

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 03/03/2022 17:15 (SGT)
Date of Accident 02/03/2022 17:50 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS TUAS BEFORE ADAM ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGL883Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAVI S/O SUBRAMANIAM
NRIC No SXXXX832I
Email Address ravi070367@hotmail.com
Mobile Phone No (Phone) +65-97371453
Alternative Phone No +65-97371453

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 1998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05029470
Cover Note Number -

DRIVER

Name of Driver RAVI S/O SUBRAMANIAM
NRIC No SXXXX832I

Date Of Birth	03/07/1967
Occupation	Indoor
Date Of Driving Pass	12/10/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97371453
Alt. Phone Number	+65-97371453
Email Address	ravi070367@hotmail.com
Address	BLK 601 SENJA ROAD #09-07
Address complement	-
Postcode	670601
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	Raining
Road Surface	Wet

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)	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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220303/2002

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	SMF3769K
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAVI S/O SUBRAMANIAM
Gender	Male
Phone No	(Phone) +65-97371453
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, HIP AND LEFT NECK PAIN
Injured person in which vehicle?	SGL883Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 in 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 be 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 be 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 also be disclosed by any of the Insurers under GIA to their third party service providers or agents (including their lawyers/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

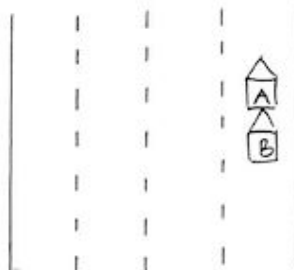
Policyholder's Signature / Date & Time

Sketch Plan:

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

Witnessed by Reporting Centre Personnel

PIE Towards Tuas
Before Adam Rd



Vehicle A: SGL 883Y
Vehicle B: SMT 3769K


Describe Circumstances of the Accident

Refer to Police report. 7/20220303/2002

Declaration

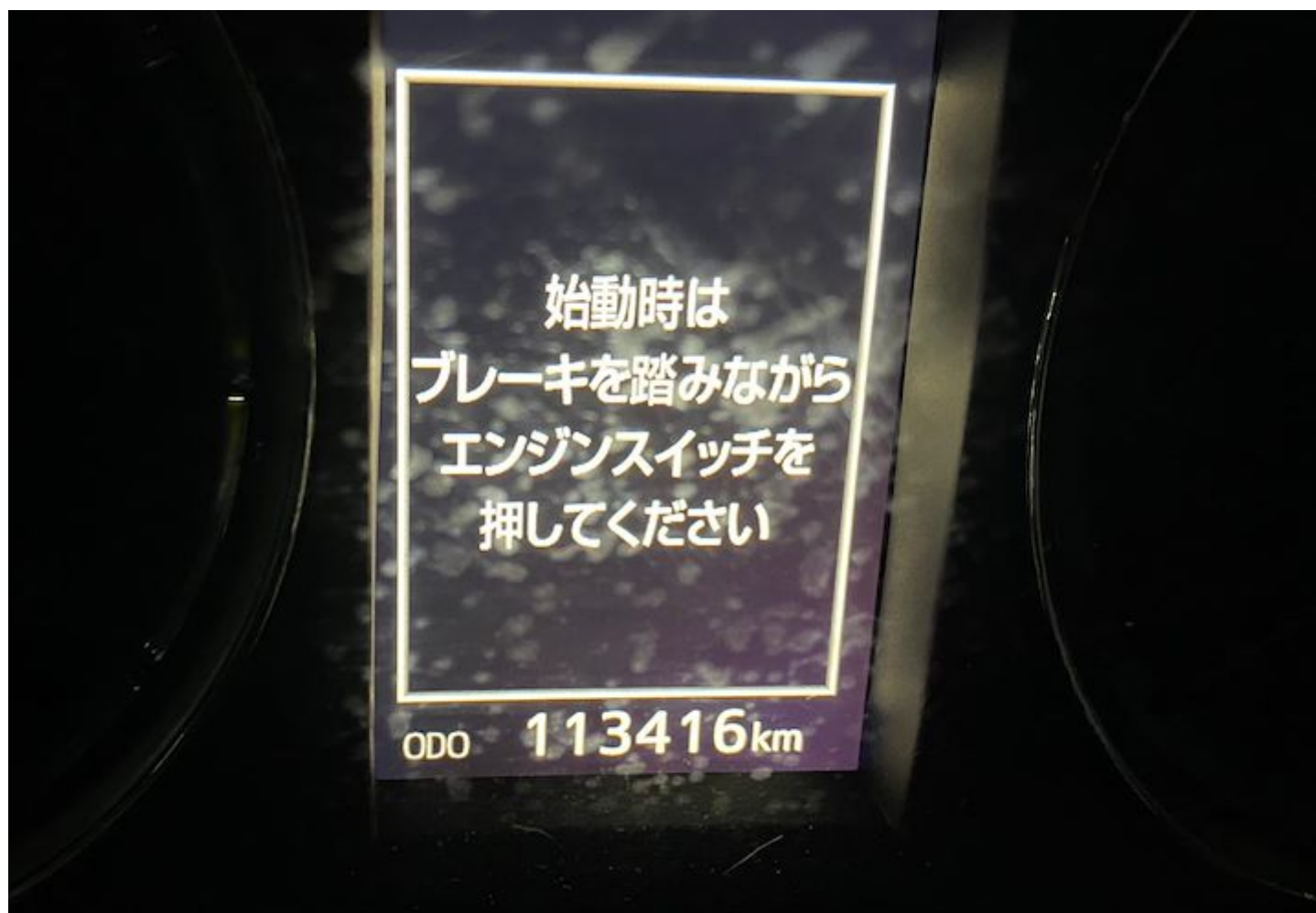
We declare the foregoing particulars are true in every respect.

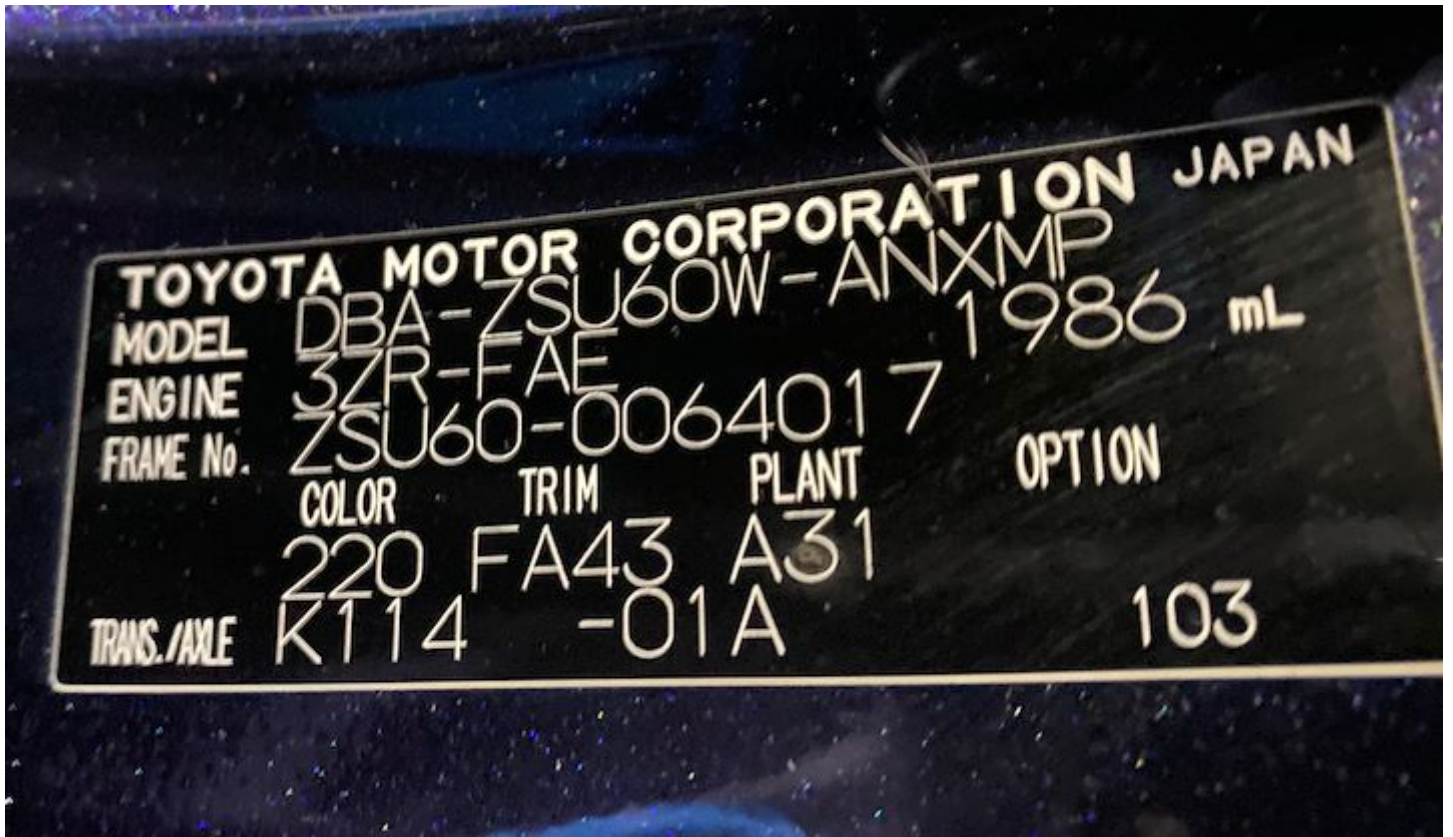

Policyholder's Signature / Date & Time


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

 03/03/2022
Witnessed by Reporting Centre Personnel




















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20220303/2002

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Report No. T/20220303/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2022 00:41		Vide Report No.:		Station Diary No.: 7	
Informant's Particulars					
Name of Informant: RAVI S/O SUBRAMANIAM			Address: APT BLK 601 SENJA ROAD #09-07 SINGAPORE 670601		
ID Type / ID No.: NRIC NO / S2657832I			Contact No.: Home/Office: Mobile: 97371453		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 54	Date of Birth: 07/03/1967	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: PRODUCTION SUPERVISOR			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2022 17:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SGL883Y	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	Black	Seriously Damaged	0
SMF3769K	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL883Y	LONPAC INSURANCE BHD.	Z21VP05029470	07/07/2021	06/07/2022


**SINGAPORE
POLICE FORCE**


T/20220303/2002

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20220303/2002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAVI S/O SUBRAMANIAM	ID No.	S2657832I
Related Vehicle	SGL883Y (Car)	Contact No.	97371453
