SN0722890001 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 09/08/2022 08:39 (SGT) SUBMITTED BY: Ash Kamal VERSION: 1 (09/08/2022 08:39 (SGT))



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 <u>completed by the Policyholder and/or the Actual Driver</u>
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.

4. The issue and acceptance of this report to the Police for investigation.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

09/08/2022 08:39 (SGT) Both 07/08/2022 19:20 (SGT) Singapore Upper Serangoon Rd towards Bendemeer Rd

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJX6751G

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No Email Address

Mobile Phone No Alternative Phone No No

GEETHA D/O KUNASEGAR

S8904349B

GEETHAKUNASEGAR@YAHOO.COM

(Phone) +65-96790916

VEHICLE PARTICULARS

Manufacturer

Model

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? Vehicle Category Transmission

CC

Kia

Cerato

FORTE

Private use

No - Claiming third party

Private car

Auto 1600

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number NTUC Income Insurance Co-operative Ltd 5118022955-02

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

GEETHA D/O KUNASEGAR

S8904349B 05/02/1989 Indoor

Accident report SN0722890001

Page 1 of 15

Date Of Driving Pass 22/10/2009 12 YEARS AND 10 MONTHS Driving experience Gender Female Mobile Number (Phone) +65-96790916 Alt. Phone Number GEETHAKUNASEGAR@YAHOO.COM **Email Address** Address 425 Serangoon Ave1 #04-223 Address complement 550425 Postcode 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions Clear Road Surface Dry 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Kalathiran Jahadison Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Rochor Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002949999 Alt. Police Station Phone No (Fax) +65-63918583 Police Station Address 11 Kampong Kapor Road Singapore 208678 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Police Report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?



Vehicle Registration Number	UNKNOWN SKZ6127L
Vehicle Manufacturer	Mini
Vehicle Model	Cooper
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person GEETHA D/O KUNASEGAR Gender Female Phone No (Phone) +65-96790916 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Soreness on the back, shoulder, elbow and neck. Injured person in which vehicle? SJX6751G Were seat belts worn? Yes No

Was this injured conveyed to hospital by ambulance? INJURED 2 Name of injured person Kalathiran Jahadison Gender Male Phone No (Phone) +65-88596235 Address Address Complement Post Code Approximate Age Years Old 31 Injuries Sustained Head, neck, back and pain on spinal area. Injured person in which vehicle? SJX6751G Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

Name SG5609A SBS Bus driver Phone Email

Describe Circumstance of the Accident	
	Refer to Police Report
	•

Declaration

I/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

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

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 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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

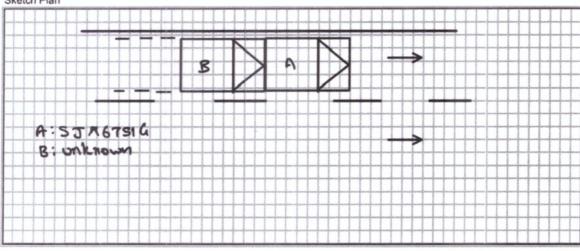
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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.

ure / Date & Time Policyholder's Signature / Date 09/08/2022 0830hrs

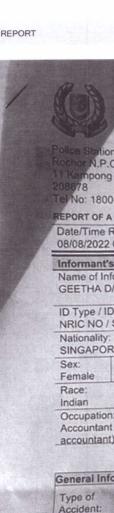
Driver's Signature (if driver is not the policyholder) / Date

ng Centre Personnel Witnessed by Repo (Name as in NRIC/ID card) Kamal Asharudeen





1





Report No. T/20220808/2008

Station Of Origin: N.P.C npong Kapor Road SINGAPORE No: 1800-2949999

SINGAPORE POLICE FORCE

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
08/08/2022 03:43	A/20220807/0153	37
Informant's Particulars	THE RESERVE AND ADDRESS OF THE PERSON OF THE	

's Particu	ılars		
Name of Informant: GEETHA D/O KUNASEGAR		APT BLK 425 SERANGOON	AVENUE 1 #04-223
ID Type / ID No.: NRIC NO / S8904349B Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Female 33 05/02/1989 Race: Indian		Contact No.: Home/Office:	Mobile: 96790916
		Email: GEETHAKUNASEGAR@YAH	100.COM
		Type of Informant: Driver	Institution / School Name:
		Language: English	Institution / School Name,
nt (exclud	ing tax	Driving Licence Information: Class: 3 Date of Expiry:	
	nformant: D/O KUN/ ID No.: / \$890434 y: DRE CITIZ Age: 33	D/O KUNASEGAR ID No.: / \$8904349B y: ORE CITIZEN Age: Date of Birth: 33 05/02/1989 on: nt (excluding tax	ID No.: / S8904349B PRE CITIZEN Age: 33 O5/02/1989 Driver Language: English Driving Licence Information: Other Class: 3

