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.

 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 11/05/2022 16:45 (SGT) Date of Accident 11/05/2022 01:45 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF HOUGANG AVE 10 / BUANGKOK DR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLE9520M**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner BALAKRISHNAN NRIC No. SXXXX434C Email Address BALAKRISH1826@GMAIL.COM Mobile Phone No (Phone) +65-93886461 Alternative Phone No +65-93886461

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5120107365-01 Cover Note Number DRIVO CLASSIC

DRIVER

Name of Driver PRAVIND RAJ S/O BALAKRISHNAN NRIC No. TXXXX503B

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address	02/08/2001 Indoor 06/11/2020 1 YEAR AND 6 MONTHS Male (Phone) +65-91016474 - PRABOII02@GMAIL.COM BLK 542 HOUGANG AVE 8 #08-1283
Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	- 530542 No Child No
GENERAL INFORMATION OF THE ACCIDENT Type of Accident	Collision - Cross Junction
Weather Conditions Road Surface	Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bedok North Neighbourhood Police Centre (Phone) +65-18002449999 (Fax) +65-62447258 30 Bedok North Road Singapore 469676 No
CIRCUMSTANCES OF ACCIDENT	
SEE ATTACHED POLICE REPORT NO : T/20220511/2075	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes TO EMAIL TO NTUC INCOME No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SHC8086P - -

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	VEHICLE B
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

III OCINES	
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?	Yes
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 2	
Name of injured person	TAXI DRIVER
Gender	Male
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?	Yes
,	100

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>.
- 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. 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.

(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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Buangkok Dr.

A! SLE 9520N
B: SH C 8086 P

Describe Circumstances of the Accident
I was driving Straight along Hougang Ave 10 with green
traffic light in my favour. Suddenly, a taxi (SHC8086P) wring
on my right, beat red traffic light 4 collided to the right portion
of my vehicle causing damage. The impact was so great that
the tax's went up the Kerb. Traffic Police, & ambulance came to
the scene. The taxi driver & I were conveyed to hosiptal by
ambulgace. I have in car camera which captured the scenario

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 l of 3 Report No. T/20220511/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2022 15:45			Vide Report No.:	Station Diary No.: 71	
Informa	nt's Partic	ulars			
	f Informant: D RAJ S/O	BALAKRISHNAN	Address: APT BLK 542 HOUGANG 530542	AVENUE 8 #08-1283 SINGAPORE	
ID Type / ID No.: NRIC NO / T0123503B			Contact No.: Home/Office;	Mobile: 91016474	
Nationality: SINGAPORE CITIZEN		EN	Email: praboii02@gmail.com		
Sex: Age: Date of Birth: Male 20 02/08/2001			Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name;	
Occupation: Student			Driving Licence Information Class: 3A	n: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2022 01:45	Type of Location T-Junction	
Location: BUANGKOK Weather:	DRIVE	Road Surface:		Road Speed Limit:	
el .		Dry		Trous op our Entries	
		Traffic Control:	deina	Traffic Volume: Light	
Two Way		Traffic Light - Wo	King	LIGHT	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC8086P	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue		1
SLE9520M	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Silver	Seriously Damaged	0





Effective

14/03/2022

Police Station Of Origin:

Details of Vehicle Insurance

Bedok N.P.C

Vehicle No.

SLE9520M

30 Bedok North Road SINGAPORE 469676

Insurance Company

NTUC Income Insurance Co-Operative

Tel No: 1800-2449999

CONTINUATION OF REPORT

Insurance No

5120107365-01

Report	No.	T/2022051	1/20	75

Expiry Date

13/03/2023

Details of Person						HIS TOCKER WILLIAM TO SERVE IS
Any Pedestrian Ir	volved: No	Hee	of Pedes	trian (Crossi	ing: NA
No. of Pedestrian	s Injured: NIL	USC .) Odeo			
Driver	CASIDER HOLDER	DIGUNAN	ID	No.	A COLUMN	T0123503B
Name	PRAVIND RAJ S/O BALAKRISHNAN			ID INU.		10120000
D. I. t. d Mahiala	SLE9520M (Car)			ontac	t No.	91016474
Related Vehicle	SENGKANG GENERAL HOSPITAL PTE. LTD.					
Hospital/Clinic			E. C	Class of		Class: 3A
ноѕрналенне			Li	riving icenc xpiry	e &	Date of Expiry: NIL
	44/05/2022	Date	Dischar	-		5/2022
Date Treatment				of Injury Slight		

Brief Details.

On 11/5/2022, at about 1.45am, I was driving my vehicle, SLE9520M straight along Hougang Ave 10. When I was at the junction of Hougang Ave 10 and Buangkok Drive, I saw that the traffic light was in my favour as such I continued on. Suddenly, a Comfort Delgro blue taxi (SHC8086P) came from my right, beating the red traffic light and collided with the right portion of my car, causing damage to my car, I also felt pains in my back and my neck. Due to the collision, the taxi went up the kerb from the impact. I wish to state that traffic police came to scene but both me and the taxi driver was conveyed as such I do not have the incident number or the other party's details. I have an in car camera that captured the incident. I was discharged from Sengkang General Hospital and given 4 days MC for my injuries.





Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 3 of 3 Report No. T/20220511/2075

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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 report number as reference.

Signature of Officer Recording The Report: G / SGT 3 BOEY HUI QI MICHELLE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2022 15:45
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
ND160	