

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 02/11/2021 16:27 (SGT)
Date of Accident 02/11/2021 10:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE (CITY) BEFORE HAVELOCK EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW820A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AMANDA KOH TING TING
NRIC No SXXXX763C
Email Address MAN.RENEE@GMAIL.COM
Mobile Phone No (Phone) +65-96992335
Alternative Phone No +65-96992335

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
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? Yes
Vehicle Category Private car
Transmission Auto
CC 999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900249336
Cover Note Number -

DRIVER

Name of Driver AMANDA KOH TING TING
NRIC No SXXXX763C

Date Of Birth	02/12/1982
Occupation	Outdoor
Date Of Driving Pass	17/07/2007
Driving experience	14 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96992335
Alt. Phone Number	+65-96992335
Email Address	MAN.RENEE@GMAIL.COM
Address	53A TAVISTOCK AVENUE
Address complement	-
Postcode	554351
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JSP1426
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Gardens Neighbourhood Police Post
Police Station Address	51 Serangoon Garden Way Singapore 555947
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSP1426
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SURENRAJ VARADHARAJU
Contact Number	(Phone) +65-85106419
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	SURENRAJ VARADHARAJU
Gender	Female
Phone No	(Phone) +65-85106419
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	JSP1426
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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. 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 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 :

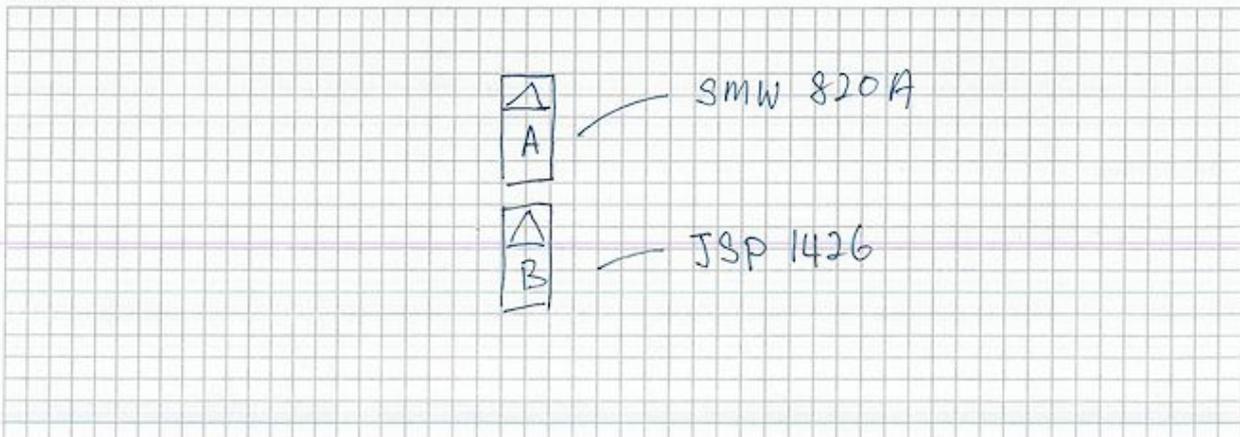
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 2024 Kum
 Witnessed by Reporting Centre Personnel
 2:37pm 2/11/2024

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report.

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

  2:37pm.
2/11/2021
Witnessed by Reporting Centre Personnel

























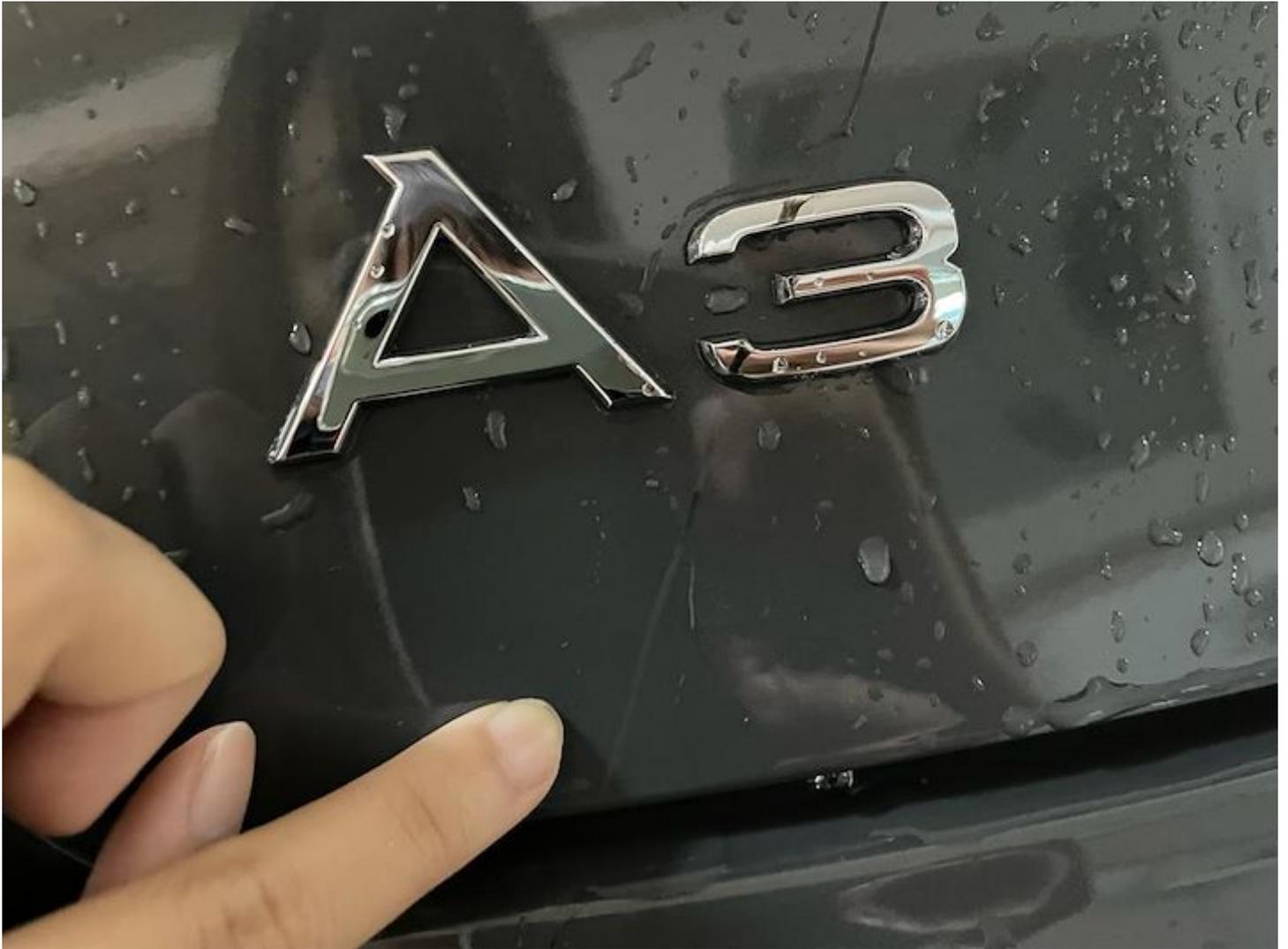


















**SINGAPORE
POLICE FORCE**



T/20211102/2039

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

1 of 3

Report No. T/20211102/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2021 13:00		Vide Report No.: F/20211102/0062		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: AMANDA KOH TING TING			Address: 53A TAVISTOCK AVENUE SINGAPORE 554351		
ID Type / ID No.: NRIC NO / S8238763C			Contact No.: Home/Office: Mobile: 96992335		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 02/12/1982	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Sale		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/11/2021 10:25	Type of Location: CTE Tunnel
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSP1426	Motorcycle				Slightly Damaged	0
SMW820A	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20211102/2039

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

2 of 3

Report No. T/20211102/2039

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW820A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900249336	25/11/2019	24/11/2021

Brief Details.

On 2 November 2021 at about 1025hrs, I was travelling along CTE going to exit Havelock Road. I noticed the vehicle in-front of me had slowed down. I also slow down and suddenly, I feel a bang from the back of my vehicle. I went out of my vehicle and discovered that a Malaysian motorbike JSP1426 had banged onto my vehicle. The rider suffered some injuries as such I called for an ambulance. Shortly after, LTA, ambulance and TP came to the accident scene. I also handed over my in-car camera memory card to the TP officer for investigation. The rider was conveyed to a hospital and I was told to lodge an accident report.



**SINGAPORE
POLICE FORCE**



T/20211102/2039

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

3 of 3

Report No. T/20211102/2039

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 F / SI ANG THIAM HEE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2021 13:00
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 27
Authentication Stamp NP168 	SINGAPORE POLICE FORCE (SERANGOON GARDENS WAY) SIGNATURE