Type of Accident:	Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 07/08/2022 19:20	Type of Location Flyover
Location:					
PAN-ISLAND	EXPRESSWAY				
Veather:		Road	Surface		Road Speed Limit:
Clear		Dry	01-1		60 Km/h Traffic Volume:
raffic Flow:		Traffic	Control: Light - Wo	orking .	Moderate
One Way		SECOND PROPERTY.			Anyone conveyed by ambulance

Details of V		Make			Condition No of Passenger
Vehicle No. SJX6751G	Car	KIA	CERATO FORTE 1.6SX AT ABS DIAB 2WD 4DR	Black	Slightly Damaged
	Car	MINIS	COOPER	Red	



Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999



Report No. T/20220808/2008

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	TOTAL PROPERTY OF	01/07/2022	30/06/2023
SJX6751G	NTUC Income Insurance Co-Operative	5118022333-02		

	n Involved				
Any Pedestrian I	nvolved: No	Use of Pedestrian Crossing: NA			
No. of Pedestrian	ns Injured: NIL	OSC OIT COLO			
Driver	THE WINASEGAR	ID No		S8904349B	
Name	GEETHA D/O KUNASEGAR				
	2 W0754C (Cot)	Conta	ct No.	96790916	
Related Vehicle	elated Vehicle SJX6751G (Car)				
	TAN TOCK SENG HOSPITAL	Class		Class: 3	
Hospital/Clinic	TAN TOCK SENOTION	Drivin		Date of Expiry: NIL	
	Service Services	Licer			
	是		y Date	0/2022	
Date Treatment	07/08/2022	Date Discharge	Slink	8/2022	
No of Days gran	ted Medical Leave 07	Degree of Injury	Oliga	PAGENGES DE L'ALLES	
Passenger		TIDN		\$91334901	
Name	KALATHARAN JAHADISON	ID N			
				88596235	
		Cont	act No		
	SJX6751G (Car)	Cont	act No		
Related Vehicle				Class: NIL	
Related Vehicle	SJX6751G (Car) TAN TOCK SENG HOSPITAL	Clas	s of	Class: NIL	
Related Vehicle		Clas	s of	1000	
Related Vehicle		Clas Drivi Lice Exp	s of ng nce & ry Date	Class: NIL Date of Expiry: NIL	
Related Vehicle Hospital/Clinic	TAN TOCK SENG HOSPITAL	Clas Drivi Lice Exp	s of ng nce & ry Date	Class: NIL Date of Expiry: NIL	
Related Vehicle Hospital/Clinic	TAN TOCK SENG HOSPITAL	Clas Driv Lice	s of ng nce & ny Date	Class: NIL Date of Expiry: NIL 08/2022	

Brief Details.

On 07/08/2022 at around 1920hrs, I was driving along McPherson Rd in my vehicle (Black, Kia Cerato, SJX6751G) with my fiance (Kalathiran Jahadison, HP:88596235) towards Bendemeer Rd below the flyover of PIE, on the st lane, planning to exit at Bendemeer Rd. It was a red light stop, there were lot of cars in front of me. Out of a sudden a vehicle (Male Caucasian, Red, Mini Cooper) from behind hit onto my car and my car moved forward. I saw the vehicle that was behind me, which drove forward and stopped beside me. I exited the car and I knocked onto his car's passenger window to get his attention. The driver turned and looked at me showed me a handsign that he was confused with the accident.

I turned behind and saw a SBS bus (SG:609A) who signalled to me that he saw the whole thing. The driver handed me a feedback form and informed to take a picture of the bus license plate. The driver told me that if I needed the cctv footage, I could call the SBS hotline to release it. Once the traffic light turned green, he drove off. We drove to the nearest police station which was Towner NPP and found out it was an e-kiosk. We immediately called 999 for police assistance and Traffic Police was dispatched to Towner NPP where my statement was taken by the officer. After that we proceeded to Tan Tock Seng Hospital to



Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999



Report No. T/20220808/2008

CONTINUATION OF REPORT

have a medical check-up.

I had neck, shoulder, elbow, and back soreness. My fiance had head and neck soreness. The damages to the vehicle were scratches at the back bumper and the back bumper came off. I received MC for 7 days from 08/08/22 to 14/08/22 while my fiance received MC for 5 days from 07/08/22 to 11/08/22.

