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 witholding 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.

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 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 24/01/2022 22:21 (SGT) Date of Accident 22/01/2022 13:30 (SGT) Exact Location of Accident Singapore BRADDELL FLYOVER TOWARDS YIO CHU KANG AFTERR Additional Location Information **BRADDELL RD EXIT** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJD2502R

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **V SUBRAMANIAM** NRIC No S7110883Z Email Address 18guruji@gmail.com Mobile Phone No (Phone) +65-96333624 Alternative Phone No +65-96333624

VEHICLE PARTICULARS

BMW Model 420i 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

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number SP2000207342-01 Cover Note Number 22/03/2021 - 21/03/2022

DRIVER

Name of Driver **V SUBRAMANIAM** NRIC No S7110883Z Date Of Birth 02/04/1971 Occupation Indoor Date Of Driving Pass 20/05/1995 Driving experience 26 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96333624 Alt. Phone Number +65-96333624 Email Address 18guruji@gmail.com Address BLK 248 COMPASSVALE ROAD #10-612 Address complement Postcode 540248 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name YOGESWARY SAMUGAM NATHAN Gender Female

PASSENGER 2

Name S GUEUSHARAN Gender Male

PASSENGER 3

Name S JIKIRISH Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes Police Station Name **Tanglin Division Headquaters** Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SNB8785P
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	SMM2465G
Vehicle Manufacturer	-
Vehicle Model	
	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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

IMPORTANT NOTICE

- SJD 2502R (Allianz) 20A: 22/01/22@1330
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

holder's Signature / Date &	Driver's Signature (If driver is no & Time	ot the policyholder) / Date	Witnessed by Reporting Centre Personnel
tch Plan	N AL		DONAN (AMK) TH
Braddell Flywer tow	vards Yio Chu bang afi	er	vehiden: Soossos
Braddell Road Exit			08588112 - 8 9 binly
			Hychicle C: Samply
			ASMICIEC - ZILLIAM
		I A I	
		1 1 8	

Describe Circumstances	date k time, 1, vehicle A (SJD2502R) was travelling straight at
OH THE STATUS	WHE K HINK, I, VOICE H (STESSED) WAS HARRING STRING I A
no Chated lovation for 3	the extreme right lane. As the front vehicle slowed down, I
	1
followed suit. Out of	sudden. I felt one big impact from the rear portion of my
	;
vehicle. I alignted a	and realised vehicle B(SNB8786P) whiched onto the rear portion of
	WHO PARTIES AND THE PARTIES AN
of my vehicle cousing	domages and I realised I was involved into a chain collision
	6 k
oneisting of 3 vehicle.	
1.	all be remained an abode at the Enternational Obolts
	still be repairing my vehicle at Julia International Pte Ltd
\	
	2 N

Declaration

IWe 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 (AMK)

















1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Report No. E/20220123/7024

Date/Time Report Made 23/01/2022 22:16	Vide Re	port No.		Station Diary No.
Name Of Informant V SUBRAMANIAM		Address 248 COMPASSVALE ROAD #10-612 SINGAPORE 540248		
ID Type / ID No. NRIC NO / S7110883Z	12/22/22/22	Contact No. Home/Office: Mobile: 96333624		
Nationality SINGAPORE CITIZEN	20,000,000	Email Address 18GURUJI@GMAIL.COM		
Occupation	Sex	Age	Date of Birth	Race
Self employed	Male	50	02/04/1971	Indian
Institution/School Name	Langua; English	Language English		
Date/Time Of Incident 22/01/2022 13:30	Location	Location Of Incident CENTRAL EXPRESSWAY		

Brief details.

On the stated date and time I was driving my family on board vehicle SJD2502R.

- 1. Yogeswary D/o Samugan Nathan front pax
- 2. S Gurusharan seated behind front pax
- 3. S Jikirish seated behind driver.

We were travelling straight on the stated venue when the car in front stopped and we gradually follow suit. Suddenly there was a great impact from behind.

There was only one impact.

h/Time: 1/2022 22:16		
Classification Of Case:		
*		





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220123/7024

I straight away check on my family to see if they are fine. My son S Gurusharan right hand hit onto the back of the front seat and injured his middle finger.

I then alighted and realised that we are involved in a 3 vehicle chain collision and we are the 1st car.

The order of the vehicles are as follows;

- 1. SJD2502R
- 2. SNB8785P
- 3. SMM2465G

After a while me and my wife felt pain on our neck , back and shoulder areas. My son S Gurusharan felt pain on his neck.

The next day we proceeded to Pow Family Clinic and Surgery to seek treatment and the 3 of us were given 2 days MC each.

The same night my wife and myself felt that the pain on our bodies worsen.

We will monitor and seek further treatment if pain persisted.

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: 23/01/2022 22:16
Officer In-Charge Of Case:	Classification Of Case: