

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	03/09/2022 11:55 (SGT)
Reported by	Driver
Date of Accident	02/09/2022 08:15 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ3858P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KONIDALA PERUMAL MUNIRATHNAM
NRIC No	S2740072H
Email Address	DIVYAN.KONIDALA@GMAIL.COM
Mobile Phone No	(Phone) +65-81573040
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
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	1400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5078425318-06

DRIVER

Name of Driver	KONIDALA DIVYAN MUNIRATHNAM
Passport No/FIN	G5706666R
Date Of Birth	30/05/1978
Occupation	Indoor



Date Of Driving Pass	31/01/2012
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81573040
Alt. Phone Number	-
Email Address	DIVYAN.KONIDALA@GMAIL.COM
Address	BLK 257 #03-32
Address complement	SERANGOON CENTRAL DRIVE
Postcode	550257
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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)	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: T/20220903/7008

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	EMAIL VIDEO TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8122D
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PHUI KUEH CHIN
NRIC No	S7762058C
Contact Number	(Phone) +65-83836208
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	KONIDALA DIVYAN MUNIRATHNAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKJ3858P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

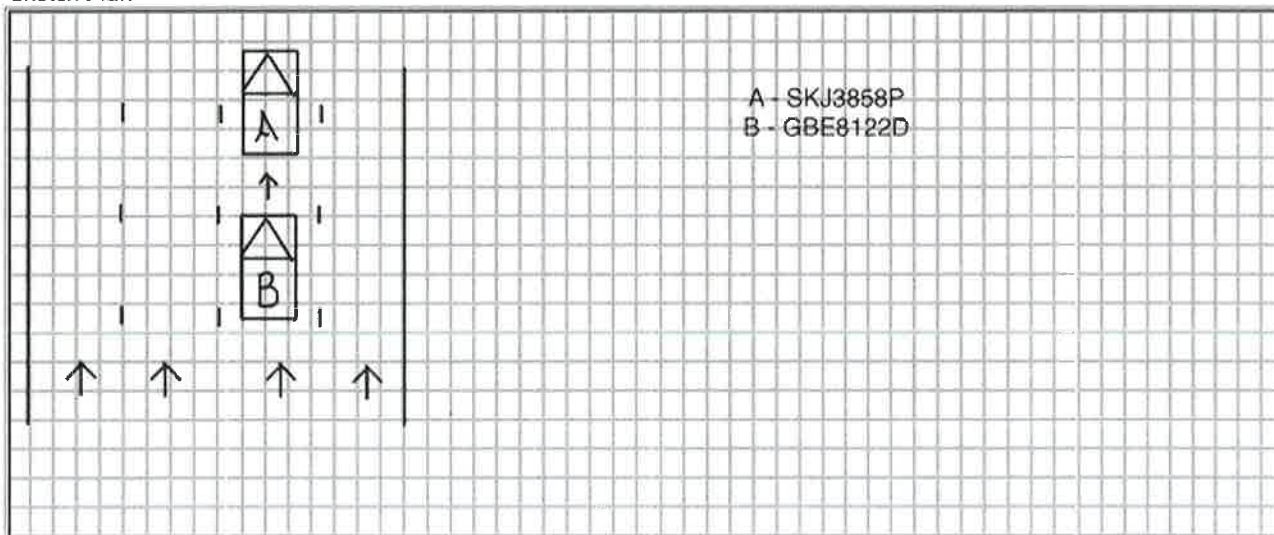
Policyholder's Signature / Date & Time

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

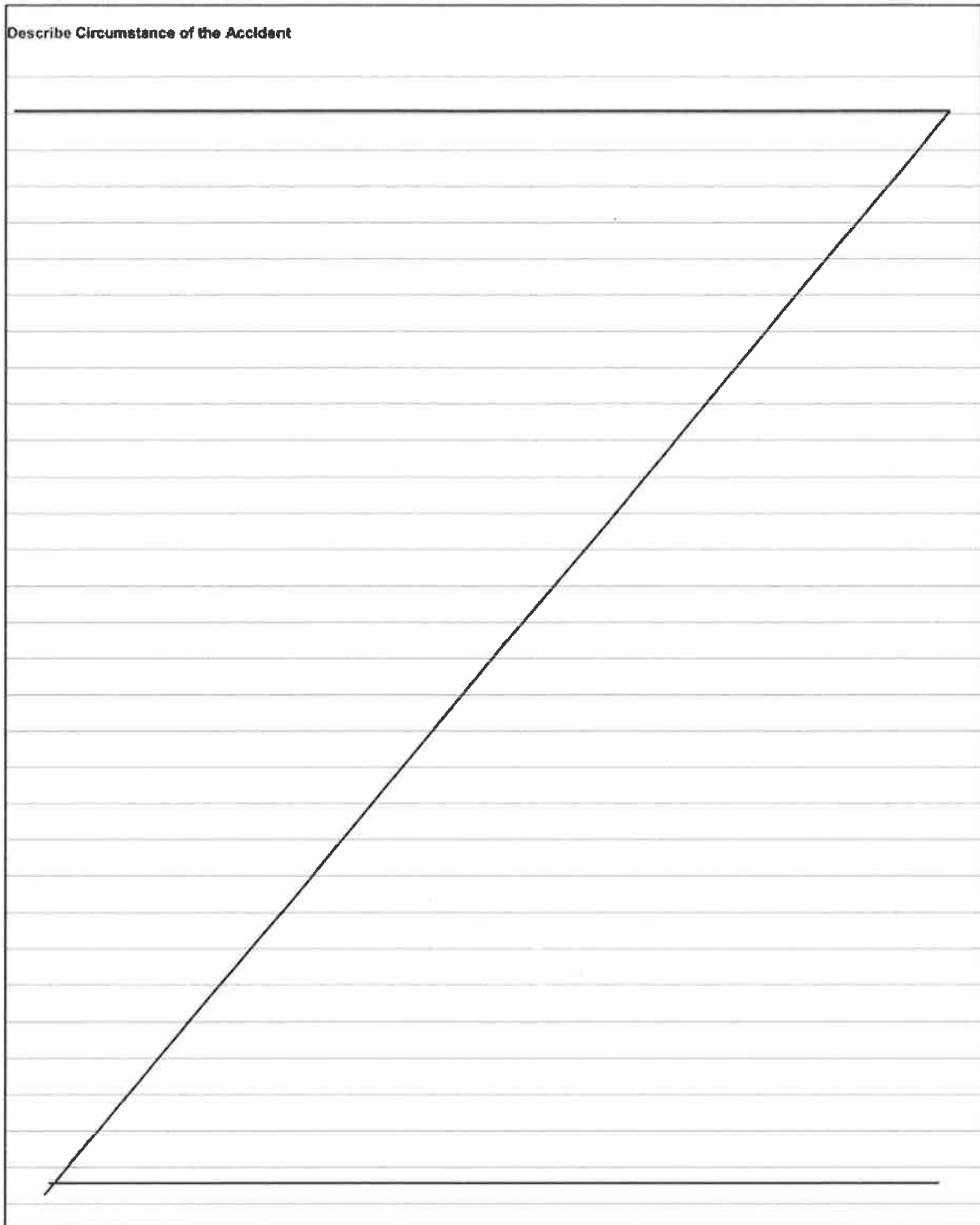
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

03092022 & 1330HRS

Mohammad Ikhsan Bin Abdul Aziz

Sketch Plan

Describe Circumstance of the Accident



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

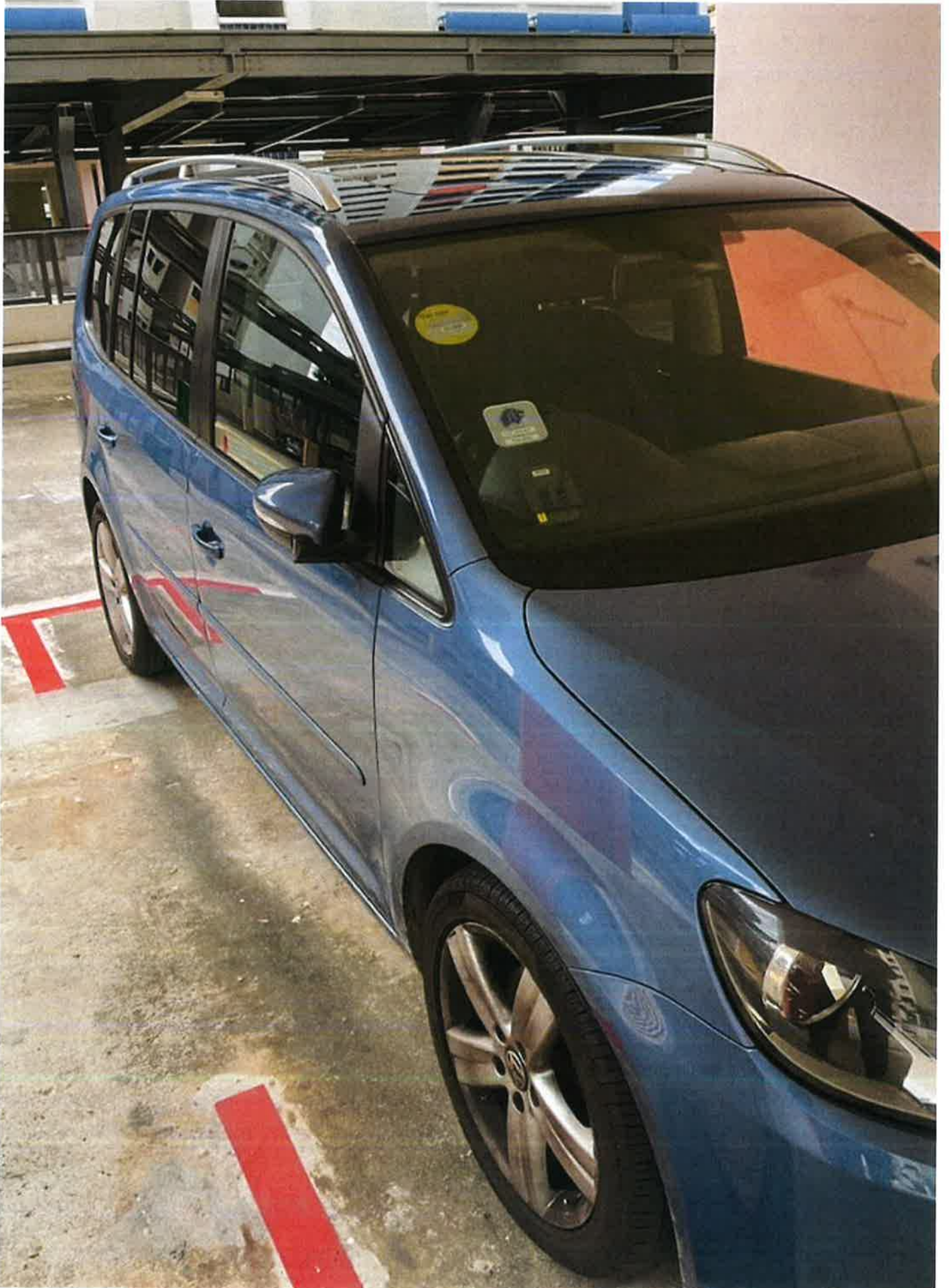
03/09/2022 & 1330HRS

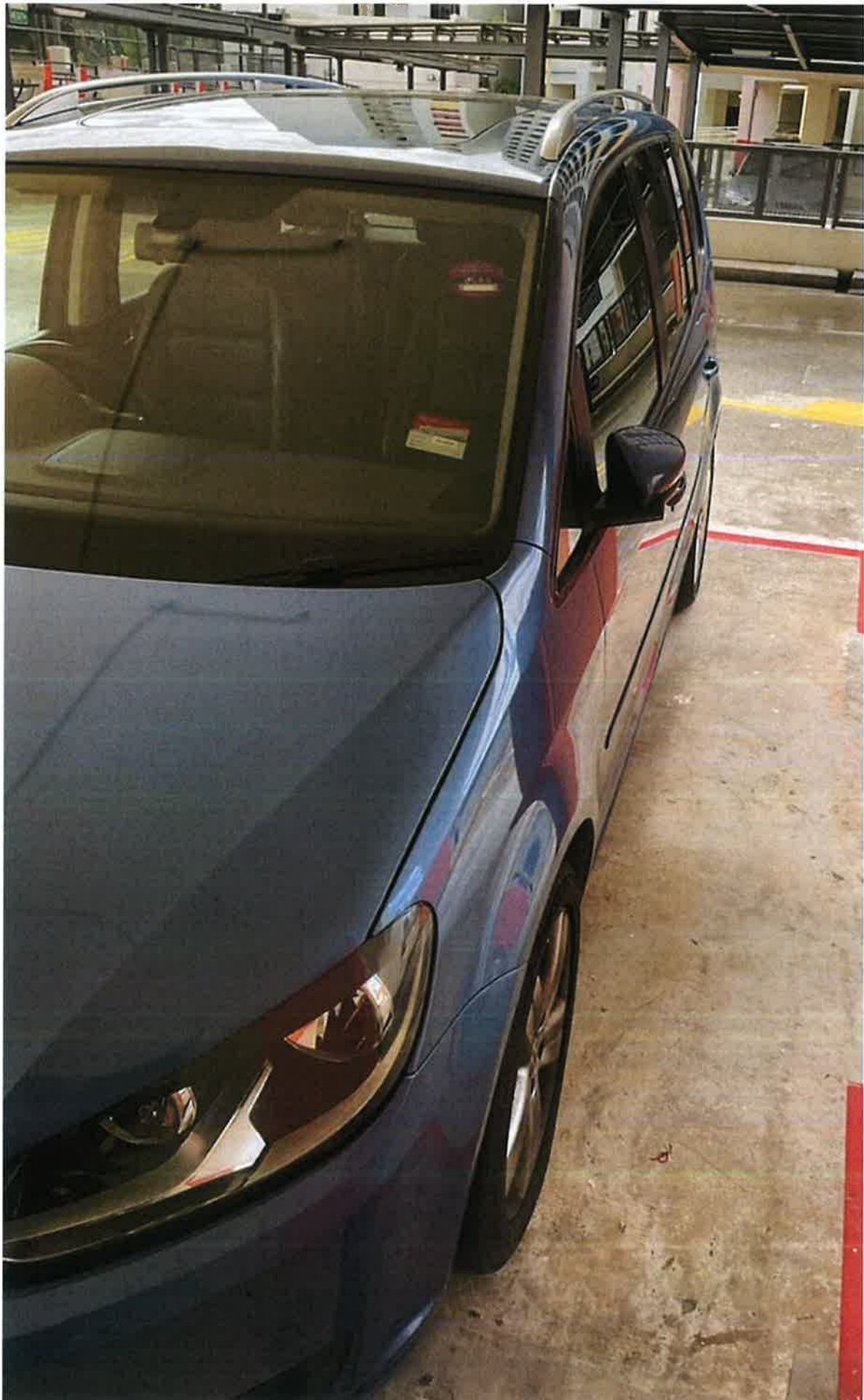


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)














		SINGAPORE POLICE FORCE			
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000				T:20220903/7008 4 of 4 Report No: T:20220903/7008	
CONTINUATION OF REPORT					
<u>Sketch Plan</u> Informant is not able to provide sketch					
Signature Of Officer Recording The Report: Not applicable			Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable			Date/Time: 03/09/2022 07:24		
Officer In Charge Of Case: TP / TP1B / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204			Classification Of Case:		
NP158					

 **SINGAPORE
POLICE FORCE**

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


T/202200037008

3 of 4
Report No: T/202200037008

CONTINUATION OF REPORT

3/



**SINGAPORE
POLICE FORCE**



1/20220903/7008

1 of 4

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

Report No: 1/20220903/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2022 07:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KONIDALA DIVYAN MUNIRATHNAM			Address: 257 SERANGOON CENTRAL DRIVE #03-32 SINGAPORE 550257		
ID Type / ID No.: FIN NO / G5706666R			Contact No.: Home/Office:		Mobile: 81573040
Nationality: INDIAN			Email: divyan.konidala@gmail.com		
Sex: Male	Age: 44	Date of Birth: 30/05/1978	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Lecturer			Driving Licence Information: Class: 3		Date of Expiry: 10/11/2022

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/09/2022 08:15	Type of Location: Traffic Signal at Opp Macritchie Reservoir bus stop
Location: THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Stationary car at red traffic signal read-ended by a moving car				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Conditio	No of
G8E8122D	Light Goods vehicle	HYUNDAI		Grey	Slightly Damaged	1

1/4





**SINGAPORE
POLICE FORCE**



1/20220903/7008

2 of 4

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

Report No: T20220903/7008

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SKJ3858P	Car	VOLKSWAGO	TOURAN	Blue	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ3858P	NTUC Income Insurance Co-Operative Limited	507842531806	27/03/2022	26/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PHUI KUEH CHIN	ID No.	S7762058C
Related Vehicle	GBE8122D (Light Goods vehicle)	Contact No.	63636208
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	KONIDALA DIVYAN MUNIRATHNAM	ID No.	G5706666R
Related Vehicle	SKJ3858P (Car)	Contact No.	61573040
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 10/11/2022
Date	02/09/2022	Date	02/09/2022
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

I (SKJ3858P) was waiting for the red traffic signal to turn green at the "Opp Macritchie Reservoir" bus stop towards Lorrie Highway. I was stationary, just when the traffic signal turned green, a van/Light Goods Vehicles (GBE8122D) rear-ended my car. I have the front dashcam recording which I am willing to submit if needed. My car was pushed forward due to impact. I immediately felt a strong, big jolt and felt immediate pressure and pain in my neck and lower back. There were noticeable damages to the front bumper and number plate of the van that rear-ended my car. My own car's back bumper took the impact but did not have any major damages, instead strong impact was transferred to me driving the car.

2/4

