# **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 26/04/2022 17:02 (SGT) Date of Accident 25/04/2022 19:05 (SGT) Exact Location of Accident Toh Guan Rd, Singapore Additional Location Information PIE TOWARDS TUAS(BEFORE TOH GUAN EXIT) Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Hyundai

Vehicle Registration Number SNB4988Y

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KESAVANANDA KRISHNA CHITRADA NRIC No SXXXX716E Email Address MASTERMOVECHESS@GMAIL.COM Mobile Phone No (Phone) +65-98536552 Alternative Phone No (Home) +65-98536552

# VEHICLE PARTICULARS

Manufacturer

Model Avante Variant 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC

# **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5123817966 Cover Note Number

# DRIVER

Name of Driver KESAVANANDA KRISHNA CHITRADA NRIC No SXXXX716E

Date Of Birth	04/05/1976
Occupation  Data Of Driving Rose	Indoor
Date Of Driving Pass Driving experience	12/09/2014 7 VEADS AND 7 MONTHS
Gender	7 YEARS AND 7 MONTHS
Mobile Number	Male (Phone) +65-98536552
Alt. Phone Number	(Home) +65-98536552
Email Address	MASTERMOVECHESS@GMAIL.COM
Address	450 CORPORATION ROAD #02-08 SINGAPORE 649810
Address complement	-
Postcode	649810
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	-
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	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	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	
REFER TO ATTACHED	
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	
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	<u>-</u>
Insurance Company Name	<u>-</u>
Nature Of Damage	
Details of property damaged in accident	nt
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?

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Keter	to	the	police	report.	(T)20220426 / 7018)		
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# 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

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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.

Oh. K. Kisho

(collectively the "Purposes")

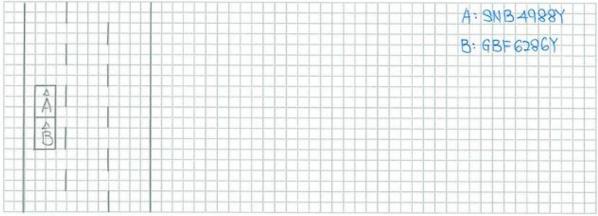
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

Policyholder's Signature / Date &

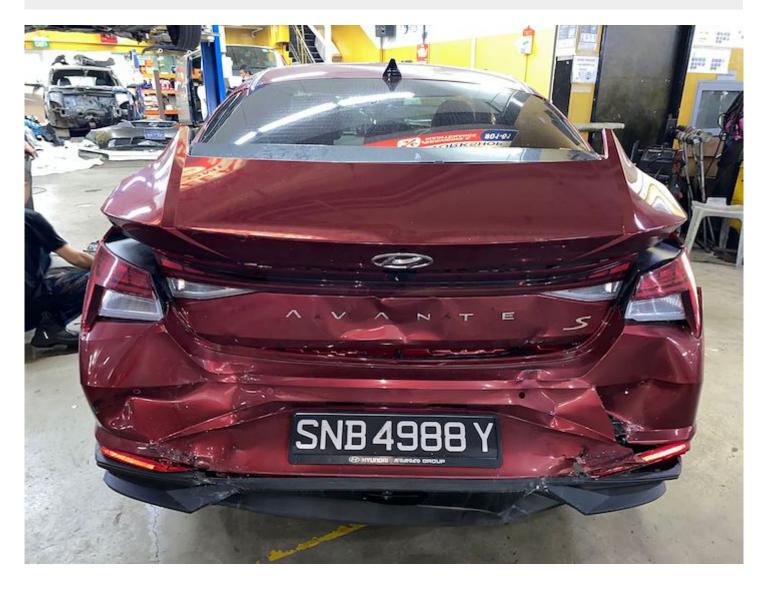
Driver's Signature (If driver is not the policyholder) / Date & Time

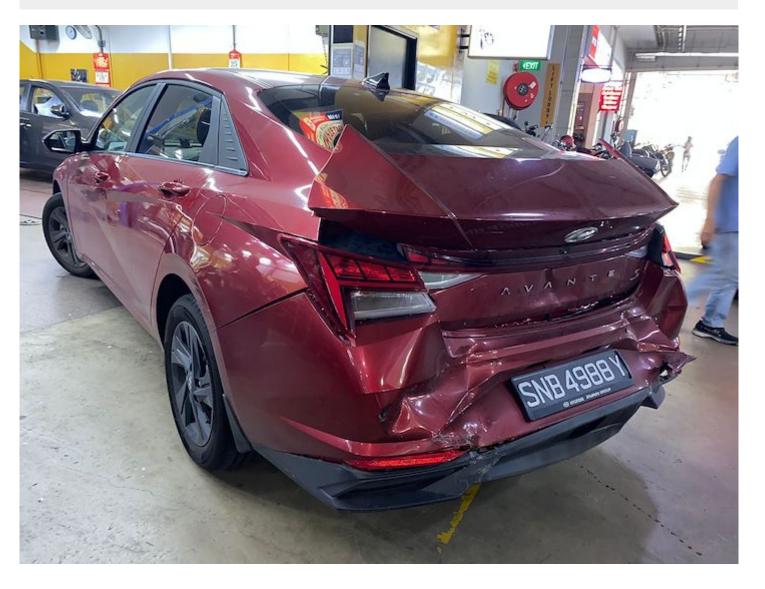
Witnessed by Reporting Centre Personnel

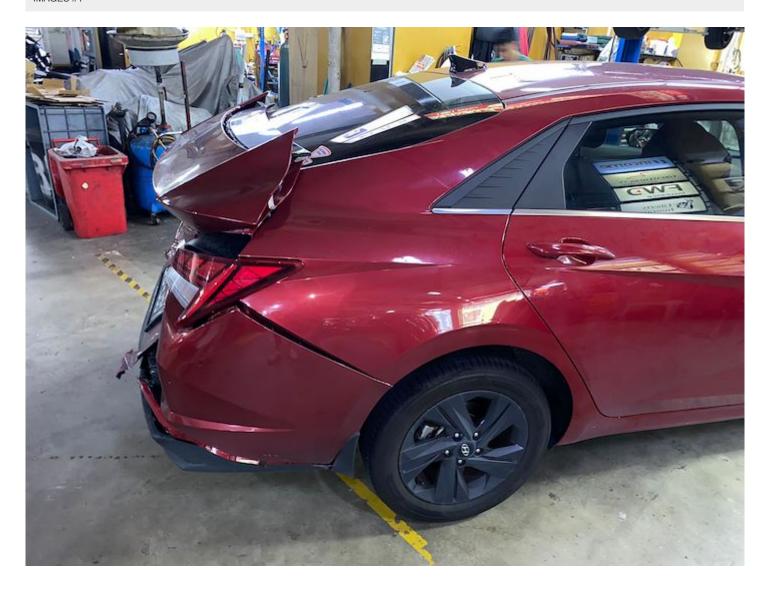
# Sketch Plan

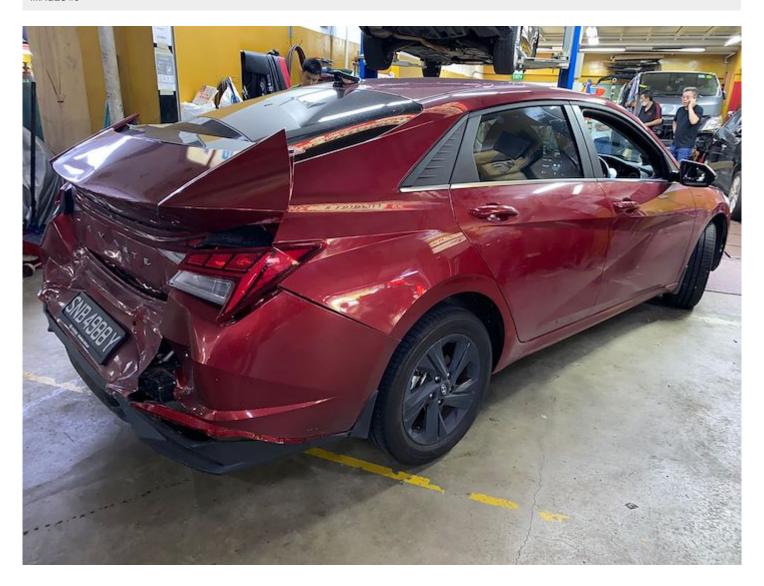


























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220426/7018

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB4988Y	NTUC Income Insurance Co-Operative Limited	5123817966	26/08/2021	25/08/2022

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of P	edestria	n Cross	ing: NA
Driver					200	THE REPORT OF THE PARTY OF THE
Name	KESAVANANDA KRISHNA CHITRADA			ID No	).	S7665716E
Related Vehicle	SNB4988Y (Car)			Conta	act No.	98536552
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ice &	Class: 2B,3 Date of Expiry: NIL
Date	25/04/2022 Date			-	25/04	/2022
No. of Days gran	04	Degree	of	Sligh		

# Brief Details.

I was traveling along PIE towards Tuas, while I'm coming near to Toh Guan Exit, the front vehicle slow down and stop, I followed, suddenly a Van ( GBF6286Y ) did not stop and collided into the rear of my car.

I feel pain at my Neck and body area after the accident, I visited Tayka Medical Family Clinic and was given 4 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220426/7018

CONTINUATION OF REPORT

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Informant is not able to provide sketch

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.

Date/Time:
26/04/2022 13:42

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220426/7018

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 26/04/2022 13:42		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: NANDA KI DA		Address: 450 CORPORATION F	ROAD #02-08 SINGAPORE 649810	
ID Type / ID No.: NRIC NO / S7665716E			Contact No.: Home/Office: Mobile: 98536552		
Nationality: INDIAN		Email: MASTERMOVECHESS@GMAIL.COM			
Sex: Age: Date of Birth: Male 45 04/05/1976			Type of Informant: Driver		
Race: Indian		Language: Institution / School Na English			
Occupation: Chess Coach		Driving Licence Informa Class: 2B,3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2022 19:05	Type of Location: Straight Road
	EXPRESSWAY			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry	18	90 Km/h
		Traffic Control: Not Controlled		90 Km/h Traffic Volume: Moderate

Details of V	ehicle Invo	lved		MAN AND		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBF6286Y	Van				Seriously Damaged	0
SNB4988Y	Car	HYUNDAI	CN7 AVANTE 1.6 DOHC CVT S	Red	Seriously Damaged	0