

## 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 Authorised 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 .....	20/06/2022 13:30 (SGT)
Date of Accident .....	18/06/2022 15:45 (SGT)
Exact Location of Accident .....	Near 1004 Toa Payoh Industrial Park, Singapore 319076
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNC4609L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SAKE KALPANA RAMAAKANTH

#### VEHICLE PARTICULARS

Manufacturer .....	Byd
Model .....	E6h
Variant .....	-
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	0

#### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SD21V15520/VPC/R00
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	SAKE KALPANA RAMAAKANTH
NRIC No .....	S6984832Z
Address .....	16 GOLDEN WALK
Address complement .....	-
Postcode .....	554682
Does Driver Own Other Vehicles? .....	No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Chain Collision  
Weather Conditions ..... Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... No  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 2

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT : T/20220618/7023

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... No  
Was there any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMB1312D  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Bus  
Name of Driver ..... -  
Insurance Company Name ..... -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SLH8740K  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... Prius  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private hire  
Name of Driver ..... -  
Insurance Company Name ..... -

SKETCH PLANIMPORTANT NOTICE

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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 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.
- (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 all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

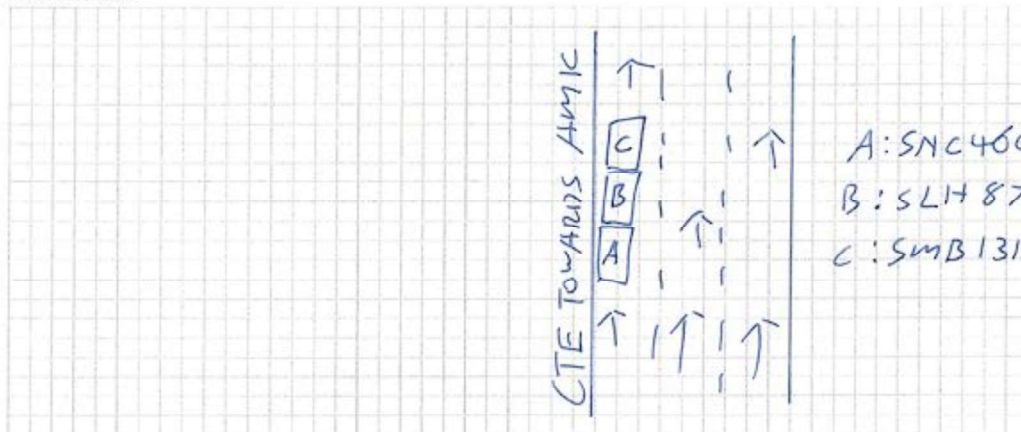


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

INSURANCE SUBMITTAL FORM

8

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/6/22 at about 345pm, I was travelling in  
 VEH 'A' along CTE towards AMK AVE I.  
 VEH 'C' had slowed down, VEH 'B' told me he  
 had hit onto VEH 'C'. I could not react in time  
 and hit onto VEH 'B'  
 no one was Injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



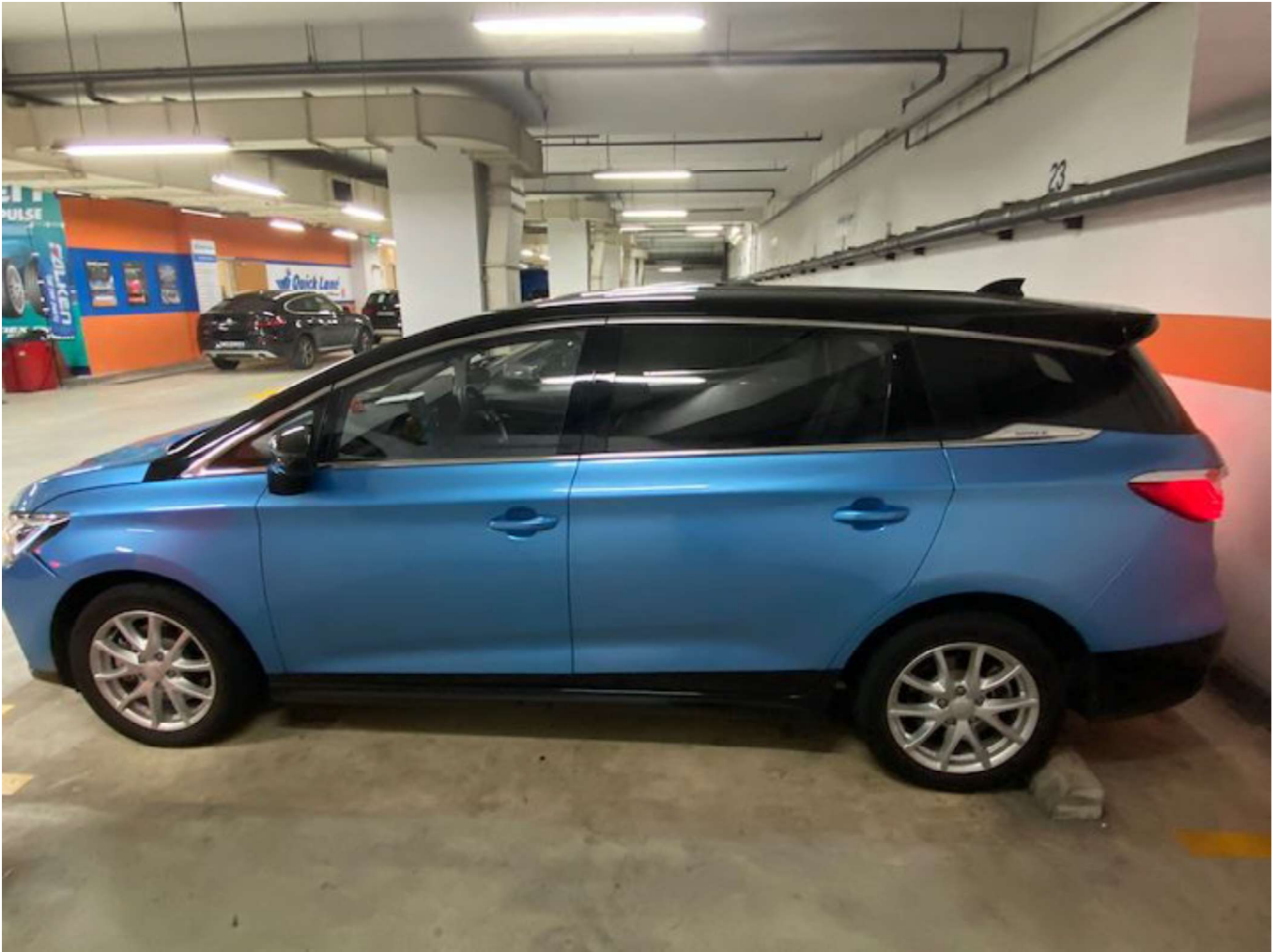
Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:













































**SINGAPORE  
POLICE FORCE**



T/20220618/7023

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

1 of 3  
Report No. T/20220618/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/06/2022 17:44	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SAKE KALPANA RAMAAKANTH	Address: 16 GOLDEN WALK SINGAPORE 554682		
ID Type / ID No.: NRIC NO / S6984832Z	Contact No.:	Mobile: 91394891	
Nationality: SINGAPORE CITIZEN	Email:	skalpana2001@yahoo.com	
Sex: Female	Age: 53	Date of Birth: 02/03/1969	Type of Informant: Driver
Race: Indian	Language: English	Institution / School Name:	
Occupation: Corporate Real Estate - Business Operations Manager	Driving Licence Information: Class:	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 18/06/2022 15:45	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLH8740K	Car	TOYOTA	Prius	Silver	Slightly Damaged	2
SMB1312D	Bus/Coach/Mi nibus					0
SNC4609L	Car					0



**SINGAPORE  
POLICE FORCE**



T/20220618/7023

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

2 of 3  
Report No. T/20220618/7023

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SAKE KALPANA RAMAAKANTH	ID No.	S6984832Z
Related Vehicle	SNC4609L (Car)	Contact No.	91394891
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

Brief Details.

I was exiting from CTE towards Ang Mo Kio Avenue 1 at slow speed and knocked the car in front of me which in turn knocked the off Service SMRT bus in front. Since it was at a slow speed, there was no major damage to the vehicles or any impact to the occupants. Therefore all parties agreed there was no need to call the Police. I am filing this report as a off service bus was involved as a precaution.



**SINGAPORE  
POLICE FORCE**

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



T/20220618/7023

3 of 3

Report No. T/20220618/7023

**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 / TP/B /  
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:  
18/06/2022 17:44

Classification Of Case: