

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 24/01/2022 18:21 (SGT)
Date of Accident 21/01/2022 18:30 (SGT)
Exact Location of Accident Jurong East Central, Singapore
Additional Location Information 134 JURONG EAST TOWARDS JURONG TOWN HALL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD7120R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DHEEPAN S/O MANOHARAN
NRIC No S9436916I
Email Address cs8558cs@gmail.com
Mobile Phone No (Phone) +65-87382603
Alternative Phone No +65-87382603

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 1799

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10664084R00
Cover Note Number -

DRIVER

Name of Driver PUNITHAVATHI D/O LOGANATHAN
NRIC No S9444321J

Date Of Birth	17/11/1994
Occupation	Indoor
Date Of Driving Pass	25/03/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96778025
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	243 JURONG EAST STREET 24 #10-641
Address complement	-
Postcode	600243
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DHEEPAN S/O MANOHARAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
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	PC7674D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	SUN FANG
Passport No/FIN	G8203744L
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	DHEEPAN S/O MANOHARAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION RIGHT SHOULDER. 3 DAYS MEDICAL LEAVE.
Injured person in which vehicle?	SMD7120R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

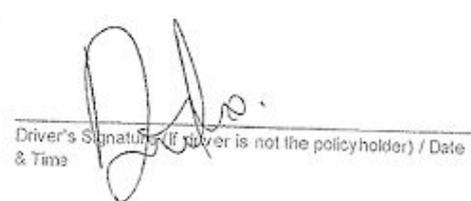
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8. Consent under the Personal Data Protection Act (PDPA)

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.

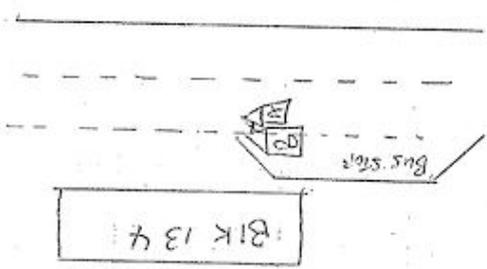

 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

Sketch Plan

A Veh: SMD 7100R
 B Veh: PC 7674D



DESCRIPTIVE CIRCUMSTANCES OF THE ACCIDENT

on 21 Jan 2022 at about 18:25 I was driving along
1. BIK 134 Jurong East Central to ward Jurong Town Hall.
I was driving at lane two. The Bus PC7674D came out
from the Bus stop and hit my left door and lost control
and stop. I and my husband came down and check our
car. The damage is bad. We waited for TP and Tow to
Come.

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**

Police Station Of Origin
Jurong East N.P.C.
92 Boon Lay Way SINGAPORE 609942
Tel No: 1800 8955999



Case No: 2022-18-30
Date: 21/01/2022 18:30

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
21/01/2022 18:34

Video Report No

Station Diary No
45

Informant's Particulars

Name of Informant PUNITHAVATHI D/O LOGANATHAN			Address APT BLK 243 JURONG EAST STREET 24 #10-641 SINGAPORE 600243		
ID Type / ID No NRIC NO / S9444321J			Contact No Home/Office Mobile 96778025		
Nationality SINGAPORE CITIZEN			Email		
Sex Female	Age 27	Date of Birth 17/11/1994	Type of Informant Driver		
Race Indian			Language English	Institution / School Name	
Occupation CIVIL SERVANT			Driving Licence Information Class 3A		Date of Expiry

General Information of the Accident

Type of Accident	Injury Attended by Police	Drink Drive No	Date/Time of Accident 21/01/2022 18:30	Type of Location Straight Road
Location JURONG EAST CENTRAL				
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 Side				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
PC7674D	Bus/Coach/Mini-bus				Slightly Damaged	0
SMD7120R	Car	HONDA		Blue	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved	No
No of Pedestrians Injured	NIL
Use of Pedestrian Crossing	NA



Police Station of Origin
 Jurong East NP11
 82 Bishan Way, SINGAPORE 700882
 Tel No: (65) 63380000



CONTINUATION OF REPORT

Driver Name	P. NITHYAVATHI DEEGRANATHAN		ID No	S4441273
Related Vehicle	NIL	Contact No	9778025	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3A Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details

On 21-02-2022 at about 1830hrs. I was driving along the said location at the right side of a two lane road. I then noticed a SBS bus on the left side of the road. I proceeded to signal and drive to the left lane however the SBS bus did not give way and eventually collided with my vehicle head to side. The impact of the collision led my vehicle to swerve sideways. There was only police at scene however no ambulance. My husband who was the passenger then suffered abrasion on his right shoulder however have not seek medical attention.

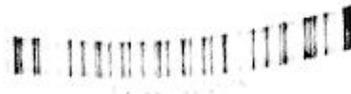
The damage of my vehicle is as follows

- 1) Left rear door unable to open and scratched
- 2) Left front bumper crashed
- 3) Left front boot cracked
- 4) Left side of the windscreen cracked
- 5) Vehicle registration plate dismantled
- 6) Airbag burst and engine oil leaked



SINGAPORE POLICE FORCE

Police Station Of Origin
Jurong East N.P.C.
92 Boon Lay Way SINGAPORE 609982
Tel No: 1800 8000999



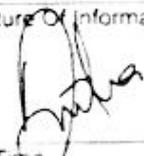
Report No: 20220122 0000

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 D / Sgt 2 NUR ILLFA BATRISYA BINTE YUSNI	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 22/01/2022 18 54
Officer In Charge Of Case TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No 65476433	Classification Of Case

Authentication Stamp
NP168

