

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 Actual 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 30/06/2022 17:51 (SGT)
Reported by Both
Date of Accident 28/06/2022 16:50 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE CHANGI BEFORE BKE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND5265H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHRISTINA ROZARIO
NRIC No S9176367B
Email Address CHRISTY.ROZY@GMAIL.COM
Mobile Phone No (Phone) +65-91220953
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
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 1400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5125360193

DRIVER

Name of Driver ELANGO VAN RAVINDRANATH TAGORE
Passport No/FIN G6233522Q
Date Of Birth 14/03/1981
Occupation Indoor

Date Of Driving Pass	24/08/2009
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91220953
Alt. Phone Number	-
Email Address	CHRISTY.ROZY@GMAIL.COM
Address	471 PASIR RIS DRIVE 8
Address complement	01-472
Postcode	510471
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	4
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CHRISTINA ROZARIO
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 TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY6222L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFN7797T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLZ2847G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	ELANGOVAN RAVINDRANATH TAGORE
Gender	Male
Phone No	(Phone) +65-91220953
Address	471 PASIR RIS DRIVE 8
Address Complement	01-472
Post Code	510471
Approximate Age Years Old	41
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	SND5265H

Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person CHRISTINA ROZARIO
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained 4 DAYS MC
Injured person in which vehicle? SND5265H
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No


SKETCH PLAN


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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' 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.

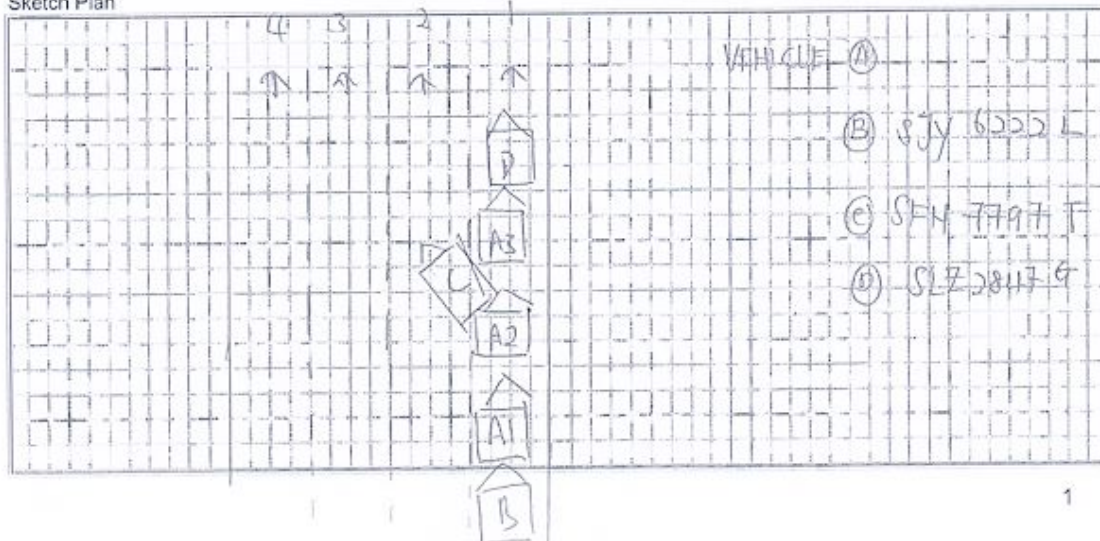

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Sketch Plan



Describe Circumstance of the Accident

Refer to police report T/20220629/7023

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





















**SINGAPORE
POLICE FORCE**



T/20220629/7033

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

1 of 4
Report No. T/20220629/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2022 16:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ELANGOVAN RAVINDRANATH TAGORE			Address: 471 PASIR RIS DRIVE 6 #01-472 SINGAPORE 510471		
ID Type / ID No.: FIN NO / G6233522Q			Contact No.: Home/Office:		Mobile: 91220953
Nationality: INDIAN			Email: ERAVTA@YAHOO.COM		
Sex: Male	Age: 41	Date of Birth: 14/03/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2022 16:50	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SND5265H	Car					1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220629/7033

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

2 of 4
Report No. T/20220629/7033

CONTINUATION OF REPORT

Passenger			
Name	CHRISTINA ROZARIO		ID No. NIL
Related Vehicle	SND5265H (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	04	Degree of	Serious
Driver			
Name	ELANGO VAN RAVINDRANATH TAGORE		ID No. G6233522Q
Related Vehicle	SND5265H (Car)		Contact No. 91220953
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SND5265H along PIE(Changi) when I noticed SFN7797T, which was travelling in front of mine, changing lanes to the left just before BKE exit to avoid an accident just in front of SFN7797T.

Upon avoiding the car in front, SFN7797T came to a complete stop in between lanes 1 and 2 and I managed to come to a complete stop just behind SFN7797T.

Immediately after I came to a complete stop, a massive impact slammed into the rear of my vehicle causing my vehicle to surge forward, colliding with the rear right corner of SFN7797T, before hitting the rear of SLZ2847G, which was the last car involved in the prior 7 car chain collision in front.

Vehicles involved in the PRIOR 7 car chain collision is as follows:

Unknown Mercedes
SDJ3639M
SLB4782Y
SLL9730L
SJT1122B
SLD1864D
SLZ2847G

My wife, Christina Rozario, who was my front passenger, and I were both caught completely



**SINGAPORE
POLICE FORCE**



T/20220629/7033

3 of 4

Report No. T/20220629/7033

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

CONTINUATION OF REPORT

off guard by the sudden impact.

Our bodies lurched forward only to be restrained by our seat belts.

Upon alighting, I realised that our vehicle was hit by SJY6222L from the rear and thus, resulting in us being involved in the prior chain collision.

Shortly after the accident, I started feeling aches in my left ribcage, lower back and left ankle areas while my wife also complained of pain coming from her neck, left shoulder, left ribcage and her back areas.

We proceeded to Parkway East Hospital to seek treatment the same evening and were both discharged on the same day with 4 days MC each.

The following morning, my wife also started complaining of pain developing in her lower back region while I started having soreness over my neck and shoulders.

We will be seeking follow up treatment with our doctor.

**SINGAPORE
POLICE FORCE**

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



T/20220629/7033

4 of 4

Report No. T/20220629/7033

CONTINUATION OF REPORTSketch 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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
29/06/2022 16:13

Classification Of Case: