

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 21/12/2021 15:10 (SGT)
Date of Accident 20/12/2021 07:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information UPP CHANGI RD EAST SLIP RD INTO PIE(TUAS)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU8219E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VEEREALKI D/O SITHAMBARAM
NRIC No SXXXX447Z
Email Address veerealki@yahoo.com
Mobile Phone No (Phone) +65-96906497
Alternative Phone No +65-96906497

VEHICLE PARTICULARS

Manufacturer Proton
Model Exora
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 India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MPC0006652-01
Cover Note Number -

DRIVER

Name of Driver VEEREALKI D/O SITHAMBARAM
NRIC No SXXXX447Z

Date Of Birth	26/08/1961
Occupation	Indoor
Date Of Driving Pass	12/06/2001
Driving experience	20 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96906497
Alt. Phone Number	+65-96906497
Email Address	veerealki@yahoo.com
Address	BLK 253 YISHUN RING RD
Address complement	#09-1051
Postcode	760253
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?	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	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG52X
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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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

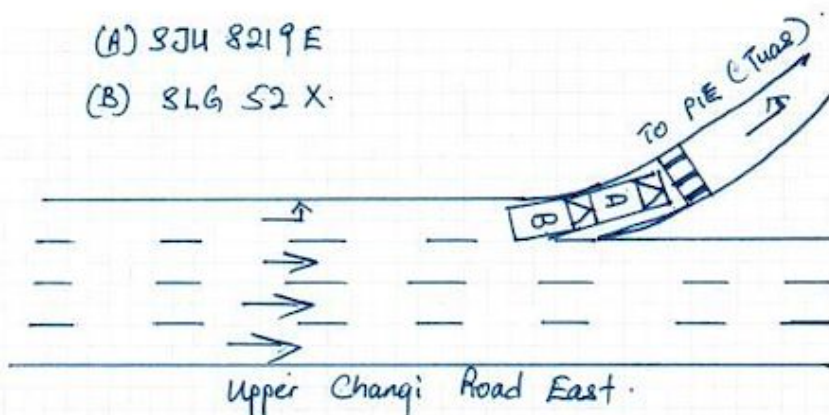

Driver's Signature (if driver is not the policyholder) / Date & Time

 21/12/21
Witnessed by Reporting Centre Personnel

Sketch Plan

(A) 3JU 8219E

(B) 8LG 52 X.



Describe Circumstances of the Accident

Pls refer to Police Report No:
7/20211220/2030

Declaration

I/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/20211220/2030

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20211220/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU8219E	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0006652_01	30/12/2020	29/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VEEREALKI D/O SITHAMBARAM	ID No.	S1465447Z
Related Vehicle	SJU8219E (Car)	Contact No.	96906497
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling along the said road approaching a zebra crossing and saw that a cyclist was crossing the road as such I stopped. Soon after I felt a bump from the back and realized a car had hit into mine. I did not alighted from my car at the point of time as the traffic was heavy and I decided to move forward to give way to traffic behind me. I then stopped at the bottom of the bend to wait for the car however no one stopped. I then proceeded with my day.



