

# 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 .....              | 16/12/2021 16:02 (SGT) |
| Date of Accident .....                | 15/12/2021 08:40 (SGT) |
| Exact Location of Accident .....      | KJE, Singapore         |
| Additional Location Information ..... | BKE TOWARDS KJE        |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLA3020A |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                         |
|--------------------------------|-------------------------|
| Is company? .....              | No                      |
| Name Of Registered Owner ..... | A ESWARAN REDDIAR       |
| NRIC No .....                  | SXXXX027B               |
| Email Address .....            | ELAN_BEANIE@HOTMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-92723510    |
| Alternative Phone No .....     | (Home) +65-92723510     |

### VEHICLE PARTICULARS

|  |             |
|--|-------------|
| Manufacturer .....   | Mazda       |
| Model .....  | 3           |
| 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 .....   | 1496        |

### INSURANCE COMPANY

|                                 |  |
|---------------------------------|--|
| Name of Insurance Company ..... | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage .....          | Comprehensive                          |
| Fleet Policy .....              | No                                     |
| Policy Number .....             | 5124447468                             |
| Cover Note Number .....         | -                                      |

### DRIVER

|                      |                   |
|----------------------|-------------------|
| Name of Driver ..... | A ESWARAN REDDIAR |
| NRIC No .....        | SXXXX027B         |

|  |                                   |
|--|-----------------------------------|
| Date Of Birth .....  | 24/10/1983                        |
| Occupation .....   | Indoor                            |
| Date Of Driving Pass .....   | 05/09/2013                        |
| Driving experience .....   | 8 YEARS AND 3 MONTHS              |
| Gender .....   | Male                              |
| Mobile Number .....  | (Phone) +65-92723510              |
| Alt. Phone Number .....  | (Home) +65-92723510               |
| Email Address .....  | ELAN_BEANIE@HOTMAIL.COM           |
| Address .....  | BLK 122A SENGKANG EAST WAY #02-53 |
| Address complement .....   | -                                 |
| Postcode .....   | 541122                            |
| 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 .....   | 4   |
| 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  |

#### 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

AS PER POLICE REPORT NO. T/20211215/2037.

#### 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 ..... | GBJ8817G           |
| Vehicle Manufacturer .....        | -                  |
| Vehicle Model .....               | -                  |
| Vehicle Variant .....             | -                  |
| Vehicle Colour .....              | -                  |
| Vehicle Category .....            | Commercial vehicle |

|   |                        |
|---|------------------------|
| Name of Driver .....                          | SILVESTAR KRITTASPRABU |
| 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 .....             | SMG268D       |
| Vehicle Manufacturer .....                    | -             |
| Vehicle Model .....                           | -             |
| Vehicle Variant .....                         | -             |
| Vehicle Colour .....                          | -             |
| Vehicle Category .....                        | Private car   |
| Name of Driver .....                          | TAN CHEE SENG |
| 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 .....             | SGY91Y      |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | LIN YUSHENG |
| 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 .....                              | A ESWARAN REDDIAR    |
| Gender .....  | Male                 |
| Phone No .....  | (Phone) +65-92723510 |
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | -                    |
| Injured person in which vehicle? .....                    | SLA3020A             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                  |

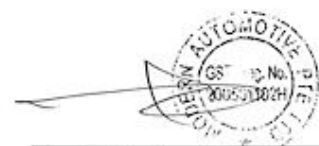
**SKETCH PLAN****IMPORTANT NOTICE**

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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.

*[Signature]*  
13/12/21

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

BKE TO KJE

→ [B] → [A] → [C] → [D]

A = SLA 3020 A  
B = GBJ 8817 G  
C = SMG 268 D  
D = SGY 91 Y

## Describe Circumstances of the Accident

As per Police Report no. T/2021/1215/2037.

