

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 29/10/2021 17:24 (SGT)
Date of Accident 23/10/2021 21:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information VICTORIA STREET TOWARDS OPHIR ROAD BEFORE ARAB STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF9160M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SYLLYS AUTO PTE LTD
Company Reg No 2XXXXX359K
Email Address CS8558CS@GMAIL.COM
Mobile Phone No (Phone) +65-87601727
Alternative Phone No (Office) +65-87601727

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
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 hire
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 DMHCSNW00007022100
Cover Note Number -

DRIVER

Name of Driver SHATRIYAN RAJ S/O KUNALAN

NRIC No	SXXXX588F
Date Of Birth	17/12/1999
Occupation	Outdoor
Date Of Driving Pass	08/01/2019
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87601727
Alt. Phone Number	-
Email Address	CS8558CS@GMAIL.COM
Address	BLK 616 WOODLANDS AVE 4
Address complement	#07-561
Postcode	730616
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	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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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	SJQ4164B
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)	-

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' 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.

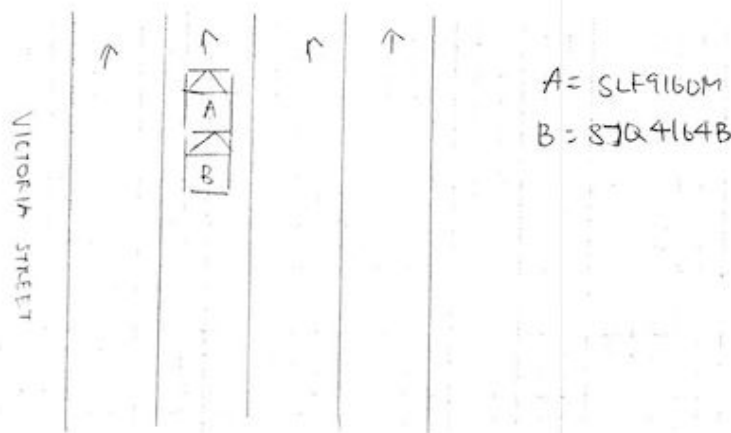


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG VICTORIA STREET TOWARDS
 OPHIR ROAD.
 THE VEHICLE IN FRONT OF ME JAMMED BREAK SUDDENLY.
 I WAS ABLE TO STOP IN TIME BUT THE ~~CAR~~ VEHICLE ^B BEHIND ME
 BANG INTO ME.

VEHICLE A: SCF9160M
 VEHICLE B: SJ6414B

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]

Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



L/20211026/7033

1 of 2

POLICE REPORT (NP299)

Report No. L/20211026/7033

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 26/10/2021 15:38	Vide Report No.	Station Diary No.
Name Of Informant SHATRIYAN RAJ S/O KUNALAN	Address 616 WOODLANDS AVENUE 4 #07-561 SINGAPORE 730616	
ID Type / ID No. NRIC NO / S9941588F	Contact No. Home/Office:	Mobile: 87601727
Nationality SINGAPORE CITIZEN	Email Address SHATRIYANRAJKUNALAN@gmail.COM	
Occupation National Service Full Time	Sex Male	Age 21
Institution/School Name	Date of Birth 17/12/1999	Race Indian
Date/Time Of Incident 18/10/2021 11:00 - 26/10/2021 14:00	Location Of Incident 616 WOODLANDS AVENUE 4 #07-561 SINGAPORE 730616	

Brief details.

Good afternoon,

My name is shatriyan raj

I misplaced my license a few days back. I got into accident recently and will have to make a report to do a insurance claim. I lost it at little india but am not sure where at.

Subjects Involved

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
26/10/2021 15:38

Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20211026/7033

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20211026/7033

Victim			
Person Name	SHATRIYAN RAJ S/O KUNALAN		
ID Type	NRIC NO	ID No	S9941588F
Gender	Male	Age	21
Race	Indian	Language	English
Occupation	National Service Full Time	Address	616 WOODLANDS AVENUE 4 #07-561 SINGAPORE 730616
Mobile No	87601727	Is Informant A Victim?	Yes
Person Name	SHATRIYAN RAJ S/O KUNALAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2021 15:38
Officer In-Charge Of Case:	Classification Of Case:

