

# 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 .....	21/04/2022 19:45 (SGT)
Date of Accident .....	21/04/2022 09:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PASIR RIS DRIVE 3 1ST LANE TURNING RIGHT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMF2751S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Mr Shanmugam Sakthivel Shanmugam
NRIC No .....	S7574458G
Email Address .....	masha8100@gmail.com
Mobile Phone No .....	(Phone) +65-82184724
Alternative Phone No .....	(Home) +65-82184724

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1500

### INSURANCE COMPANY

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

### DRIVER

Name of Driver .....	Mr Shanmugam Sakthivel Shanmugam
NRIC No .....	S7574458G

Date Of Birth .....	26/11/1975
Occupation .....	Indoor
Date Of Driving Pass .....	03/04/2014
Driving experience .....	8 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-82184724
Alt. Phone Number .....	(Home) +65-82184724
Email Address .....	masha8100@gmail.com
Address .....	803 Upper Serangoon Road #03-10
Address complement .....	-
Postcode .....	534163
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
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? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLV8501K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	(Phone) +65-91708478
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	2ND CAR
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKX6685C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KEU HENG TAK
Contact Number .....	(Phone) +65-96167697
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	1ST CAR
No. Of Passenger (Including Driver) .....	-

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

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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 to 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/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.
- (collectively the "Purposes")

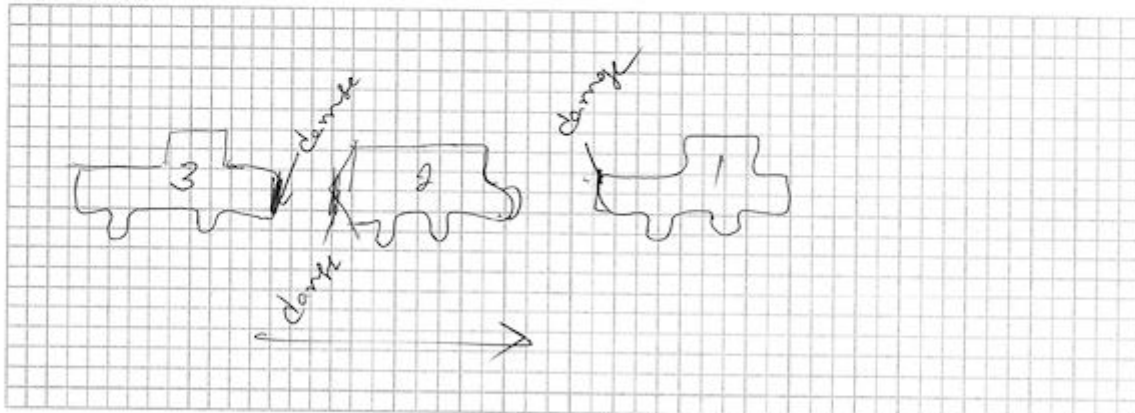
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

*L. Loh* 21/4/2022  
Policyholder's Signature / Date & Time

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

*[Signature]* 21/4/2022  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Heavy rain, visibility was not clear. Braked but not in time. They hit the front car.

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

21/4/2022

Witnessed by Reporting Centre Personnel





































































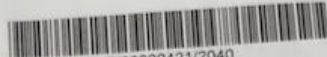










 <b>SINGAPORE POLICE FORCE</b>	 T/20220421/2040
Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999	4 of 4 Report No. T/20220421/2040
<b>CONTINUATION OF REPORT</b>	
<b>Sketch Plan</b> Informant is not able to provide sketch plan	
<p>IMPORTANT: Please 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 <u>report number</u> as reference.</p>	
Signature of Officer Recording The Report: G / SGT 2 MOHAMAD ASYRAAF BIN MOHAMAD SAIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2022 14:26
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
NP168	

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POLICE FORCE**

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Report No. T/20220421/2040

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

**CONTINUATION OF REPORT****Brief Details.**

On 21/04/2022 at around 9.55am, I was driving a grey Mazda 3 (SMF2751S) on Pasir Ris Dr 12 turning right onto TPE(SLE) on the first lane. I was checking my left blind spot after turning right, as the 2 lanes were merging, when there was suddenly a car in front of me which I did not notice earlier. My car then collided into the rear of the car in front, a silver Honda Shuttle (SLV8501K). This caused a chain collision, where it also collided into the car in front of it, a white Nissan Teana (SKX6685C).

I wish to state that at the time of the accident, I observed that all parties were fine and not injured. However, after I left the scene, Traffic Police gave me a call and informed me that ambulance came to scene to check on the driver of the silver Honda who was feeling giddy as well as felt pain on his right arm. I do not know if he was conveyed to hospital via ambulance or not.

I wish to state that my car sustained a broken front metal grill, license plate, Mazda logo, and front bumper. The silver Honda sustained a dented and bent boot cover as well as rear bumper. The white Nissan had sustained minor dents on the boot cover.

I wish to state that the front and rear in car cameras were switched on and functional at the time of the incident.



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POLICE FORCE**



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Report No. T/20220421/2040

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF2751S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800141963-02	01/11/2021	31/10/2022

Details of Person Involved			
Any Pedestrian Involved: No.			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KEN HENG TAT	ID No.	-
Related Vehicle	SKX6685C (Car)	Contact No.	96167697
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver				
Name	SEAH CHOON KANG		ID No.	-
Related Vehicle	SLV8501K (Car)		Contact No.	91708478
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	SHANMUGAM SAKTHIVEL SHANMUGAM		ID No.	S7574458G
Related Vehicle	SMF2751S (Car)		Contact No.	82184724
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




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POLICE FORCE**


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Report No.: T/20220421/2040

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
21/04/2022 14:26

Vide Report No.:

Station Diary No.:  
19

**Informant's Particulars**

Name of Informant: SHANMUGAM SAKTHIVEL SHANMUGAM			Address: APT BLK 87 PASIR RIS HEIGHTS #08-10 SINGAPORE 519285		
ID Type / ID No.: NRIC NO / S7574458G			Contact No.: Home/Office: Mobile: 82184724		
Nationality: INDIAN			Email: itshan@gmail.com		
Sex: Male	Age: 46	Date of Birth: 26/11/1975	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: OPERATIONS STAFF			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/04/2022 09:55	Type of Location: Bend
Location:  TAMPINES EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 60 Km/h
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 Passeng
SKX6685C	Car	NISSAN	TEANA 2.0 XL	White	Slightly Damaged	0
SLV8501K	Car	HONDA	SHUTTLE 1.5G	Silver	Slightly Damaged	1
SMF2751S	Car	MAZDA	MAZDA 3 SEDAN 1.5	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry
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