

# 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 .....	07/09/2022 18:01 (SGT)
Reported by .....	Driver
Date of Accident .....	06/09/2022 09:20 (SGT)
Exact Location of Accident .....	Church St, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC6543E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SB HOLIDAYZ PTE. LTD.
Company Reg No .....	2XXXXX951C
Email Address .....	sekaran1771@gmail.com
Mobile Phone No .....	(Phone) +65-81517094
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	Great American Insurance Company
Policy Number / Cover Note Number .....	MOMVC000009101-00-000

### DRIVER

Name of Driver .....	CHANDRASEKARAN S/O ARUMUGAM
NRIC No .....	SXXXX133G
Date Of Birth .....	28/12/1976
Occupation .....	Outdoor

Date Of Driving Pass .....	06/12/2010
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86574827
Alt. Phone Number .....	-
Email Address .....	sekaran1771@gmail.com
Address .....	BLK 386 YISHUN RING RD
Address complement .....	#02-1721
Postcode .....	760386
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	LEASING
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 .....	Side Swipe
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	7
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 .....	PASSENGER
Gender .....	Male

PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

PASSENGER 3

Name .....	PASSENGER
Gender .....	Male

PASSENGER 4

Name .....	PASSENGER
Gender .....	Female

PASSENGER 5

Name .....	PASSENGER
Gender .....	Female

PASSENGER 6

Name .....	PASSENGER
Gender .....	Female

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

PLS REFER TO THE POLICE REPORT:T/20220906/2024

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 .....	SKR9339P
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) .....	-

- 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 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.

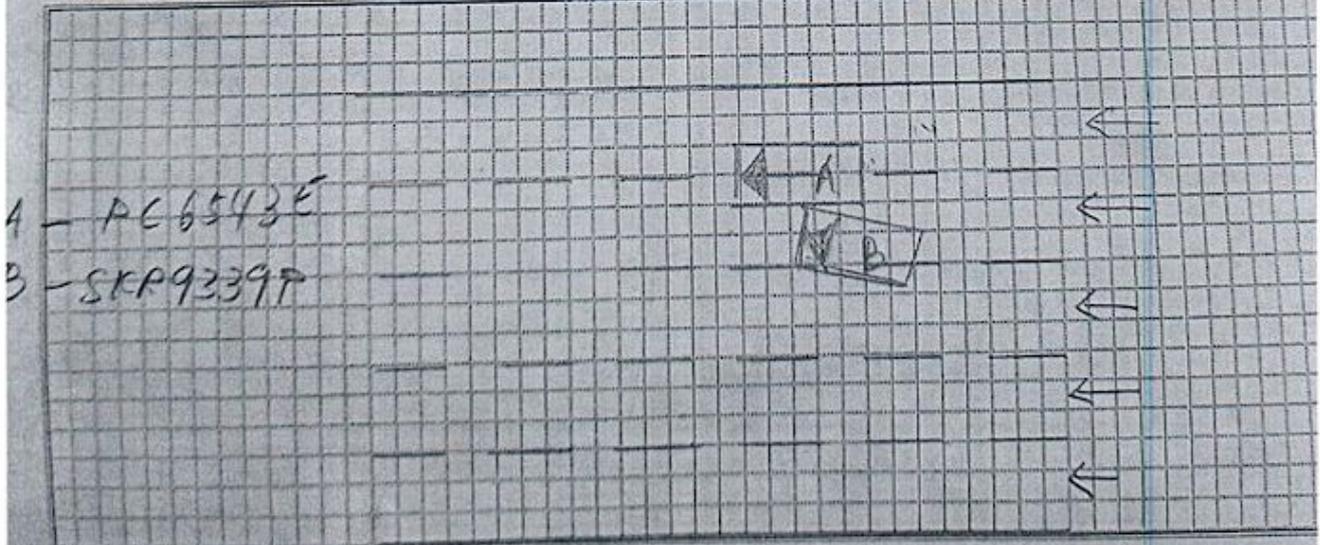
*\*Aritha Karand*  
 POLICYHOLDER'S SIGNATURE  
 7/9/2022

*[Signature]*  
 ACTUAL DRIVER'S SIGNATURE (IF DRIVER IS NOT THE POLICYHOLDER) / DATE & TIME  
 6/9/22

*[Signature]*  
 WITNESSED BY REPORTING CENTRE PERSONNEL  
 (Name as in NRIC/ID card)  
 shym 07/09/22

Sketch Plan

CHURCH STREET



7/9/2022

Describe Circumstance of the Accident

P/s refer to the police report: 7/20220906/2024

Declaration

We declare the foregoing particulars are true in every respect.

\* *Amita Kerkh*  
Policyholder's Signature / Date & Time

*7/9/2022*



*[Signature]* 6/9/22  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 07/09/22  
Witnessed by Reporting Centre Person (Name as in NRIC/ID card)

Jun2022



**SINGAPORE  
POLICE FORCE**



T/20220906/2024

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Report No. T/20220906/2024

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

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHANDRASEKARAN S/O ARUMUGAM	ID No.	S7643133G
Related Vehicle	PC6543E (Bus/Coach/Minibus)	Contact No.	86574827
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above date time and location, I was working and had 6 passenger in my van, PC6543E, I made a right turn on China St onto Church St and after the turn, I was driving straight when I felt an impact on my vehicle left side and realised a Grab vehicle, SKR9339P, had hit my vehicle. I went down to confront the driver and wanting to exchange particulars. However, he just drove off after shouting vulgarities and pointing middle finger at me. I did not get any of his particulars, only his vehicle plate number. No TP and Ambulance at scene. No damage to government property and no injury to myself and my passengers. My van suffered some dents and scratches on the left side.





















**SINGAPORE  
POLICE FORCE**



T/20220906/2024

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T/20220906/2024

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Report No. T/20220906/2024

**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 /  
SGT 2 LEONG LE YI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/09/2022 10:38

Officer In Charge Of Case:  
TP / HRT /  
SR STAFF SGT IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Classification Of Case:

NP168