

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	29/11/2021 15:13 (SGT)
Date of Accident	28/11/2021 14:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE towards Tuas after Stevens Road (19km)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2324M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Janarthan S/O Balakrishnan
NRIC No	SXXXX764B
Email Address	janarthan17@gmail.com
Mobile Phone No	(Phone) +65-91140124
Alternative Phone No	(Home) +65-91140124

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116486764-01
Cover Note Number	-

DRIVER

Name of Driver	Janarthan S/O Balakrishnan
NRIC No	SXXXX764B

Date Of Birth	08/10/1990
Occupation	Outdoor
Date Of Driving Pass	20/03/2015
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91140124
Alt. Phone Number	(Home) +65-91140124
Email Address	janarthan17@gmail.com
Address	Blk 120 Mcnair Road #09-87
Address complement	-
Postcode	320120
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	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	6
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Sindhu D/O Udayakumar
Gender	Female

PASSENGER 2

Name	Thiven Zev Janarthan
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

refer attached police report.

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	SLM1694E
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	SKP3131X
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 3

Vehicle Registration Number	SMM3630P
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	SMP594P
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 5

Vehicle Registration Number SH6747Y
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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 -
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? -
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

Describe Circumstances of the Accident

Refer attached 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


Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as **truthful and accurate as possible**. Any willful 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 indorsement 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 enquires 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 - SJW 23 24m

B - SLW 1694E

C - SKP 2131X

D - Sww 3630P

E - SWP 594P

F - SH 6147Y





**SINGAPORE
POLICE FORCE**



T/20211287024

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

Page No: 1 of 4
Report No: T/20211287024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2021 13:28		Video Report No.: E/20211128/0118		Station Diary No.	
Informant's Particulars					
Name of Informant: JANARTHAN S/O BALAKRISHNAN			Address: 120 MCNAIR ROAD #09-87 SINGAPORE 320120		
ID Type / ID No.: NRIC NO / S9038764B			Contact No.: Home/Office:		Mobile: 91140124
Nationality: SINGAPORE CITIZEN			Email: JANARTHAN17@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 08/10/1990	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name
Occupation: Management executive			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2021 14:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
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
SH6747Y	Car	MERCEDES BENZ	E220	White	Slightly Damaged	1
SJW2324M	Car	VOLKSWAGO N	JETTA-1.4+ TSI+AT+1K2 3G5+MX	Black	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**

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



T202111297024

3 of 4

Report No: T202111297024

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SKP3131X	Car	MERCEDES BENZ		Grey	Seriously Damaged	0
SLM1694E	Car	HYUNDAI		White	Seriously Damaged	2
SMM3630P	Car	MAZDA		White	Seriously Damaged	0
SMP594P	Car	MERCEDES BENZ		Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJW2324M	NTUC Income Insurance Co-Operative Limited	5116488764-01	11/03/2021	10/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JANARTHAN SIO BALAKRISHNAN		ID No.	890387649
Related Vehicle	SJW2324M (Car)		Contact No.	91140124
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	THIVEN ZEV JANARTHAN		ID No.	72103094D
Related Vehicle	SJW2324M (Car)		Contact No.	91140124
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight



**SINGAPORE
POLICE FORCE**



T1202111207024

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No: T1202111207024

CONTINUATION OF REPORT

Passenger Name	SINDHU D/O UDAYAKUMAR	ID No.	S9018137H
Related Vehicle	SJW2324M (Car)	Contact No.	89089720
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details:

I was driving straight along PIE towards Tuas after Stevens Road (19km). Vehicle (SH6747Y) in front of me applied brake coming to a halt causing me to also apply my brakes but I had managed to stop in time without colliding to (SH6747Y). However, I suddenly felt a huge impact from my rear. Vehicle (SLM1694E) had collided into my car's rear portion. Due to this strong force, my car had surged forward and hit Vehicle (SH6747Y) rear. When I got out of my vehicle, I found out that it was a chain collision which involved 6 vehicles. From the collision, my car was badly damaged on the rear portion and with minor damages on the front. Ambulance had also arrived at the scene and conveyed one of the vehicle owner/passenger to the hospital.



**SINGAPORE
POLICE FORCE**



10202111287024

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

4 of 4
Report No: 10202111287024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 29/11/2021 13:28
Officer In Charge Of Case: TP / TPIB / ABDUL RAHIM BIN SALIM Contact No: 65476437	Classification Of Case:

NP165