

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 11/10/2022 09:28 (SGT)
Reported by Both
Date of Accident 10/10/2022 18:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG AYE (CITY)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP9465T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUNDARAM THIAGARAJAN SURESH
NRIC No S2657001H
Email Address sureshst_31@yahoo.com
Mobile Phone No (Phone) +65-91732215
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5112564838-02

DRIVER

Name of Driver SUNDARAM THIAGARAJAN SURESH
NRIC No S2657001H
Date Of Birth 29/07/1958
Occupation Indoor

Date Of Driving Pass	17/11/1993
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91732215
Alt. Phone Number	-
Email Address	suresht_31@yahoo.com
Address	20 #08-04 SIMEI STREET 1
Address complement	-
Postcode	529944
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	3
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)	4
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	GRAB PAX1
Gender	Female

PASSENGER 2

Name	GRAB PAX2
Gender	Female

PASSENGER 3

Name	GRAB PAX3
Gender	Female

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/20221010/7073

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 SNE4283G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver VEERAN MADURAIMUTHU
 Passport No/FIN G8623122R
 Contact Number (Phone) +65-84573277
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

PASSENGER 1

Name UNKNOWN
 Gender Male

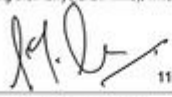
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJL9262U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver KWEK AH LAM
 - S1107223B
 Contact Number (Phone) +65-96418872
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

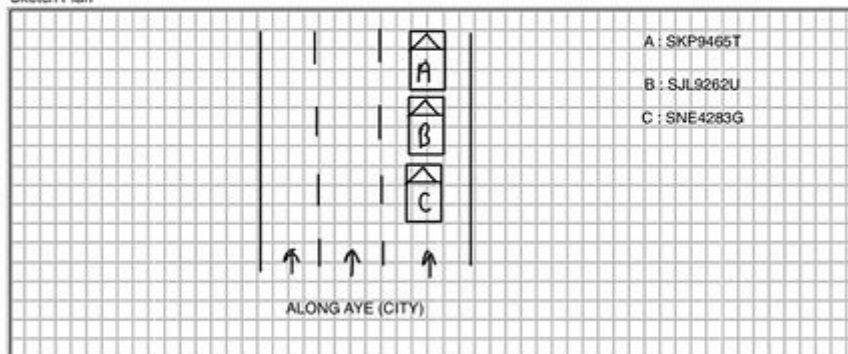
SKETCH PLAN

IMPORTANT NOTICE

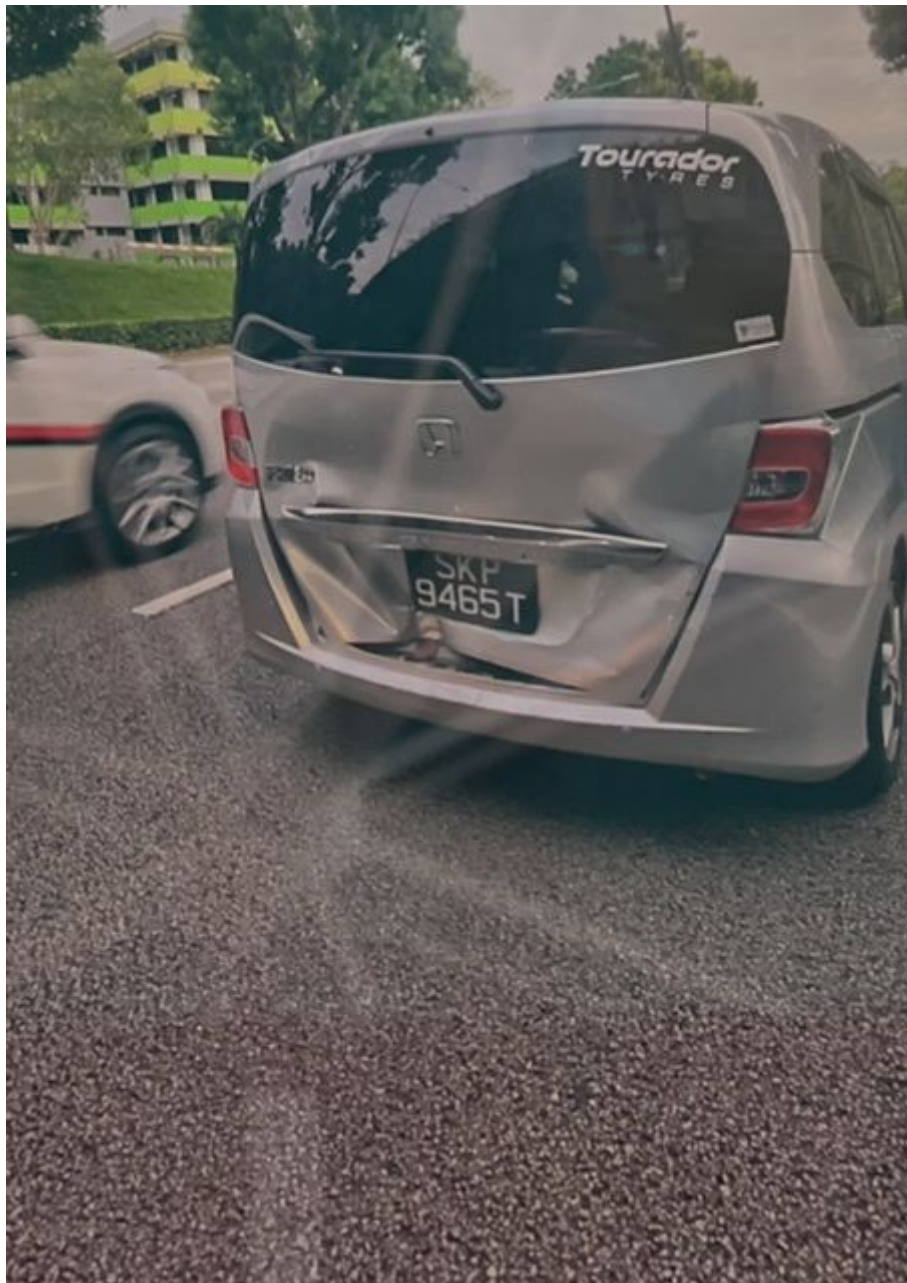
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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 11102022 09:30	 Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) INDIRA RIZZA SYAH BIN AZIZ 994949
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Sketch Plan









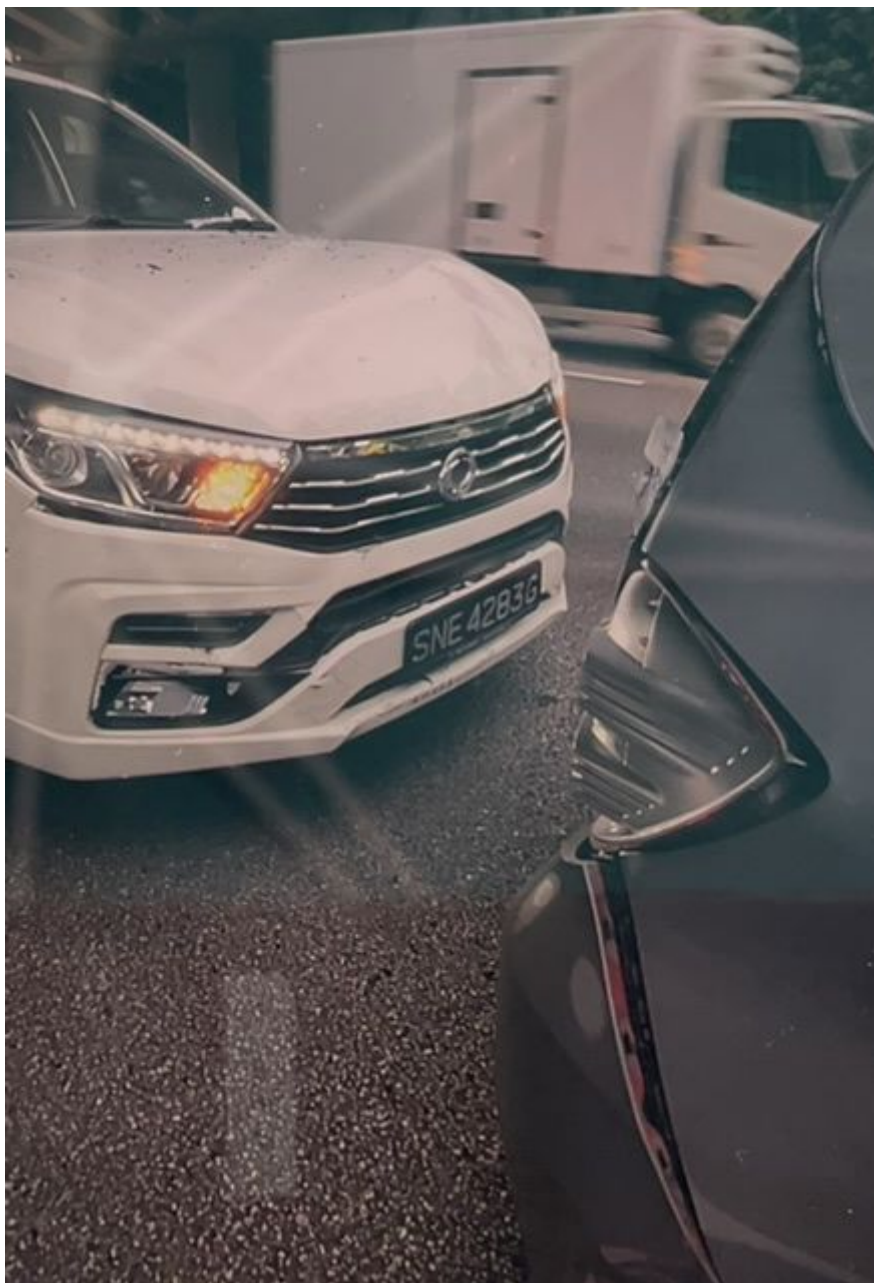






























 SINGAPORE POLICE FORCE	 T/20221010/7073
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000	4 of 4 Report No. T/20221010/7073
CONTINUATION OF REPORT	
<u>Sketch Plan</u> Informant is not able to provide sketch	
Signature Of Officer Recording The Report: Not applicable	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: 10/10/2022 20:20
Officer In Charge Of Case: TP / TP1B / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
This report is lodged at Changi NPC Kiosk 1 NP168	



**SINGAPORE
POLICE FORCE**


T/20221010/7073

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

3 of 4
Report No. T/20221010/7073

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SKP9465T (Car)	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	NIL
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SNE4283G (Car)	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	NIL

Brief Details.
I was ferrying grab passengers to Terminal 1 from IMM. Traffic was heavy but moving. The car in front of me stopped as I had adequate distance I managed to stop. The car behind me also stopped. But shortly after that say less than a minute, another car on the same lane hit the car which was behind me and it (the middle car) bumped into my rear with damages. Pictures attached. No injury to passengers in my car nor the driver's of the two cars behind me.



**SINGAPORE
POLICE FORCE**



T202210107073

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No: T202210107073

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SNE4283G	Car	SANGYANG		White	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKP9465T	NTUC INCOME	5112564838-03	23/10/2021	23/10/2023

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SJL9262U (Car)	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	NIL
Driver			
Name	SUNDARAM THIAGARAJAN SURESH	ID No.	S2657001H
Related Vehicle	SKP9465T (Car)	Contact No.	91732215
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

SINGAPORE POLICE FORCE		T/202210107073		1 of 4		
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408665 Tel No: 65470000						
Report No. T/202210107073						
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 10/10/2022 20:20		Vide Report No.:		Station Diary No.:		
Informant's Particulars						
Name of Informant: SUNDARAM THIAGARAJAN SURESH		Address: 20 SIMEI STREET 1 #08-04 SINGAPORE 529944				
ID Type / ID No.: NRIC NO / S2657001H		Contact No.: Home/Office:		Mobile: 91732215		
Nationality: SINGAPORE CITIZEN		Email: suresht_31@yahoo.com				
Sex: Male	Age: 64	Date of Birth: 29/07/1958	Type of Informant: Driver			
Race: Indian		Language: English		Institution / School Name:		
Occupation:		Driving Licence Information: Class: 3A		Date of Expiry:		
General Information of the Accident						
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2022 18:35	Type of Location: Straight Road		
Location: Ayer Rajah Expressway						
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 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
SJL9262U	Car	HONDA	FIT	Grey	Seriously Damaged	1
SKP9465T	Car	HONDA	Freed	Silver	Seriously Damaged	3