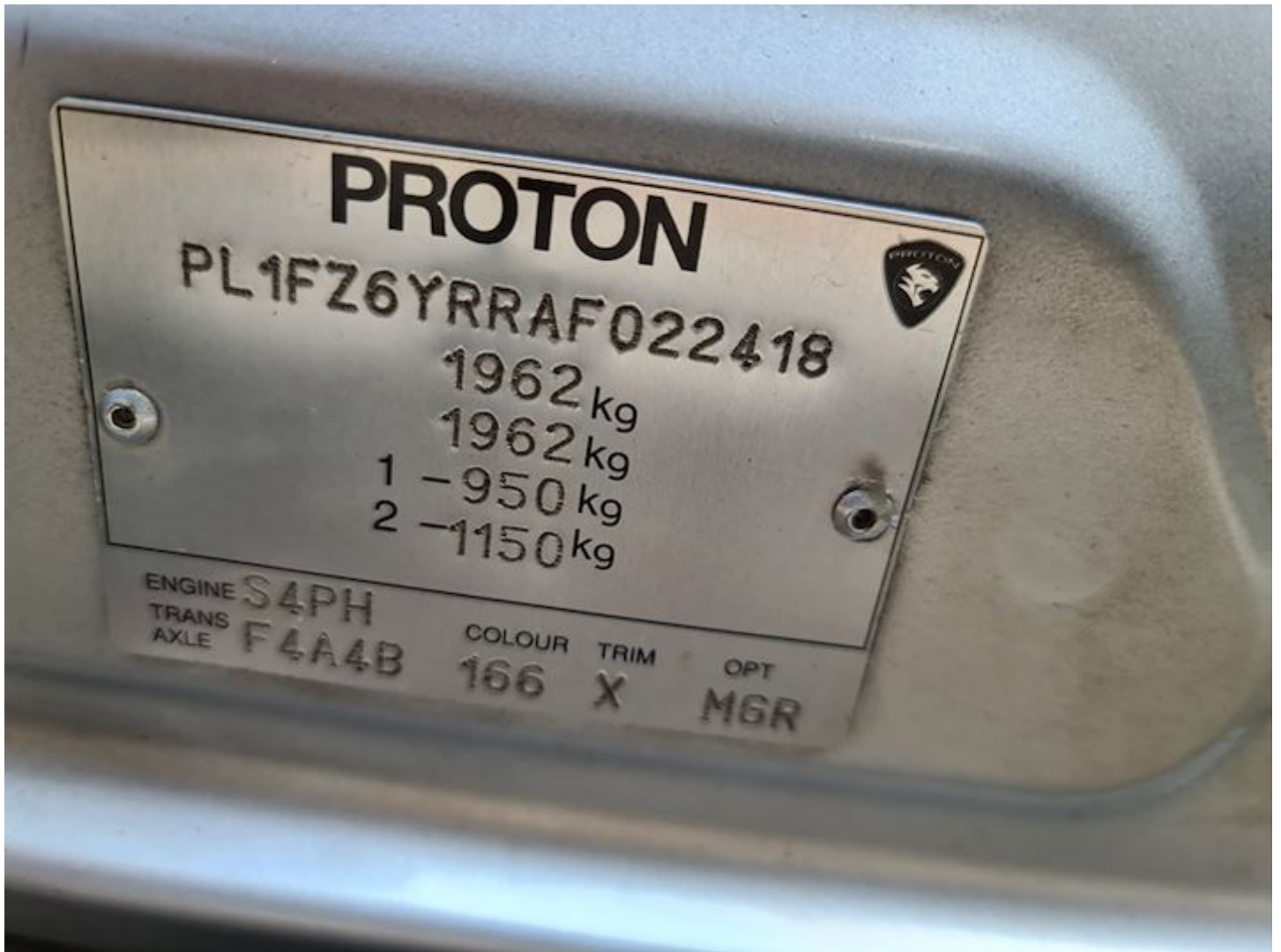














**SINGAPORE
POLICE FORCE**



T/20211220/2030

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20211220/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2021 13:02		Vide Report No.:		Station Diary No.: 35
Informant's Particulars				
Name of Informant: VEEREALKI D/O SITHAMBARAM		Address: APT BLK 253 YISHUN RING ROAD #09-1051 SINGAPORE 760253		
ID Type / ID No.: NRIC NO / S1465447Z		Contact No.: Home/Office: Mobile: 96906497		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 60	Date of Birth: 26/08/1961	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Registered nurse		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/12/2021 07:45	Type of Location: Bend
Location: UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy	
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
SJU8219E	Car	PROTON	EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR	Silver		0
SLG52X	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Black		0



**SINGAPORE
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T/20211220/2030

2 of 3

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Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20211220/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU8219E	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0006652_01	30/12/2020	29/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VEEREALKI D/O SITHAMBARAM	ID No.	S1465447Z
Related Vehicle	SJU8219E (Car)	Contact No.	96906497
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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T/20211220/2030

Police Station Of Origin:
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Tel No: 1800-5872999

3 of 3

Report No. T/20211220/2030

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
G /
Sgt 2 CHONG ENG SENG,
KEVIN

Signature Of Informant:

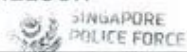
Signature Of Interpreter:
Not applicable

Date/Time:
20/12/2021 13:02

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEOW SENG NELSON
Contact No.: 65476182

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE