



## 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	03/08/2022 12:25 (SGT)
Reported by	Driver
Date of Accident	30/07/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 7
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF5672S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANDRA MOHAN S/O RAMALINGAM @ CHANDRA MOHAN R
NRIC No	SXXXX092G
Email Address	SANTEEAUTO@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-97232449
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

#### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00557233/03

#### DRIVER

Name of Driver	THYAGARAJ S/O MARISAMY
NRIC No	SXXXX060H
Date Of Birth	14/07/1965
Occupation	Indoor



Date Of Driving Pass	02/03/1985
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97232449
Alt. Phone Number	-
Email Address	SANTEEAUTO@SINGNET.COM.SG
Address	BLK 637 YISHUN STREET 61 #09-122
Address complement	-
Postcode	760637
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Clear
Road Surface	Dry

#### 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)	1
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	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20220731/2043

#### 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	SMP3275R
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	XE649T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	THYAGARAJ S/O MARISAMY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMF5672S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

REFER TO POLICE REPORT. (T/20220731/2043)

**We declare the foregoing particulars are true in every respect.**

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 Form must be completed by the Policyholder and/or the Authorised Driver.
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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.
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 sums 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

**Sketch Plan**

Yishun Ave 7

A - SMF5672S

B - SMP 3275R

C - XE 649T

A  
B  
C