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/03/2022	Date Discharge	02/03/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 02/03/2022 at about 1750hrs, I was driving my vehicle (SGL883Y) from my work place in Changi to go back home. I was driving on PIE towards BKE and it was raining very heavily. I was driving on the expressway when all of a sudden, the vehicle in front of me suddenly started to slow down. Due to that I also reacted by slowing down my vehicle. Thankfully I was able to stop on time to which I saw through my rear mirror and spotted the vehicle behind me coming in fast. The vehicle behind me was not able to come to a stop in time and shortly after, the vehicle (SMF3769K) behind me collided with the rear of my vehicle.

I stepped out of the vehicle and the driver namely (Abdul Rashid S/O Mohamed Hanieff, S1438535E) stepped out of his vehicle and we exchanged particulars. My vehicle's rear bumper got dislocated and my boot dented and thus causing alignment issues on my rear tire. The other vehicle sustained damages to their front bumper. Initially after the accident I was feeling ok, however after a few hours later, I felt pains in my body. Due to that, I visited Mount Alvernia Hospital due to the pain in the back of my neck, left knee, and the left side of my hip. After the doctor's assessment, I was given 5 days of MC. The other driver was not injured. No police or ambulance came to the scene.

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20220303/2002

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Report No. T/20220303/2002

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:
J / SGT 3 NUR HAKIM BIN
LOQMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/03/2022 00:41

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168