

## 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 ..... 28/03/2022 11:50 (SGT)  
Date of Accident ..... 26/03/2022 18:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE near Bradell Flyover  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNA4883X

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... PURUSHOTHAM SRINIVASAN  
NRIC No ..... S6861288H  
Email Address ..... NOEMAIL@AIG.COM  
Mobile Phone No ..... (Phone) +65-92318335  
Alternative Phone No ..... +65-92318335

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A5  
Variant ..... A5 SPORTBACK 2.0 TFSI S TRONIC  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1984

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210063110  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... SRINIVASAN SUGANTHI  
NRIC No ..... S7682120H

Date Of Birth .....	27/07/1976
Occupation .....	Indoor
Date Of Driving Pass .....	01/07/2010
Driving experience .....	11 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92318335
Alt. Phone Number .....	-
Email Address .....	NOEMAIL@AIG.COM
Address .....	52 VHOA CHUI KANG NORTH 6
Address complement .....	YEW MEI GREEN #16-14
Postcode .....	-
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 .....	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 .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Ananthalaksmi Venkatesan
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

was traveling along CTE towards PIE Exit. I was at the Exit lane which is the lane exiting to PIE. I wanted to continue travelling along CTE and do not want to exit towards PIE. Thus decided to change to the right lane as to proceed to stay on CTE. As I was changing lane

accidentally knocked onto the car

SMV5378H

ahead of me. The car

SMV5378H

ahead of me then knocked onto a Taxi

SHD9603K

which was ahead of SMV5378H. All of Us alighted and there was a Traffic Marshal that assisted Us in calling for EMAS. Soon after

Traffic Police and Ambulance came as well. The driver of SMV5378H and the passenger in SHD9603K was conveyed to the hospital via the Ambulance. Traffic Police then took over my front in-car camera SD card and asked me to lodge a Traffic Accident Report. I wish to state that the car

SMV5378H

ahead of me suffered damage at its rear right bumper while the Taxi

SHD9603K

ahead of the car

SMV5378H

suffered some light scratches. As for my car

my car suffered damage to the front side which headlight

bumper and radiator. I further wish to state that other than the driver of SMV5378H and the passenger in SHD9603K was conveyed to the hospital. The remaining 3 person (including myself) were not injured.

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 .....	VIDEO NOT PROVIDED
Was there any audio recorded? .....	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMV5378H
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 .....	SHD9603K
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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

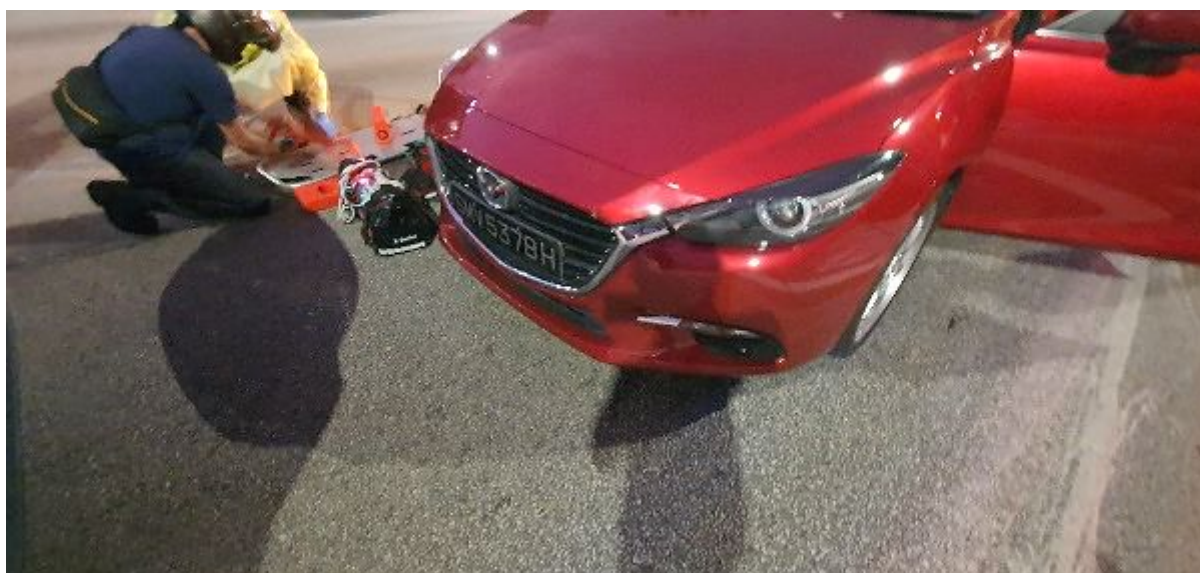
### INJURED 1

Name of injured person .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SA01223S000C Vehicle Registration No: SNA4883X  
Name (as shown in NRIC) : Purushotham Srinivasan NRIC/FIN/Passport No : S6861288H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 52 Choa Chu Kang north 6, 16-14 Yew Mei Green Singapore( )  
Contact (Tel) : 92318335 Mobile No. : 92318335  
Email Address : srinevasan@gmail.com  
Date of Accident : 26/03/2022 Time of Accident : 18:05  
Place of Accident : CTE near Bradell Flyover  
Insurance Company : AIG Asia Pacific Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend the "Are you claiming under your own insurance policy for repair to your vehicle?" field to Yes as I would be claiming under my policy.

In addition, I would like to amend the address of the driver to the one listed above in this addendum.

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Policyholder / Driver's Signature  
Date: 28/03/2022

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

  
SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

Ref: Report No. CY2023/00000

I, Mr. Tan Jia Jie  
(Name in English) (Full Name) (Printed Name) (Block and No.)

of 123456789  
(Address) (Block and No.) (Street Name) (Postcode)

have acknowledged receipt of the items mentioned below of

1	1st 1st 1st 1st 1st
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from Mr. Tan Jia Jie (Name in English) (Full Name) (Block and No.)

of 123456789 (Address) (Block and No.) (Street Name) (Postcode)

on 12/12/2023 at 123456789 (Date) (Time)

Witnessed by Mr. Tan Jia Jie (Name in English) (Full Name) (Block and No.)

Signature Mr. Tan Jia Jie (Signature) (Block and No.)

Signature Mr. Tan Jia Jie (Signature) (Block and No.)

Date 12/12/2023 (Date) (Time)

Other Remarks 123456789

SP 2023/00000