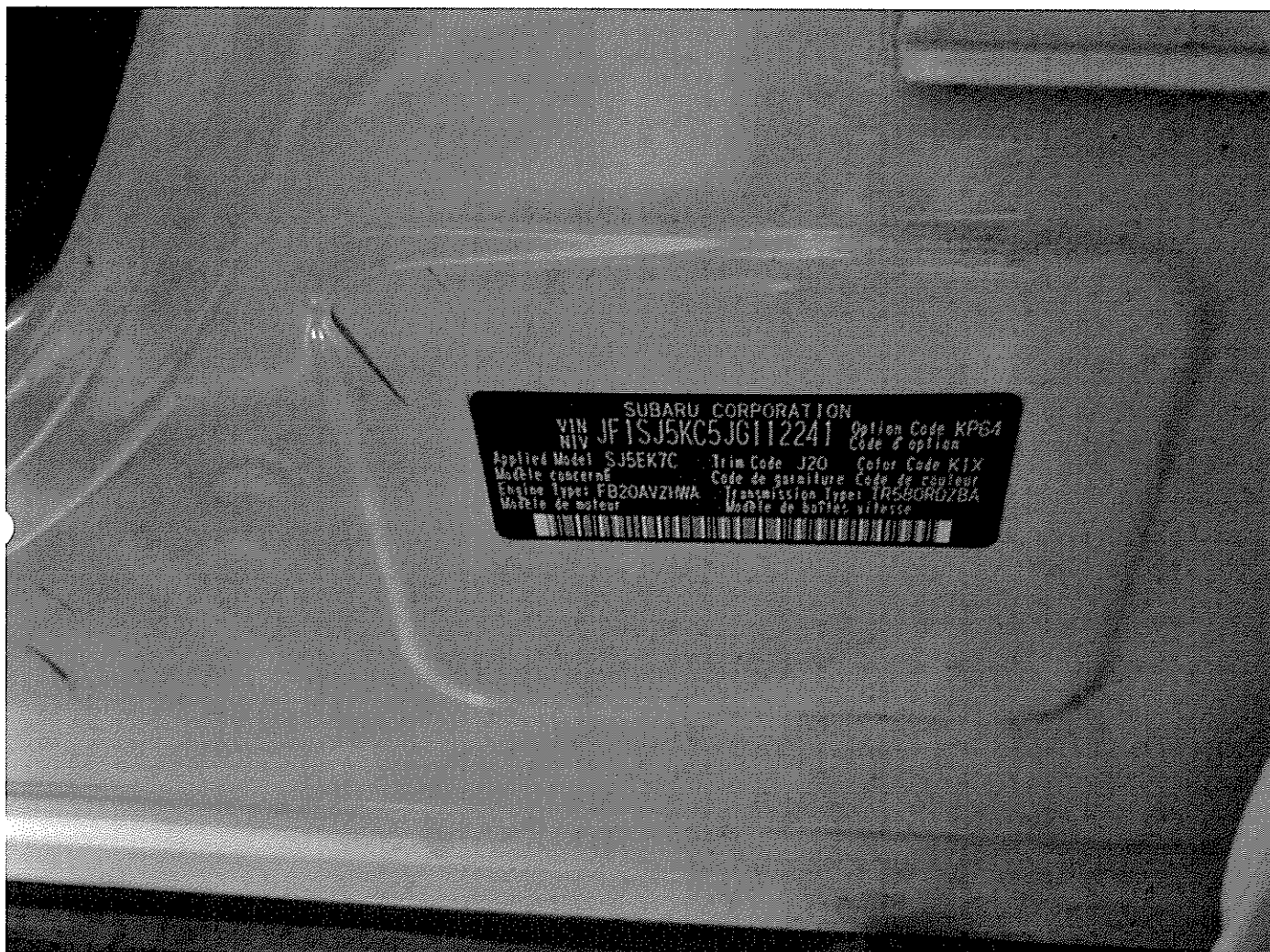


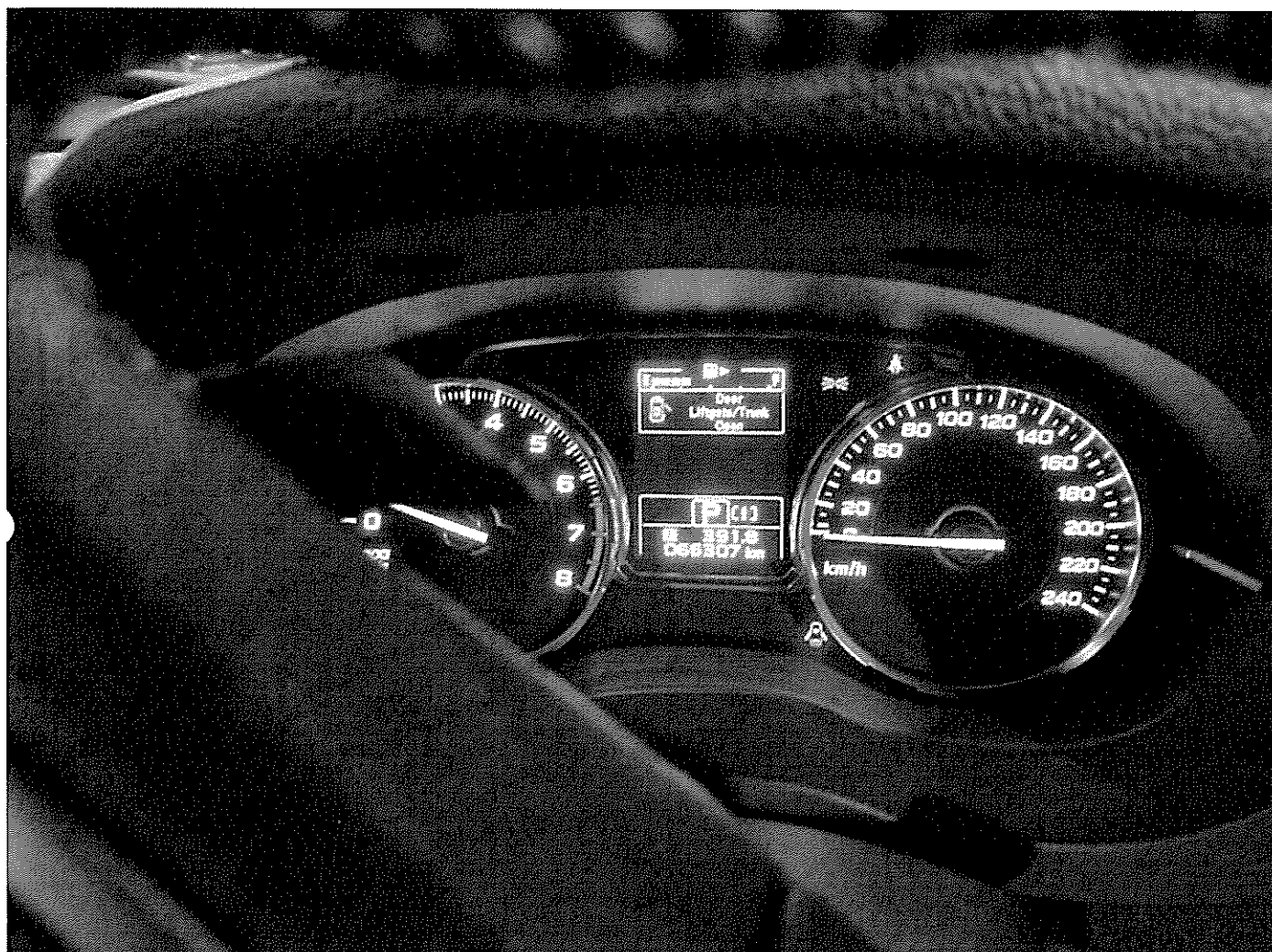


































**SINGAPORE  
POLICE FORCE**



T/20220731/2043

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 4  
Report No. T/20220731/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/07/2022 15:05		Vide Report No.:		Station Diary No.: 45	
<b>Informant's Particulars</b>					
Name of Informant: THYAGARAJ S/O MARISAMY			Address: APT BLK 637 YISHUN STREET 61 #09-122 SINGAPORE 760637		
ID Type / ID No.: NRIC NO / S1722060H			Contact No.: Home/Office: Mobile: 97232449		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 14/07/1965	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2022 13:50	Type of Location: X-Junction	
Location:  YISHUN AVENUE 7					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
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 Passenger
SMF5672S	Car				Seriously Damaged	0
SMP3275R	Car				Seriously Damaged	2
XE649T	Lorry				Seriously Damaged	1



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Report No. T/20220731/2043

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	THYAGARAJ S/O MARISAMY	ID No.	S1722060H
Related Vehicle	SMF5672S (Car)	Contact No.	97232449
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	LEE GUO XIONG	ID No.	S8628635A
Related Vehicle	SMP3275R (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	MOHAMAD DAZIL BIN ABDULLAH	ID No.	S7345620G
Related Vehicle	XE649T (Lorry)	Contact No.	NIL
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

**Brief Details.**

On 30th July 2022 around 150pm, I was driving car number SMF5672S along Yishun Ave 7 towards Yishun Ave 6. At the traffic junction, I stopped my car at the red signal and a car number SMP3275R Red Honda stopped behind me.

Suddenly, the 3rd vehicle, a truck number XE649T hit the 2nd car SMP3275R and it eventually rolled forward and hit my rear end. There were injuries to the 2nd car and myself.

The 2nd car had a toddler which the driver informed that they had brought to hospital.





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Tel No: 1800-8529999



T/20220731/2043

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Report No. T/20220731/2043

CONTINUATION OF REPORT

I am planning to go to KTPH hospital myself to see a doctor. I am suffering from neck pain.



SINGAPORE  
POLICE FORCE



T/20220731/2043

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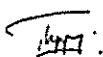
Report No. T/20220731/2043

## 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: L / SI LIM KAI SHEN, LUCIUS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/07/2022 15:05
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168



Contact us at  
 Hotline: (65) 6665 5555  
 E-mail: customerservice@directasia.com

## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00557233/03
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SMF5672S
<b>Chassis No.</b>	: JFISJ5KC5JG112241
<b>2) Name of Policy Holder</b>	: CHANDRA MOHAN RAMALINGAM
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 17/11/2021 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 16/11/2022 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	<p>(a) Any named person under the policy who is driving on the Policyholder's permission.</p> <p>(b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission</p> <p>The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.</p>
<b>6) Limitations as to use*</b>	<p>Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.</p> <p>*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.</p>
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 800.00
<b>Windscreen Excess</b>	: S\$ 100.00
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	:
<b>Main driver</b>	: CHANDRA MOHAN RAMALINGAM
<b>Named driver</b>	: None
<b>Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.</b>	

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 13/10/2021

Direct Asia Insurance (Singapore) Pte. Ltd.

Direct Asia Insurance (Singapore) Pte Ltd  
 20 Anson Road #08-01 Twenty Anson Singapore 079912  
 www.DirectAsia.com

Company Registration: 200826116