

# 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 .....	21/09/2022 16:02 (SGT)
Reported by .....	Both
Date of Accident .....	20/09/2022 16:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJB8560T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SIVAKUMAR S/O ASOKAN
NRIC No .....	S8740791H
Email Address .....	MOBILETITAN@OUTLOOK.COM
Mobile Phone No .....	(Phone) +65-83825889
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Camry
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2490

### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MPC21P00213200

### DRIVER

Name of Driver .....	SIVAKUMAR S/O ASOKAN
NRIC No .....	S8740791H
Date Of Birth .....	23/11/1987
Occupation .....	Indoor

Date Of Driving Pass .....	23/05/2017
Driving experience .....	5 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83825889
Alt. Phone Number .....	-
Email Address .....	MOBILETITAN@OUTLOOK.COM
Address .....	BLK 43 SIMS DRIVE #06-201
Address complement .....	-
Postcode .....	380043
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 .....	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 .....	5
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	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

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH TRAFFICE POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PA7172X
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	SNB3577G
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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 4

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	UNKNOWN
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# SKETCH PLAN

## **IMPORTANT NOTICE**

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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.

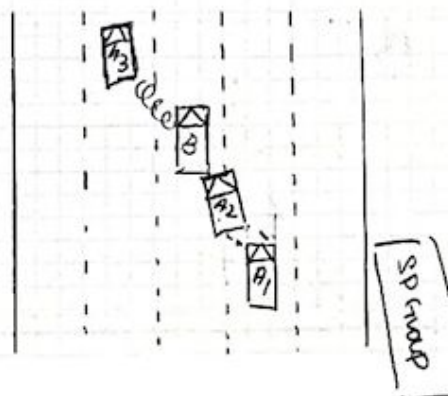
\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

## **Sketch Plan**

PIE.



A - SJ88560T

B - PA 7172X

(Taxi) C - UNKNOWN

(MC) D - UNKNOWN

E - SNB 3577G

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

(T/20220921/702/.)

(T/20220921/7021.)

We declare the foregoing particulars are true in every respect.

Defendant's Signature

Driver's Signature (If driver)

Witnessed by Reporting













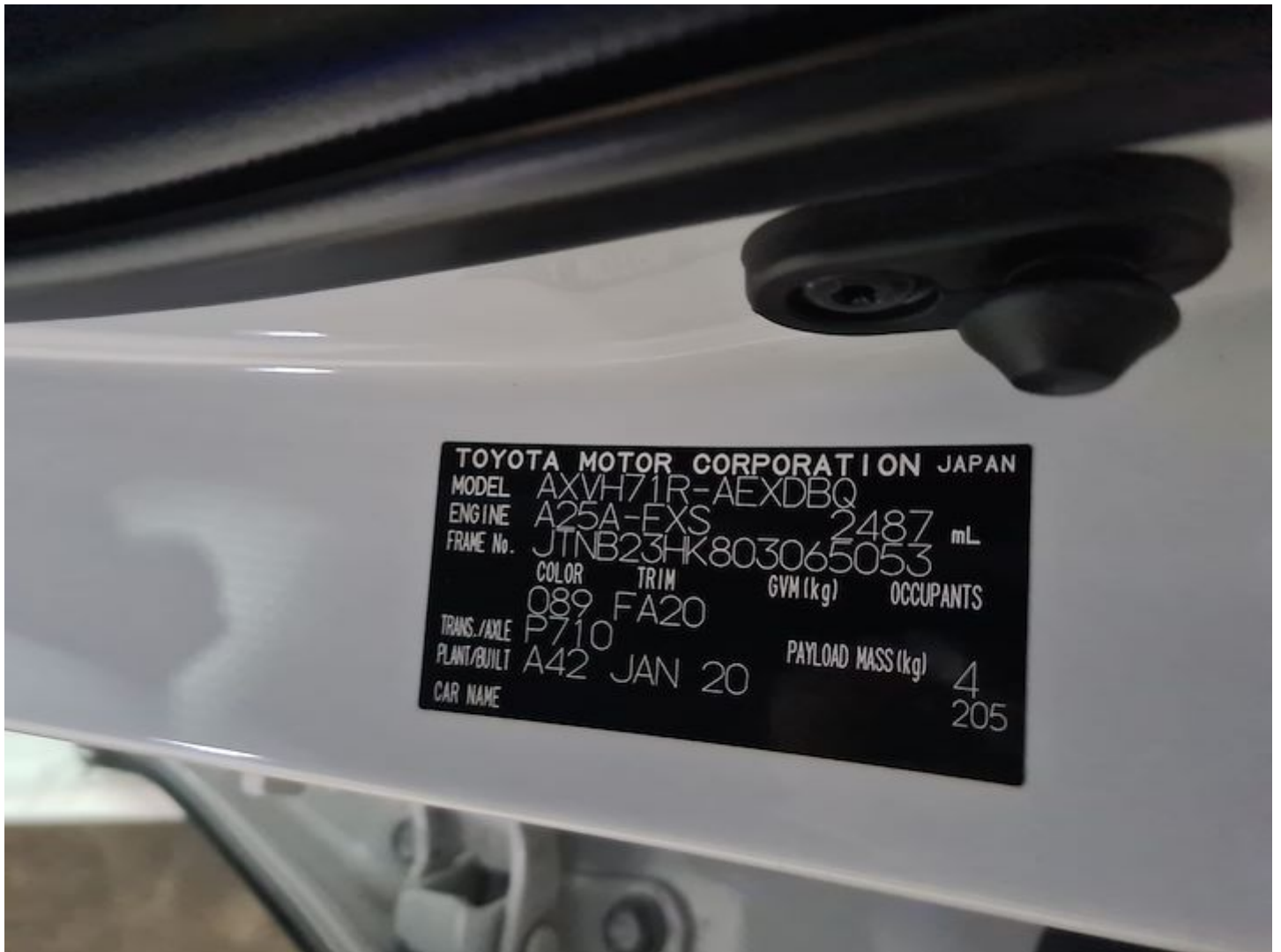




















**SINGAPORE  
POLICE FORCE**



T/20220921/7021

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

1 of 4

Report No. T/20220921/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/09/2022 13:40		Vide Report No.: G/20220920/0125		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SIVAKUMAR S/O ASOKAN			Address: 43 SIMS DRIVE #06-201 SINGAPORE 380043		
ID Type / ID No.: NRIC NO / S8740791H			Contact No.: Home/Office: Mobile: 83825889		
Nationality: SINGAPORE CITIZEN			Email: MOBILETITAN@OUTLOOK.COM		
Sex: Male	Age: 34	Date of Birth: 23/11/1987	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2022 16:00	Type of Location: EXPRESSWAY
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PA7172X	Bus/Coach/Mi nibus (School Children)					0
SJB8560T	Car	TOYOTA	CAMRY HYBRID 2.5 ASCENT SPORT CVT	White		1



**SINGAPORE  
POLICE FORCE**



T/20220921/7021

2 of 4

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

Report No. T/20220921/7021

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNB3577G	Car					0
	TAXI					0
	Motorcycle					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJB8560T	ECICS LIMITED	MPC21P00213200	12/10/2021	11/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIVAKUMAR S/O ASOKAN	ID No.	S8740791H
Related Vehicle	SJB8560T (Car)	Contact No.	83825889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
MOTORCYCLIST			
Name	Unknown MOTORCYCLIST	ID No.	NIL
Related Vehicle	(Motorcycle)	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	NIL	Degree of	Slight





**SINGAPORE  
POLICE FORCE**



T/20220921/7021

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

3 of 4

Report No. T/20220921/7021

**CONTINUATION OF REPORT**Brief Details.

On the stated time and date , i was driving my vehicle A bearing SJB8560T on PIE. As i was changing lane from lane two to lane three, suddenly vehicle B bearing PA7172X slowed down. I tried to slow down but could not stop in time thus my vehicle collided on to the rear of the Vehicle B. As the impact hit the rear of vehicle B, i only recalled that my vehicle lost control and Vehicle B did spin and i received a 2nd impact and ended up at lane four. After my vehicle stopped at lane four the ATEOS asked me to shift my vehicle to the road shoulder and thereafter i then realized that there were other vehicle damaged as well. Which include the following vehicle SNB3577G (BMW), TAXI (unknown car plate) and a Motorcycle (unknown car plate).



**SINGAPORE  
POLICE FORCE**



T/20220921/7021

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

4 of 4

Report No. T/20220921/7021

**CONTINUATION OF REPORT**

Sketch 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 /  
ROIZMAN BIN MOHAMED POSARI  
Contact No.: 65476131

NP168

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

Date/Time:  
21/09/2022 13:40

Classification Of Case:



# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: G/20220920/0175

I, SSGT 7110103 IPAIMI  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)  
of TRAFFIC POLICE  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 01x 100AD 32GB

2

3

4

5

6

7

8

9

10

from SVAKUMAR S/O ASOKAN  
(Name, NRIC or Passport No. / Rank and No.)

of SS7407911  
(Address / Police Station / NPC / NPP)

on 20/9/22 at 1715405  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

(Signature)

SS7407911

(Name, NRIC or Passport No. / Rank and No.)

(Signature)

SSGT 7110103 IPAIMI

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: I.O: R012MAN - 0547 6131  
\* LOOSE TRAFFIC ACCIDENT REPORT.




### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)  
 Road Transport (Amendment) Act, 2019 (Malaysia)

### AUTHORISED WORKSHOPS

MZ300  
 COMPREHENSIVE  
 ORIGINAL

<b>CERTIFICATE NO:</b> MPC21P00213200	<b>Chassis No.</b> JTNB23HK803065053
<b>AGENCY NAME:</b> BCVRD Private Limited	<b>Engine No.</b> A25A5361299
<b>AGENCY CODE:</b> A0000183	
<b>1.Index Mark and Registration Number of Vehicle:</b> SJB8560T	
<b>2.Name of Policyholder:</b> SIVAKUMAR S/O ASOKAN	
<b>3.Period of Insurance (both dates inclusive):</b> 12-10-2021 to 11-10-2022	
<b>4.Persons or Classes of Persons entitled to drive</b>	
a) The Policyholder and all Named Drivers declared under the policy b) Any other person who is driving on the Policyholder's order or with his permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
<b>5.Limitations as to use</b>	
Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.	
<b>6. EXCESS APPLICABLE</b>	
WINDSCREEN	SGD 100.00
SECTION I - INSURED/NAMED DRIVER	SGD 750.00
ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:	
SECTION I - UNNAMED DRIVERS	SGD 500.00
SECTION I - AGE<25, AGE>65 OR DRIVING EXP<2 YEARS OLD	SGD 3,000.00
<b>7. Hire Purchase:</b> TECK WEI CREDIT PTE LTD	
Signed for and on behalf of ECICS Limited	
 _____ AUTHORISED SIGNATORY	

#### Important Notice:

- Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

A0000183 / admin@bcvrd.com / MPC21P00213200 / 06-10-2021 9:53:42 AM