN NO / F7625588K | | Contact No.: Home/Office: Mobile: 91093688 | | |
| Nationality: INDIAN | | Email: | | |
| Sex: Male | Age: 48 | Date of Birth: 10/05/1973 | Type of Informant: Driver | |
| Race: Indian | | Language: | Institution / School Name: | |
| Occupation: SELF EMPLOYED | | Driving Licence Information: Class: 2B,3,4,5 Date of Expiry: | | |

| | | | | |
|--|---------------------------------|-----------------------|---|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 30/09/2021 17:45 | Type of Location: Straight Road |
| Location: WHITLEY ROAD | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: Yes | |

| | | | | | | |
|------------------------------------|------|--------|--------------------|-------|-----------|------------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| SMQ9328C | Car | TOYOTA | HARRIER M GRADE | | | 2 |

| | | | | |
|-------------------------------------|---|---------------|------------|-------------|
| Details of Vehicle Insurance | | | | |
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMQ9328C | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1900257407-01 | 11/12/2020 | 10/12/2021 |



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| Details of Person Involved | | | |
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| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | VASU PANDIMEENAL | ID No. | NIL |
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| Hospital/Clinic | SHENTON CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 01/10/2021 | Date Discharge | 01/10/2021 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | NIL |
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| Passenger | | | |
| Name | DARMALINGAM RITISHKUMAR | ID No. | NIL |
| Related Vehicle | SMQ9328C (Car) | Contact No. | NIL |
| Hospital/Clinic | SHENTON CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 01/10/2021 | Date Discharge | 01/10/2021 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | NIL |

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his tongue as he may have hit somewhere inside the car. We have not sought medical assistance yet.
There is no in car camera in my car. Traffic Police and ambulance were at scene vide E/20210930/0114. I
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son was given 2 days MC.



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T/20211020/2041

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158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

4 of 4

Report No. T/20211020/2041

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 TAN CHIN ANN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 20/10/2021 14:33 |
| Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171 | Classification Of Case: SN 124 |
| Authentication Stamp NP168 | Signature : |
| Singapore Police Force | |