### 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















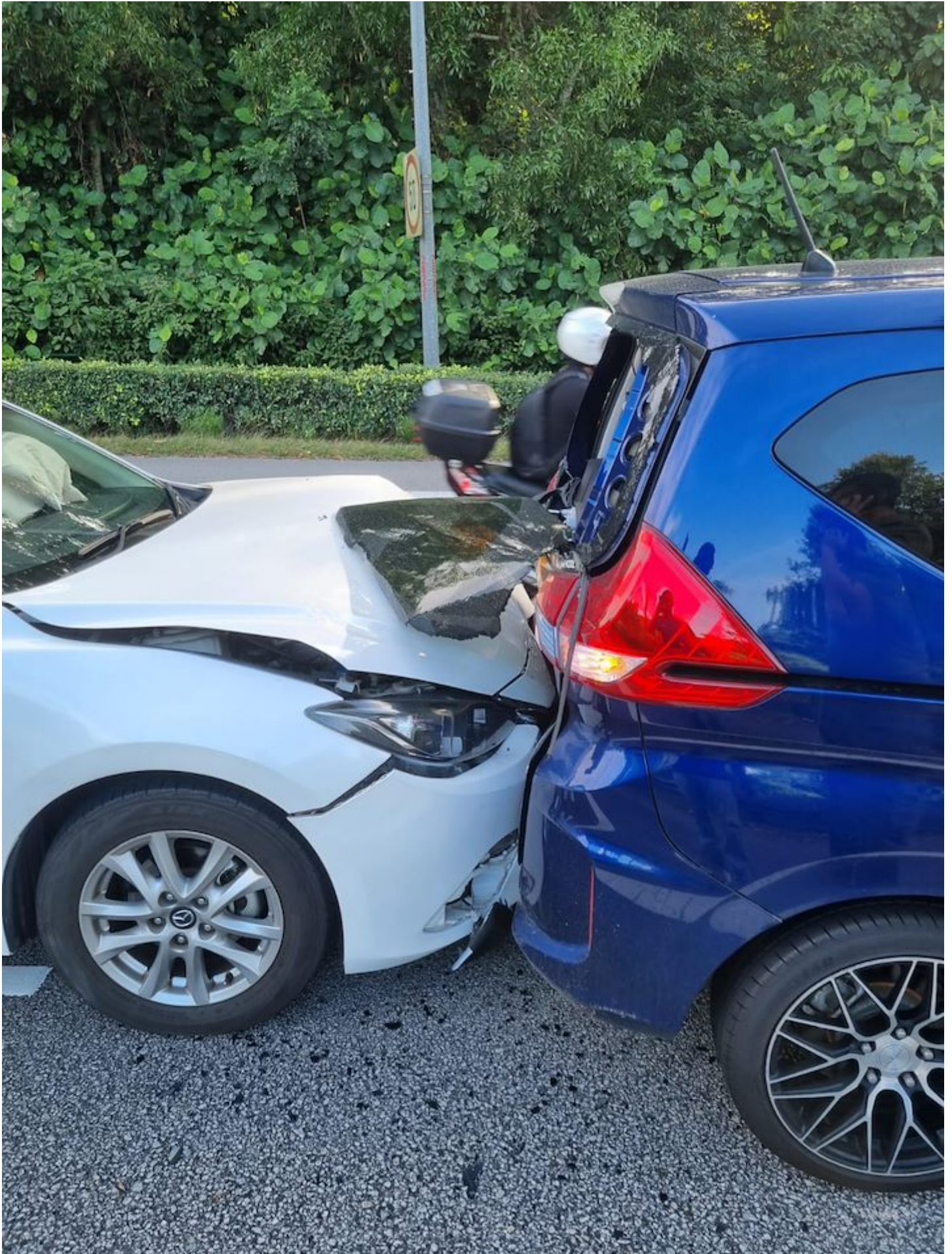


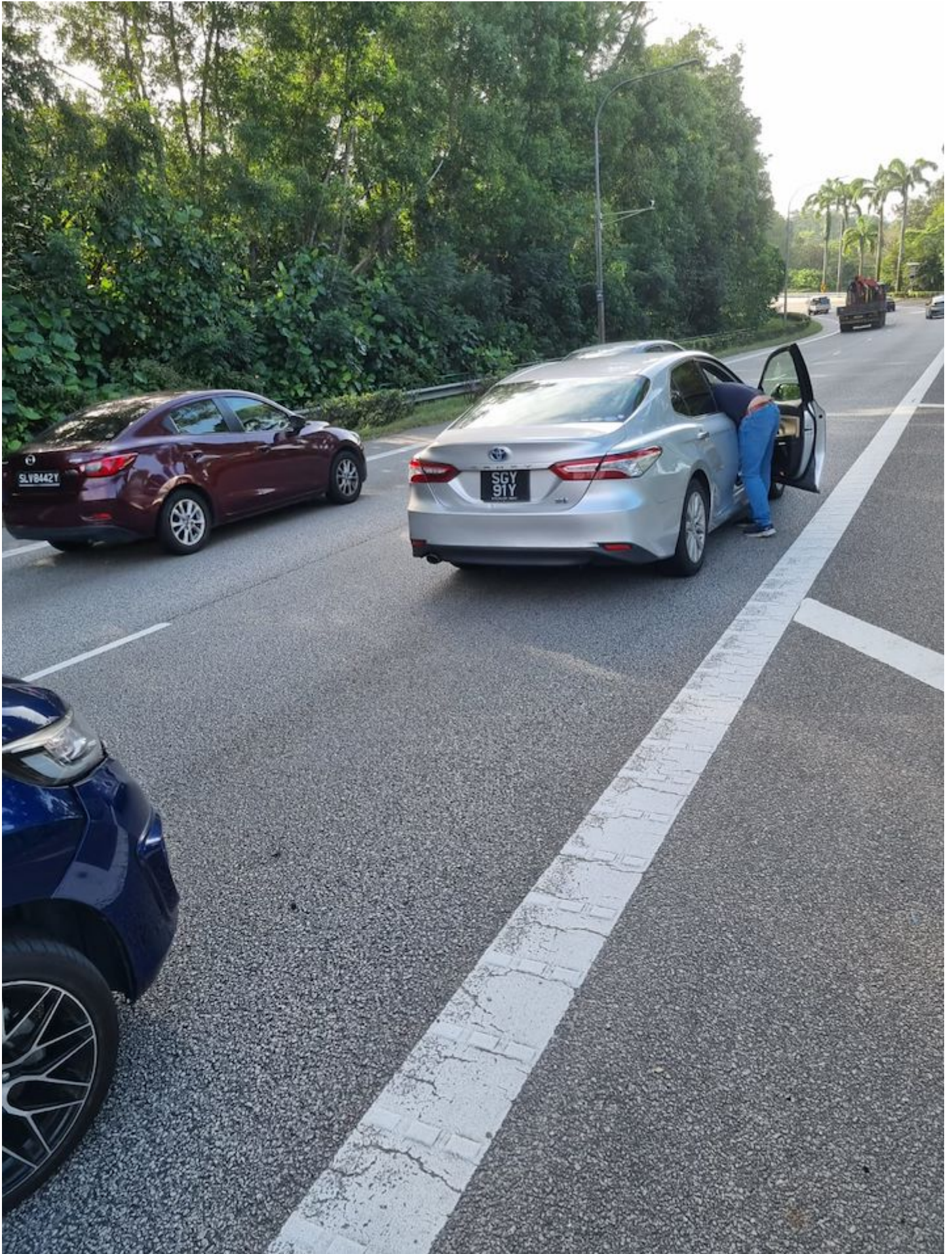


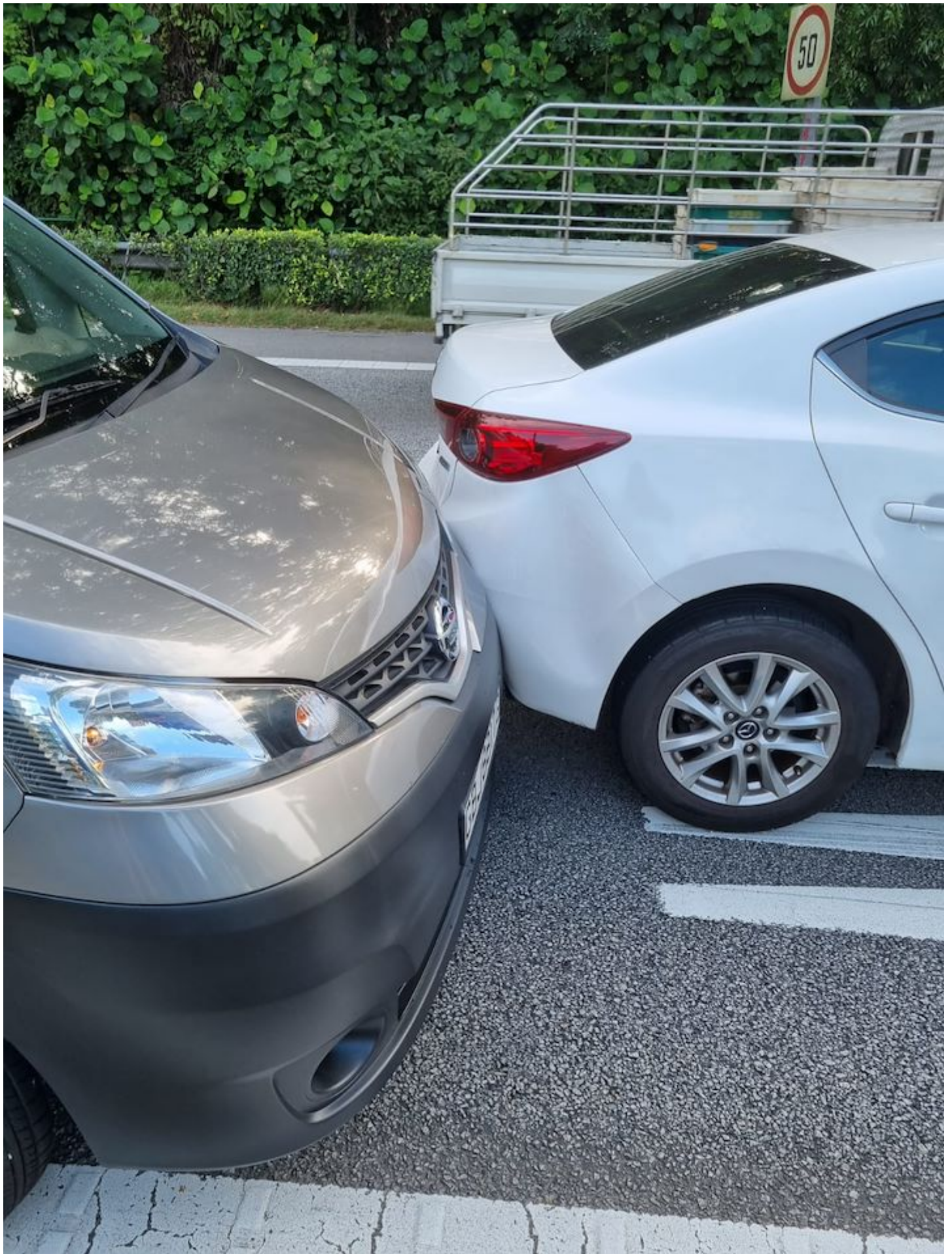

















**SINGAPORE  
POLICE FORCE**


T/20211215/2037

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

1 of 4

Report No. T/20211215/2037

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |  |                    |                            |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>15/12/2021 13:47   |            | Vide Report No.:<br>E/20211215/0041 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>               |            |                                     |  |                    |                            |
| Name of Informant:<br>A ESWARAN REDDIAR      |            |                                     | Address:<br>APT BLK 122A SENGKANG EAST WAY #02-53 RIVERVALE<br>BANK SINGAPORE 541122 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8330027B     |            |                                     | Contact No.:<br>Home/Office: Mobile: 92723510  |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN            |            |                                     | Email:   |                    |                            |
| Sex:<br>Male                                 | Age:<br>38 | Date of Birth:<br>24/10/1983        | Type of Informant:<br>Driver   |                    |                            |
| Race:<br>Indian                              |            |                                     | Language:  |                    | Institution / School Name: |
| Occupation:<br>Marine engineer (shore-based) |            |                                     | Driving Licence Information:<br>Class: 3 Date of Expiry:                             |                    |                            |

|  |                           |                                    |  |                                      |
|--|---------------------------|------------------------------------|--|--------------------------------------|
| <b>General Information of the Accident</b> |                           |                                    |  |                                      |
| Type of Accident:                          | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>15/12/2021 08:40 | Type of Location:<br>Straight Road   |
| Location:<br><br>KRANJI EXPRESSWAY         |                           |                                    |  |                                      |
| Weather:<br>Clear                          |                           | Road Surface:<br>Dry               |  | Road Speed Limit:                    |
| Traffic Flow:<br>One Way                   |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate          |
| Type of Collision:<br>4 CHAIN COLISION     |                           |                                    |  | Anyone conveyed by ambulance:<br>Yes |

| <b>Details of Vehicle Involved</b> |      |        |                                  |        |           |                 |
|------------------------------------|------|--------|----------------------------------|--------|-----------|-----------------|
| Vehicle No.                        | Type | Make   | Model                            | Color  | Condition | No of Passenger |
| GBJ8817G                           | Van  | NISSAN | NV200 1.5 MT                     | Silver |           | 1               |
| SGY91Y                             | Car  | TOYOTA | CAMRY HYBRID 2.5G CVT            | Silver |           | 0               |
| SLA3020A                           | Car  | MAZDA  | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT | White  |           | 0               |



**SINGAPORE  
POLICE FORCE**



T/20211215/2037

Police Station Of Origin:

2 of 4

Traffic Police

Report No. T/20211215/2037

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## CONTINUATION OF REPORT

| Details of Vehicle Involved |      |       |                        |       |           |                 |
|-----------------------------|------|-------|------------------------|-------|-----------|-----------------|
| Vehicle No.                 | Type | Make  | Model                  | Color | Condition | No of Passenger |
| SMG268D                     | Car  | HONDA | FREED HYBRID 1.5G AUTO | Blue  |           | 0               |

| Details of Vehicle Insurance |  |              |            |             |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No | Effective  | Expiry Date |
| SLA3020A                     | NTUC Income Insurance Co-Operative Limited | 5124447468   | 05/11/2021 | 04/11/2022  |

| Details of Person Involved        |                               |                                |   |
|-----------------------------------|-------------------------------|--------------------------------|---|
| Any Pedestrian Involved: No       |                               |                                |   |
| No. of Pedestrians Injured: NIL   |                               | Use of Pedestrian Crossing: NA |   |
| Driver                            |                               |                                |   |
| Name                              | A ESWARAN REDDIAR             |                                | ID No. S8330027B  |
| Related Vehicle                   | SLA3020A (Car)                |                                | Contact No. 92723510  |
| Hospital/Clinic                   | NG TENG FONG GENERAL HOSPITAL |                                | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 15/12/2021                    |                                | Date Discharge 15/12/2021   |
| No. of Days granted Medical Leave | 07                            | Degree of Injury               | NIL   |

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION

I WAS FROM BKE TOWARDS KJE. I WAS AT THE FIRST LANE OF 3 LANE ROAD. WHILE I WAS DRIVING MY VEHICLE(SLA3020A), SUDDENLY A VEHICLE(SMG268D) THAT INFRONT OF ME MADE A EMERGENCY BRAKE. I TRIED TO BRAKE ON TIME BUT I COULD'NT, SO I COLIDED ON THE VEHICLE(SMG268D). AT THE SAME TIME ITSELF, ANOTHER VAN(GBJ8817G) HIT ONTO MY REAR VEHICLE. BECAUSE OF THE BEHIND VEHICLE HIT ONTO MY VEHICLE, I HAVE A CUT AND ABRASION MY RIGHT WRIST AS I WAS HOLDING ON TO THE STEERING WHEEL THROUGHOUT THE INCIDENT AND I PRESUMED THAT MY VEHICLE JERK INFRONT OF THE SECOND VEHICLE. AFTER THE ACCIDENT HAPPENED, I WENT OUT FROM MY VEHICLE AND I REALISED THAT IT WAS A 4 VEHICLE CHAIN COLLISION. THE FIRST VEHICLE WAS SGY91Y FOLLOWED BY SMG268D. THE SECOND VEHICLE CALLED POLICE AND AMBULANCE FOR ASSISTANCE. UPON THIER ARRIVAL, PARAMEDIC CAME TO US TO CHECK ON OUR CONDITION. SO FAR, PARAMEDIC CONVEYED ME TO NTFGH WHILE TRAFFIC POLICE WERE THERE TO DO FURTHER INVESTIGATION. IO INTAN(EXT:65476415) WILL BE INCHARGE OF THIS CASE.

THAT'S ALL



**SINGAPORE  
POLICE FORCE**

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



T/20211215/2037

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Report No. T/20211215/2037

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20211215/2037

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

4 of 4

Report No. T/20211215/2037

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 /  
SC2 MUHAMMAD NASHIF BIN  
HADI PUTRA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
15/12/2021 13:47

Classification Of Case:



SINGAPORE  
POLICE FORCE