

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 17:30 (SGT)
Reported by	Both
Date of Accident	02/08/2022 17:25 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	TWDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6124A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ADRIAN RUEBN EMMANUEL BISMARK
NRIC No	S7768705Z
Email Address	edruben@hotmail.com
Mobile Phone No	(Phone) +65-83885621
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Airwave
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	1500

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10772130R00

DRIVER

Name of Driver	ADRIAN RUEBN EMMANUEL BISMARK
NRIC No	S7768705Z
Date Of Birth	26/05/1977
Occupation	Indoor

Date Of Driving Pass	30/08/2008
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-83885621
Alt. Phone Number	-
Email Address	edruben@hotmail.com
Address	BLK 172 BISHAN STREET 13 #02-83
Address complement	-
Postcode	570172
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	KAVIN KUMAR
Gender	Male

PASSENGER 2

Name	DEVINA LAXMI
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

REFER TO POLICE REPORT: T/20220803/7024.

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	SMT9564X
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ADRIAN RUEBN EMMANUEL BISMARCK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM6124A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KAVIN KUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM6124A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	DEVINA LAXMI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM6124A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgment 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)**

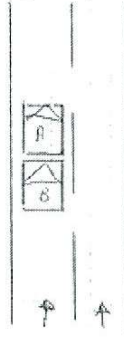
I understand, acknowledge, agree and consent that:

- (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 Ministry of Transport of Singapore and any relevant government agent/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claim 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 making 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/are disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), who may be also outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and future claims;
- (e) the information may be used under such other purposes disclosed /implied;
- (f) I understand that my Personal Information may be used for other purposes not disclosed /implied;
- (g) I understand that my Personal Information may be used for other purposes not disclosed /implied;

A. Miller *A. Miller*

SKETCH PLAN

veh A: SSM 6124A
veh B: SMT 9564X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report

PO New

7/20/2003/7024

- Rotor 70

1. LOCATION

A New A Rotor



**SINGAPORE
POLICE FORCE**



T/20220803/7024

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

1 of 4

Report No, T/20220803/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2022 13:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ADRIAN RUBEN EMMANUEL BISMARCK			Address: 172 BISHAN STREET 13 #02-83 SINGAPORE 570172		
ID Type / ID No.: NRIC NO / S7768705Z			Contact No.: Home/Office: Mobile: 83885621		
Nationality: MALAYSIAN			Email: EDRUBEN@HOTMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 26/05/1977	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: 02/08/2022 17:25	Type of Location:
Location: BRADDELL ROAD				
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
SJM6124A	Car	HONDA	AIRWAVE 1.5M A	Silver	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM6124A	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10772130R00	08/07/2022	07/07/2023



**SINGAPORE
POLICE FORCE**



T/20220803/7024

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

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Report No. T/20220803/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ADRIAN RUBEN EMMANUEL BISMARCK	ID No.	S7768705Z
Related Vehicle	SJM6124A (Car)	Contact No.	83885621
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SJM6124A along Braddell Road towards CTE.

My children, Devina Laxmi, who was the rear right passenger, and Kavin Kumar, who was sitting in his baby seat, were on board my vehicle. All three of us were belted.

I was gradually coming to a stop due to traffic conditions and was speaking to my daughter, who was leaning forward to talk to me, at that time.

Before I could come to a complete stop, a massive impact slammed into my vehicle's rear, catching me completely off guard.

My body lurched forward due to the unexpected impact only to be restrained by my seat belt.

My daughter's forehead knocked against the back of the head rest of my driver's seat as a result of the impact while my son started crying after knocking his head against the side of his baby chair.

Upon alighting, I realised that SMT9564X had smashed the rear of my vehicle, leaving it badly dented.

Shortly after the accident, I started experiencing soreness and aches in my neck and lower back areas.

My daughter also complained of pain in her neck on top of her forehead she had knocked earlier.

As such, we went to Mount Alvernia Hospital, which was near our home, to seek treatment the same evening.

All three of us were given 5 days MC each for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**

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



T/20220803/7024

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Report No, T/20220803/7024

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20220803/7024

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Report No. T/20220803/7024

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 / TPIS /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
03/08/2022 13:49

Classification Of Case: