

# 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 .....	03/07/2021 14:09 (SGT)
Date of Accident .....	21/06/2021 12:00 (SGT)
Exact Location of Accident .....	Upper Paya Lebar Rd, Singapore
Additional Location Information .....	SLIP ROAD TO BARTLEY ROAD EAST
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCV2053H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SELVAKUMAR JOHNSON CHANDRASEKAR
NRIC No .....	S2708290D
Email Address .....	pmp2705@hotmail.com
Mobile Phone No .....	(Phone) +65-90071755
Alternative Phone No .....	(Home) +65-90071755

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	March
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Manual
CC .....	998

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	0088587985-17
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SELVAKUMAR JOHNSON CHANDRASEKAR
NRIC No .....	S2708290D

Date Of Birth .....	27/05/1964
Occupation .....	Indoor
Date Of Driving Pass .....	23/08/1996
Driving experience .....	24 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90071755
Alt. Phone Number .....	(Home) +65-90071755
Email Address .....	pmp2705@hotmail.com
Address .....	BLK 160 HOUGANG STREET 11 #10-35
Address complement .....	-
Postcode .....	530160
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? .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I was at the junction of Upper Paya Lebar Road intending to turn to Bartley Road East. I was at the slip road looking out for incoming vehicles from the main road, so i stopped. Suddenly, vehicle B has collided to the rear of my vehicle. I suffer neck injury from the 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 .....	SKX1240K
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
NRIC No .....	-1

Contact Number .....	(Phone) +65-93867005
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	SELVAKUMAR JOHNSON CHANDRASEKAR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK
Injured person in which vehicle? .....	SCV2053H
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' 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

03/07/2021, 11:54 AM

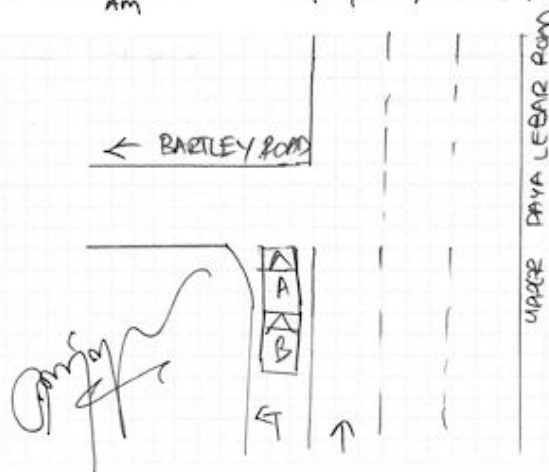
  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

03/07/2021, 11:54 AM

  
Witnessed by Reporting Centre  
Personnel



Sketch Plan



DOA: 21/06/2021,  
12 PM

A: SCV 2053H

B: SKX 1240K

Describe Circumstances of the Accident

I was at the Junction of Upper Paya Lebar Road intending to turn to Bartley Road East. I was at the slip road looking out for incoming vehicles from the main road, so I stopped. Suddenly, vehicle B has collided to the rear portion of my vehicle. I suffer neck injury from the accident.

*[Signature]*

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*  
Policyholder's Signature / Date & Time  
03/07/2021, 11:54AM

*[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time  
03/07/2021, 11:54AM.

*[Signature]*  
Witnessed by Reporting Centre Personnel







































