

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 22/11/2021 14:21 (SGT)
Date of Accident 20/11/2021 11:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE(AIRPORT)SLIP RD INTO KPE(MCE)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB2282E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SYNERGY AVL PTE. LTD.
Company Reg No 2XXXXX252E
Email Address saathish@synergyavl.com
Mobile Phone No (Phone) +65-90061057
Alternative Phone No +65-90061057

VEHICLE PARTICULARS

Manufacturer Renault
Model Kangoo
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 1461

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW00102402102
Cover Note Number -

DRIVER

Name of Driver DURAISAMY SAATHISH
Passport No/FIN GXXXX019T

Date Of Birth	14/09/1981
Occupation	Outdoor
Date Of Driving Pass	20/10/2014
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87862339
Alt. Phone Number	-
Email Address	saathish@synergyavl.com
Address	BLK 191 BUKIT BATOK WEST AVE 6
Address complement	#16-47
Postcode	650191
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Clear
Road Surface	Dry

OTHER INFORMATION

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

PASSENGER 1

Name	GOPAL
Gender	Male

PASSENGER 2

Name	DEEPAN
Gender	Male

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

PLS REFER TO THE POLICE REPORT:T/20211122/2019

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	SKP626E
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	SLF5703Z
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' 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/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' 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.



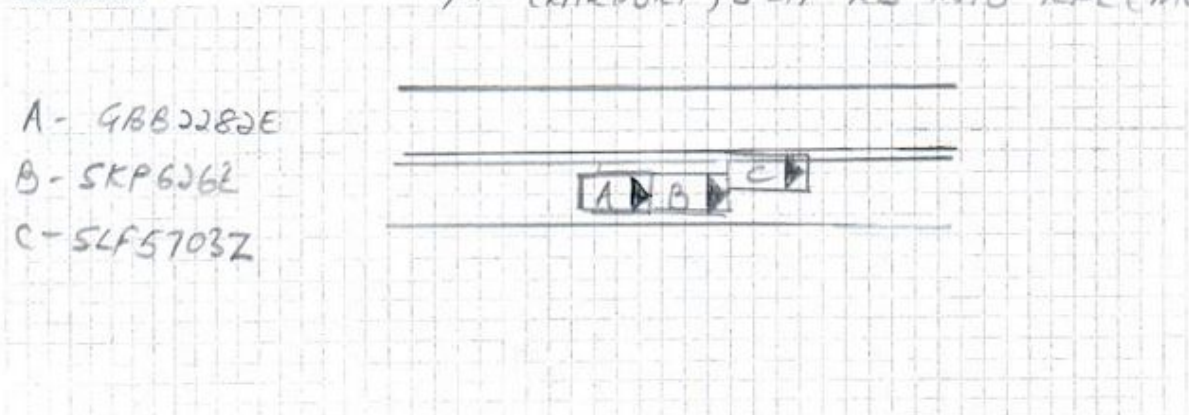
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

P1E (AIRPORT) SLIP RD INTO KPE (MCE)



Describe Circumstances of the Accident

P/s refer to the police report: T/2021/1122/2019

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 22/11/2021

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

[Signature] 23/11/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211122/2019

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

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Report No. T/20211122/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DUR AISAMY SAATHISH	ID No.	G3078019T
Related Vehicle	GBB2282E (Van)	Contact No.	87862339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On Stated Date, Time and Location

As above mentioned, I was driving along PIE(AP) slip road into KPE(MCE) as i was about to enter the MCE tunnel I was at extreme right lane which after the first vehicle bearing plate number (SLF5703Z) about to filter lane on the left hand side but due to on coming traffic he applied the break causing the 2nd bearing plate number (SKP626E) and 3rd vehicle which is me to react immediately step on the e-brake but due to unable to react in time I collided to the rear of the 2nd vehicle rear side. Ambulance and Traffic police on scene and I received a case card to proceed to TPHQ to lodge a police report accordingly. Tha's all

IO In-Charge: IO Daniel Yan




















**SINGAPORE
POLICE FORCE**


T/20211122/2019

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

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Report No. T/20211122/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2021 11:20	Vide Report No.: G/20211120/0121	Station Diary No.:
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Informant's Particulars

Name of Informant: DURASAMY SAATHISH		Address: APT BLK 191 BUKIT BATOK WEST AVENUE 6 #16-47 SINGAPORE 650191	
ID Type / ID No.: FIN NO / G3078019T		Contact No.:	Mobile: 87862339
Nationality: INDIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 14/08/1981	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: CONSTRUCTION		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/11/2021 11:05	Type of Location: SLIP ROAD
Location: PAN-ISLAND EXPRESSWAY				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2282E	Van	RENAULT	KANGOO DCI70	Silver		0
SKP626E	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Blue		0
SLF5703Z	Lorry	TOYOTA	PRIUS HYBRID 1.8 CVT	White		0



**SINGAPORE
POLICE FORCE**



T/20211122/2019

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

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Report No. T/20211122/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DURAISAMY SAATHISH	ID No.	G3078019T
Related Vehicle	GBB2282E (Van)	Contact No.	87862339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On Stated Date, Time and Location

As above mentioned, I was driving along PIE(AP) slip road into KPE(MCE) as i was about to enter the MCE tunnel I was at extreme right lane which after the first vehicle bearing plate number (SLF5703Z) about to filter lane on the left hand side but due to on coming traffic he applied the break causing the 2nd bearing plate number (SKP626E) and 3rd vehicle which is me to react immediately step on the e-brake but due to unable to react in time I collided to the rear of the 2nd vehicle rear side. Ambulance and Traffic police on scene and I received a case card to proceed to TPHQ to lodge a police report accordingly. Tha's all

IO In-Charge: IO Daniel Yan



**SINGAPORE
POLICE FORCE**



T/20211122/2019

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

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Report No. T/20211122/2019

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
TP /
SCCPL MUHAMMAD SYAFIQ
BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/11/2021 11:20

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT
Contact No.: 65476066

Classification Of Case: