

## 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 ..... 07/04/2022 18:09 (SGT)  
Date of Accident ..... 06/04/2022 10:00 (SGT)  
Exact Location of Accident ..... Kaki Bukit Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJF3254P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MAHENDRAN S/O RAJANDRAN  
NRIC No ..... SXXXX372G  
Email Address ..... SUPERFSIX@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-87792690  
Alternative Phone No ..... +65-87792690

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E200K  
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 ..... 1796

#### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MA013884  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MAHENDRAN S/O RAJANDRAN  
NRIC No ..... SXXXX372G

Date Of Birth .....	30/12/1977
Occupation .....	Indoor
Date Of Driving Pass .....	27/03/2010
Driving experience .....	12 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-87792690
Alt. Phone Number .....	+65-87792690
Email Address .....	SUPERFSIX@GMAIL.COM
Address .....	332 JURONG EAST AVE 1
Address complement .....	#02-1760
Postcode .....	600322
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 - Change/cross lane
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? .....	Yes
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

-

#### 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 OWNER
Was there any audio recorded? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBF9042P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
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 .....	MAHENDRAN S/O RAJANDRAN
Gender .....	Male
Phone No .....	(Phone) +65-87792690
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJF3254P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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")

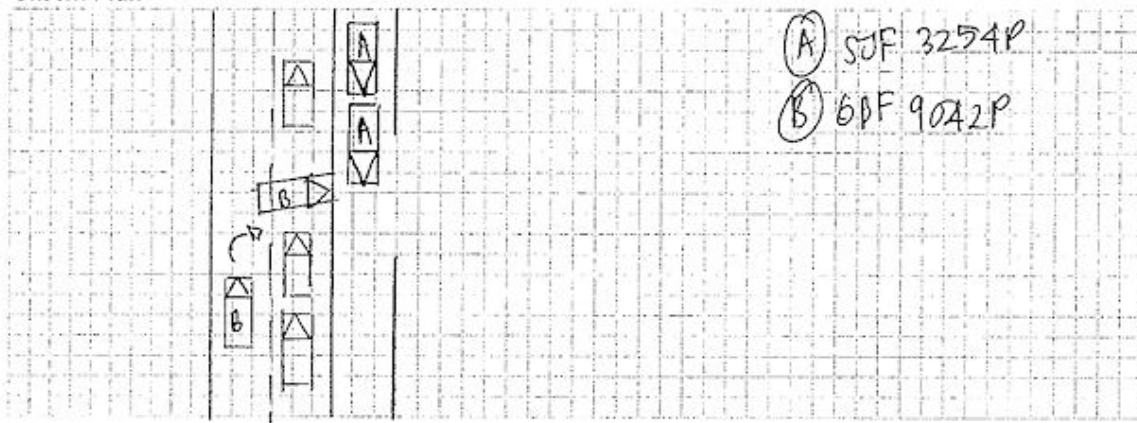
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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**


Describe Circumstances of the Accident

Ref-to Police Report

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

Name (Driver) : Mahendran S/o Kapandran

Policy No : MA013 884

Vehicle No : SJF 3254P

Place of Accident : Kati Butit Ave 3

Insured Driver's relationship with Insured : owner

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : Nil

Injury to Insured and/or Insured driver, please indicate which hospital:  
Yes, carried to Hospital (CGH)

Third Party Vehicle No (if any) : GBF 4042P

No of passenger(s) in Third Party Vehicle : 2 include driver

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
Nil

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:  
Head to Side

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
Yes

Traffic Police report (enclosed) ☒ Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Workshop Name: \_\_\_\_\_

A Member of  **Maybank** Group





MX1  
S1120008  
Cov. Type: Comprehensive

### CERTIFICATE OF INSURANCE

• MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

**CERTIFICATE No.** MA013884

- |  |                         |                         |           |
|--|-------------------------|-------------------------|-----------|
| 1. Index Mark and Registration Number of Vehicle                           | SJF3254P                |                         |           |
| 2. Name of Policyholder  | MAHENDRAN S/O RAJANDRAN |                         |           |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 15/04/2021              | Excess: Named Drivers   | S\$ 1,300 |
|  |                         | Excess: Unnamed Drivers | S\$ 1,800 |
| 4. Date of Expiry of Insurance   | 14/04/2022              |                         |           |
| 5. Persons or Classes of Persons entitled to drive                         | Engine No               | : 27195630840089        |           |
|  | Chassis No              | : WDB2110412B068959     |           |

(A) THE POLICYHOLDER.  
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER.  
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

MAHENDRAN S/O RAJANDRAN

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

#### 6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.  
THE POLICY DOES NOT COVER:  
(i) USE FOR HIRE OR REWARD.  
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.  
(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.  
(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.

#### Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

GOP93167 22/09/2021 21:05:48



For and on behalf of Etiqa Insurance Pte. Ltd.  
Approved Insurer

Authorised Signature







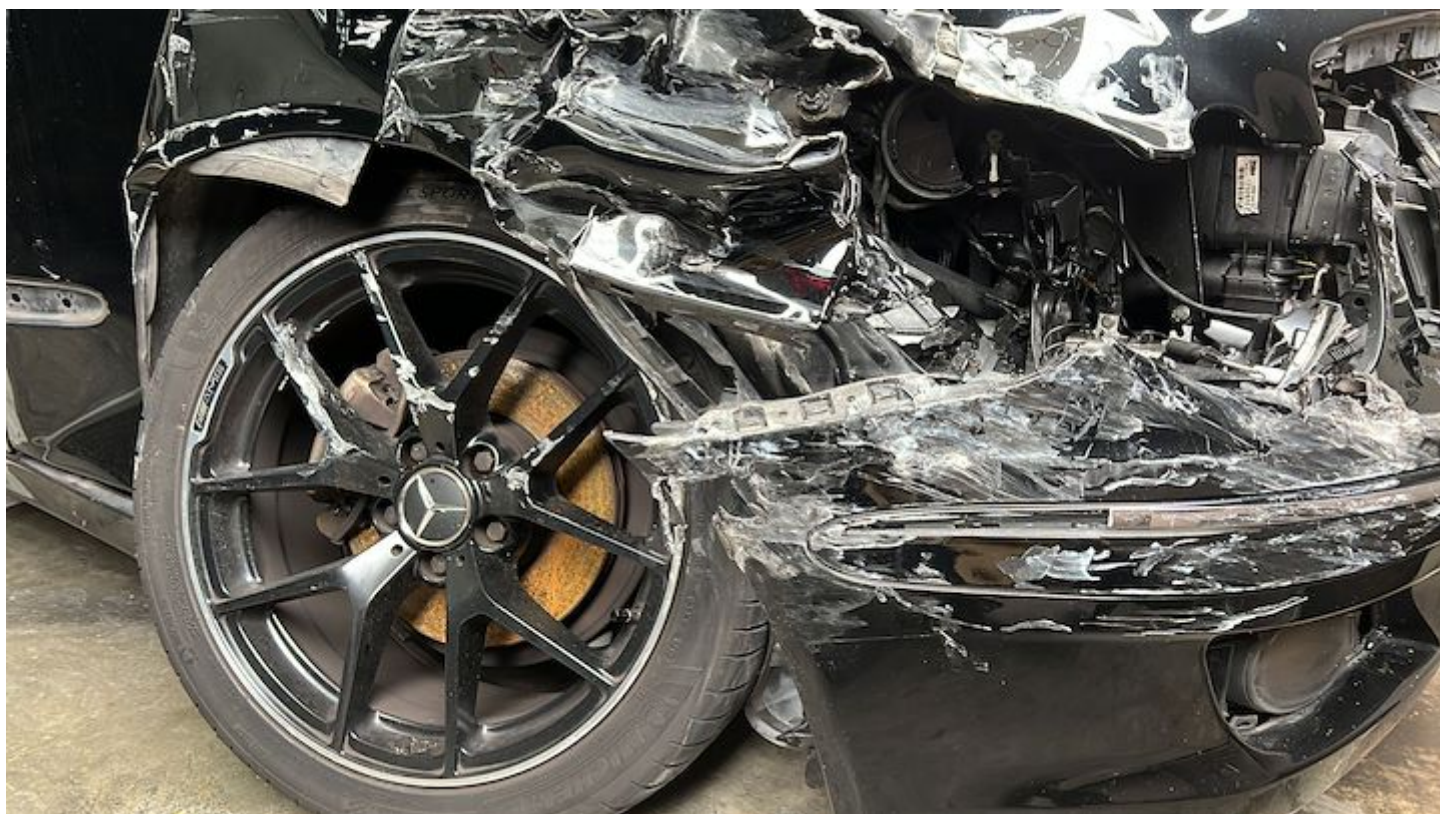








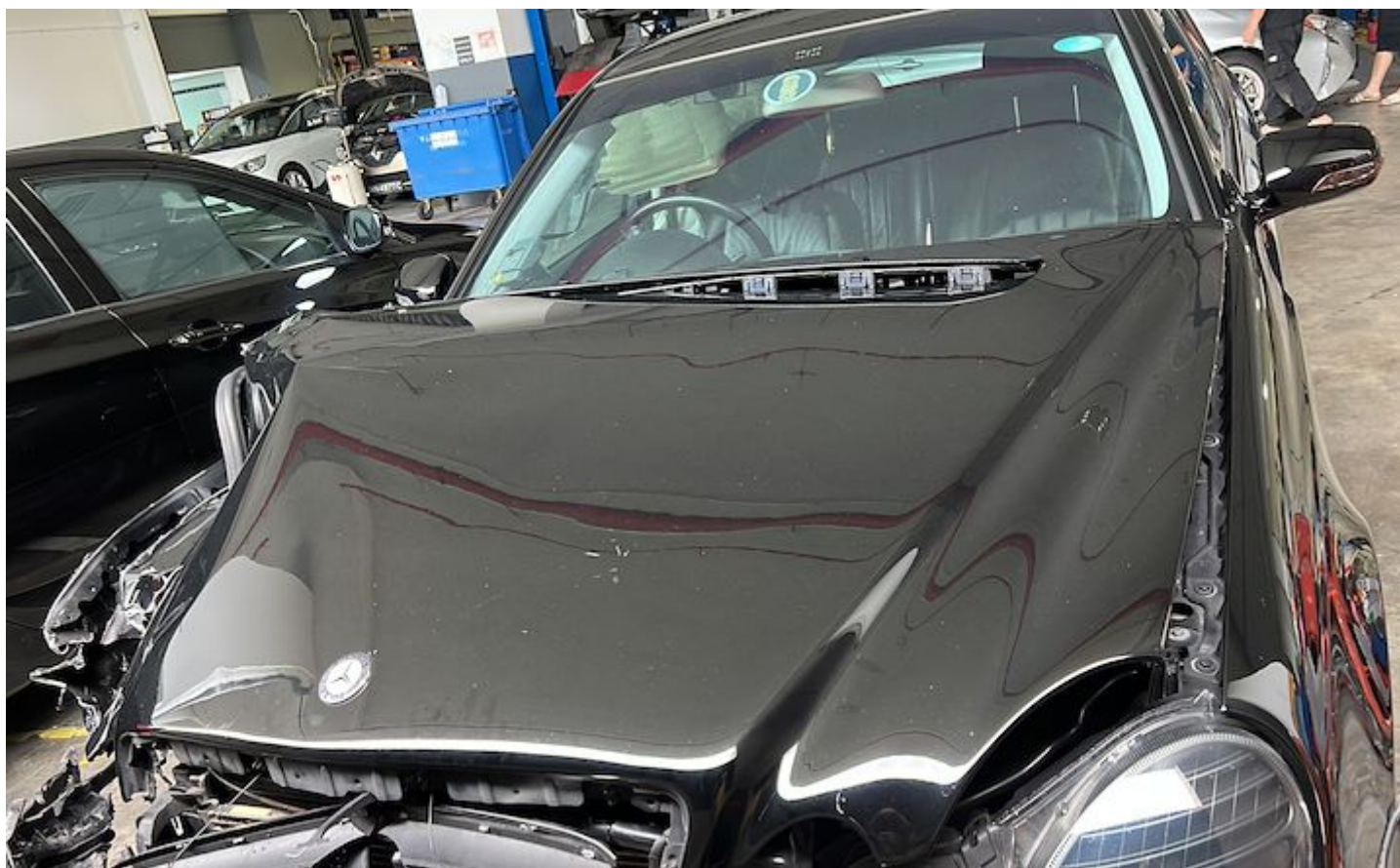














**SINGAPORE  
POLICE FORCE**



T/20220406/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20220406/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/04/2022 14:48		Vide Report No.: G/20220406/0075		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MAHENDRAN S/O RAJANDRAN			Address: 332 JURONG EAST AVENUE 1 #02-1760 SINGAPORE 600332		
ID Type / ID No.: NRIC NO / S7738372G			Contact No.: Home/Office: Mobile: 87792690		
Nationality: SINGAPORE CITIZEN			Email: superfsix@gmail.com		
Sex: Male	Age: 44	Date of Birth: 30/12/1977	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PROPERTY MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/04/2022 10:00	Type of Location: Straight Road
Location:  KAKI BUKIT AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBF9042P	Lorry			Silver	Seriously Damaged	1
SJF3254P	Car	MERCEDES BENZ	E200K	Black	Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220406/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220406/7023

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF3254P	ETIQA INSURANCE BERHAD	MA013884	15/04/2021	14/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MAHENDRAN S/O RAJANDRAN	ID No.	S7738372G
Related Vehicle	SJF3254P (Car)	Contact No.	87792690
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	06/04/2022	Date	06/04/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

I WAS THE DRIVER OF MY CAR BEARING THE REGISTRATION PLATE SJF3254P.

I WAS DRIVING STRAIGHT ON THE SAID LOCATION WHEN SUDDENLY I FELT A HUGE IMPACT FROM MY RIGHT.

I ALIGHTED TO MAKE A CHECK, IT WAS A LORRY BEARING THE REGISTRATION PLATE GBF9042P THAT MADE A RIGHT TURN INTO KB - 1, WITHOUT GIVING WAY TO MY VEHICLE.

I CALLED TP AND AMBULANCE, I WAS THEN CONVEYED TO CHANGI GENERAL HOSPITAL TO CONSULT A DOCTOR AND GET A X-RAY DONE, I WAS GIVEN 3 DAYS OF MC FROM THE DOCTOR. I SUSTAINED INJURIES ON THE RIGHT SIDE OF MY NECK, RIGHT SHOULDER & RIGHT LOWER BACK.

I WISH TO STATE THAT THE LORRY MADE THE RIGHT TURN FROM THE LEFT LANE IN ORDER TO TURN INTO THE BUILDING.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220406/7023

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Report No. T/20220406/7023

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
06/04/2022 14:48

Classification Of Case: