

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 09/05/2022 18:07 (SGT)
Date of Accident 07/05/2022 19:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE AFTER STEVEN LANE 3 TOWARDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB1609L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SHSAH MAYURKUMAR M
NRIC No S1753864J
Email Address brijeshmshah@gmail.com
Mobile Phone No (Phone) +65-965226660
Alternative Phone No +65-965226660

VEHICLE PARTICULARS

Manufacturer Subaru
Model Xv
Variant 2.0 EYESIGHT
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number 7210082693

DRIVER

Name of Driver BRIJESH MAYURKUMAR SHAH
NRIC No S9890375E

| | |
|--|--------------------------------|
| Date Of Birth | 05/11/1998 |
| Occupation | Indoor |
| Date Of Driving Pass | 08/12/2018 |
| Driving experience | 3 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-965226660 |
| Alt. Phone Number | - |
| Email Address | brijeshmshah@gmail.com |
| Address | SIMEI STREET 1 BLK 134 #08-164 |
| Address complement | - |
| Postcode | 520134 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | Chain Collision |
| Weather Conditions | Raining |
| Road Surface | Wet |

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? | No |
| 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 | A |
| Gender | Female |

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

PLEASE REFER ATTACHED

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|------------|
| Vehicle Registration Number | YN5907G |
| Vehicle Manufacturer | Mitsubishi |

| | |
|---|---|
| Vehicle Model | Fuso |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods vehicle |
| Name of Driver | AI QINAN |
| Work Permit No | G2439534R |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | Great Eastern General Insurance Limited |
| Nature Of Damage | BADLY DAMAGE |
| Details of property damaged in accident | FRONTAL DAMAGE |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|------------------------|
| Name of injured person | SHITAL MAYURKUMAR SHAH |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | WHIPLASH |
| Injured person in which vehicle? | SNB1609L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|-------------------------|
| Name of injured person | BRIJESH MAYURKUMAR SHAH |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | WHIPLASH |
| Injured person in which vehicle? | SNB1609L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

Describe Circumstances of the Accident

The car ahead of us stopped suddenly and I had to brake suddenly. I managed to get the car to stop in time. However a lorry hit us from the rear after that. Due to the impact from the lorry, we our car hit the car in front of us. (Seen in video footage)

There were damages to the car camera and sensors along with the physical damage to the car. Due to the impact of the accident both myself (driver) and the passenger were shocked and had a sudden jerk off the road. Initially we did not realise the pain and hence went home after the accident, however once we were home we both experienced pain from the upper back to head. To ensure that it was not a minor To find out if anything was wrong, we went to the hospital to get checked out. We were informed that we had whiplash injury, but luckily nothing too serious at that moment.

As seen in the video footage, the lorry was swerving lanes and from another lane and being into me ~~over~~ despite having ample time from the moment I started braking.

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

09052022 10:20am


Witnessed by Reporting Centre Personnel

96689313

PERSONAL PARTICULARS, *recovery*

**ALL DETAILS MUST BE FILLED IN

TYPE OF CLAIM: ☒ OWN DAMAGE ☐ 3RD PARTY ☐ REPORTING ONLY ☐
 DATE OF ACCIDENT: 07052022 TIME OF ACCIDENT: 7-15pm
 LOCATION OF ACCIDENT: PIE after Steven, lane 3, towards Changi
 VEHICLE REGISTRATION NO: SNB1609L MANUFACTURER: SUZUKI MODEL: XV
 NAME OF REGISTERED OWNER/INSURED & CONTACT NUMBER: SHAH MAYURKUMAR M NRIC NO: S1753864J
 PURPOSE OF VEHICLE BEING USED AT THE TIME OF ACCIDENT: _____
 INSURANCE COMPANY: AIG POLICY NO: 7210082693

DRIVER PARTICULARS

NAME OF DRIVER: BRIJESH MAYURKUMAR SHAH NRIC NO: S9890375E
 GENDER: ☒ MALE ☐ FEMALE
 HOME TEL: 67866019 HP NO: 96522660 FAX NO: _____
 E-MAIL: brijeshmshah98@gmail.com **PLEASE STATE CLEARLY AS OFFICIAL GIA REPORT WILL BE SEND TO EMAIL
 ADDRESS: Simei Street 1 blk 134, #08-164 POSTAL CODE: 520134
 DATE OF BIRTH: 05/11/1998 DRIVING PASS DATE: 8 Dec 2018

(PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ☐ YES ☒ NO
 IF NO, RELATIONSHIP OF DRIVER WITH THE INSURED: SON
 INSURANCE POLICY NO: 7210082693 VIDEO FOOTAGE AVAIL: ☒ YES ☐ NO
 WEATHER CONDITION: ☒ CLEAR ☐ RAINING ☐ OTHERS: _____ ON SITE PICTURES AVAIL: ☒ YES ☐ NO
 WAS ACCIDENT REPORTED TO THE POLICE: ☐ NO ☐ YES, WHICH POLICE STATION: _____
 WAS ANYBODY INJURED IN THE ACCIDENT: ☐ NO ☐ YES NAME: Brijesh Shah Shital Shah INJURIES SUSTAINED: minor whiplash
 NO OF PASSENGERS INCLUDING DRIVER: 2 () M () IF
 NO OF INJURED/PASSANGER OF OTHERS: _____
 CONVEYED TO HOSPITAL ☒ NO ☐ YES, TO WHICH HOSPITAL: _____

(THIRD PARTY DRIVER'S PARTICULARS)

DRIVER NAME: AI QINAN NRIC NO: G2439534R HP NO: _____
 VEHICLE REGISTRATION NO: YN5907 G MANUFACTURE: Mitsubishi MODEL: FUSO

WITNESS'S PARTICULARS

NAME: _____ NRIC: _____ HP NO: _____

TO PROVIDE & ATTACH NRIC, DRIVING LICENSE FRONT / REAR COPY, VAILD INSURANCE CERT AND ACCIDENT SITE PHOTOS





















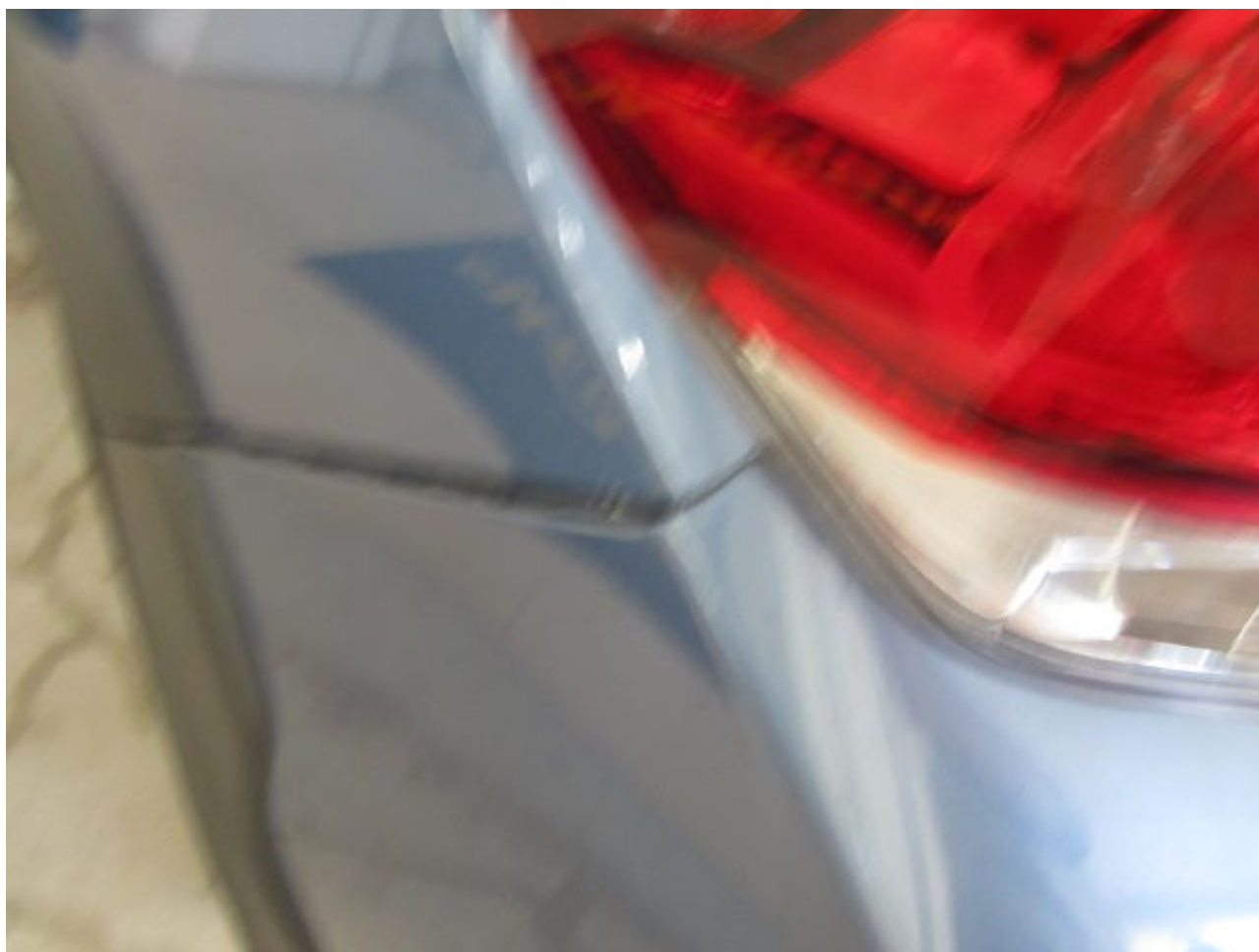














































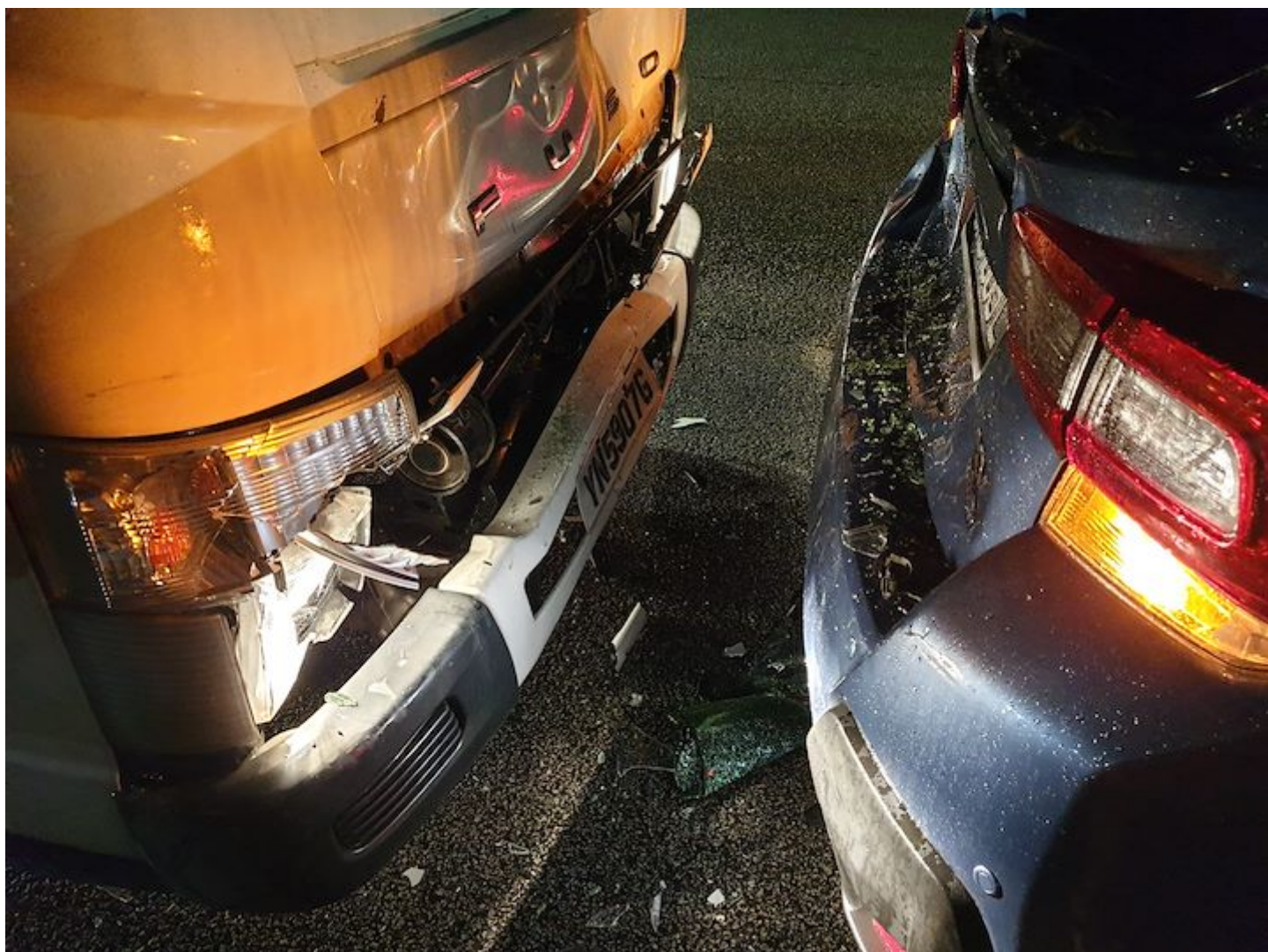
























**SINGAPORE
POLICE FORCE**



T/20220510/7046

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

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Report No. T/20220510/7046

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 10/05/2022 17:01 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: BRIJESH MAYURKUMAR SHAH | | | Address: 134 SIMEI STREET 1 #08-164 SINGAPORE 520134 | | |
| ID Type / ID No.: NRIC NO / S9890375E | | | Contact No.: Home/Office: Mobile: 96522660 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: BRIJESHMSHAH98@GMAIL.COM | | |
| Sex: Male | Age: 23 | Date of Birth: 05/11/1998 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 07/05/2022 19:15 | Type of Location: Straight Road |
| Location: PAN ISLAND EXPRESSWAY | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: 80 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|------------|-------|-------|-------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SMC4157K | Car | HONDA | Vezel | White | Slightly Damaged | 2 |
| SNB1609L | Car | SUBARU | XV | Blue | Seriously Damaged | 2 |
| YN5907G | Lorry | MITSUBISHI | FUSO | White | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20220510/7046

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

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Report No. T/20220510/7046

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SNB1609L | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 7210082693 | 30/07/2021 | 30/07/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|--------------------------|-----------------------------------|--|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | |
| Name | BRIJESH MAYURKUMAR SHAH | ID No. | S9890375E | |
| Related Vehicle | SNB1609L (Car) | Contact No. | 96522660 | |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL | |
| Date | NIL | Date | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of | NIL | |
| Passenger | | | | |
| Name | SHITAL MAYURKUMAR SHAH | ID No. | S7175246A | |
| Related Vehicle | SNB1609L (Car) | Contact No. | 81133117 | |
| Hospital/Clinic | MOUNT ELIZABETH HOSPITAL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL | |
| Date | 07/05/2022 | Date | 07/05/2022 | |
| No. of Days granted Medical Leave | NIL | Degree of | Slight | |
| Driver | | | | |
| Name | AI QINAN | ID No. | G243953R | |
| Related Vehicle | YN5907G (Lorry) | Contact No. | 88237552 | |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: 30/07/2022 | |
| Date | NIL | Date | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of | NIL | |



**SINGAPORE
POLICE FORCE**



T/20220510/7046

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

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Report No. T/20220510/7046

CONTINUATION OF REPORTBrief Details.

Accident happened in the 3rd lane from the left, on PIE towards Changi, before exit 18

The car ahead of us braked and stopped suddenly, causing me to break suddenly. I managed to get the car to stop in time. However a lorry hit us from the rear. The impact from the lorry caused our car to hit the car in front of us (Seen in video). There were damages to the car camera and sensors along with physical damage to the car. Due to the high impact collision both my head and my mother's head experienced a sudden jerk, which caused my spectacles to fall off my face. At that particular point we were just in a bit of shock and hence did not really focus on any pain we were experiencing. Therefore we decided to go home. However, upon reaching home, we both experienced pain from the upper back to head. To find out if anything was wrong, we went to the hospital to get checked out. We were informed that whiplash injury, but luckily nothing more serious at that moment.

As seen in the footage, the lorry was switching lanes from another lane and bang into me despite having ample time from the moment I started braking.

I have 2 videos from the car camera capturing the accident



**SINGAPORE
POLICE FORCE**



T/20220510/7046

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

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Report No. T/20220510/7046

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 / TPB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
10/05/2022 17:01

Classification Of Case:



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SMON22590002 Vehicle Registration No: SNB 1609 L
 Name (as shown in NRIC): SHAH MAYUR KUMAR M NRIC/FIN/Passport No: S1753864J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 134 SIMEI ST 1 #08-164 Singapore (520134)
 Contact (Tel): _____ Mobile No.: 96522660
 Email Address: brijeshmshah98@gmail.com
 Date of Accident: 07/05/2022 Time of Accident: 1915 HRS
 Place of Accident: DIE AFTER STEVENS LANE 3 TOWARDS CHANGI
 Insurance Company: AIC

(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:

TO INPUT POLICE REPORT AND MEDICAL CLAIM.

Policyholder / Driver's Signature
Date:


 Reporting Centre Personnel's Signature
 Name: IRAHAN
 NRIC/FIN No.: S8101831F
 Date: 11/05/2022