

# 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 ..... 17/10/2022 17:40 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/10/2022 21:00 (SGT)  
Exact Location of Accident ..... Pasir Ris Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLL3287P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... PARAG RATNAKAR SALKADE  
NRIC No ..... SXXXX402D  
Email Address ..... paragsalkade@mail.com  
Mobile Phone No ..... (Phone) +65-97273717  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180  
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 ..... 1595

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 2100500977-05

### DRIVER

Name of Driver ..... PARAG RATNAKAR SALKADE  
NRIC No ..... SXXXX402D  
Date Of Birth ..... 23/10/1970  
Occupation ..... Indoor

Date Of Driving Pass .....	28/06/2013
Driving experience .....	9 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97273717
Alt. Phone Number .....	-
Email Address .....	paragrsalkade@mail.com
Address .....	149 PASIR RIS GROVE #04-78
Address complement .....	-
Postcode .....	518139
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 .....	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

PLEASE REFER TO POLICE REPORT T/20221017/7041

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLG4136L
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 2

Vehicle Registration Number .....	SMX9307B
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	PARAG RATNAKAR SALKADE
Gender .....	Male
Phone No .....	(Phone) +65-97273717
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLL3287P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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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 (POPA)**  
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.

*P. Prabhakar*

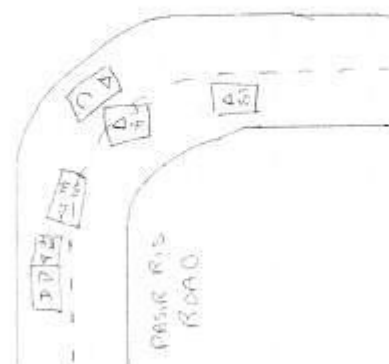
Policyholder's Signature / Date & Time

*P. Prabhakar*

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

*[Signature]* 17/10/2022  
Witnessed by Reporting Centre Personnel  
(Name as in Nric/ID card)

### Sketch Plan



A - SLL 3287P

B - SLG 436L

C - SMX 9307B

### Declaration

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



































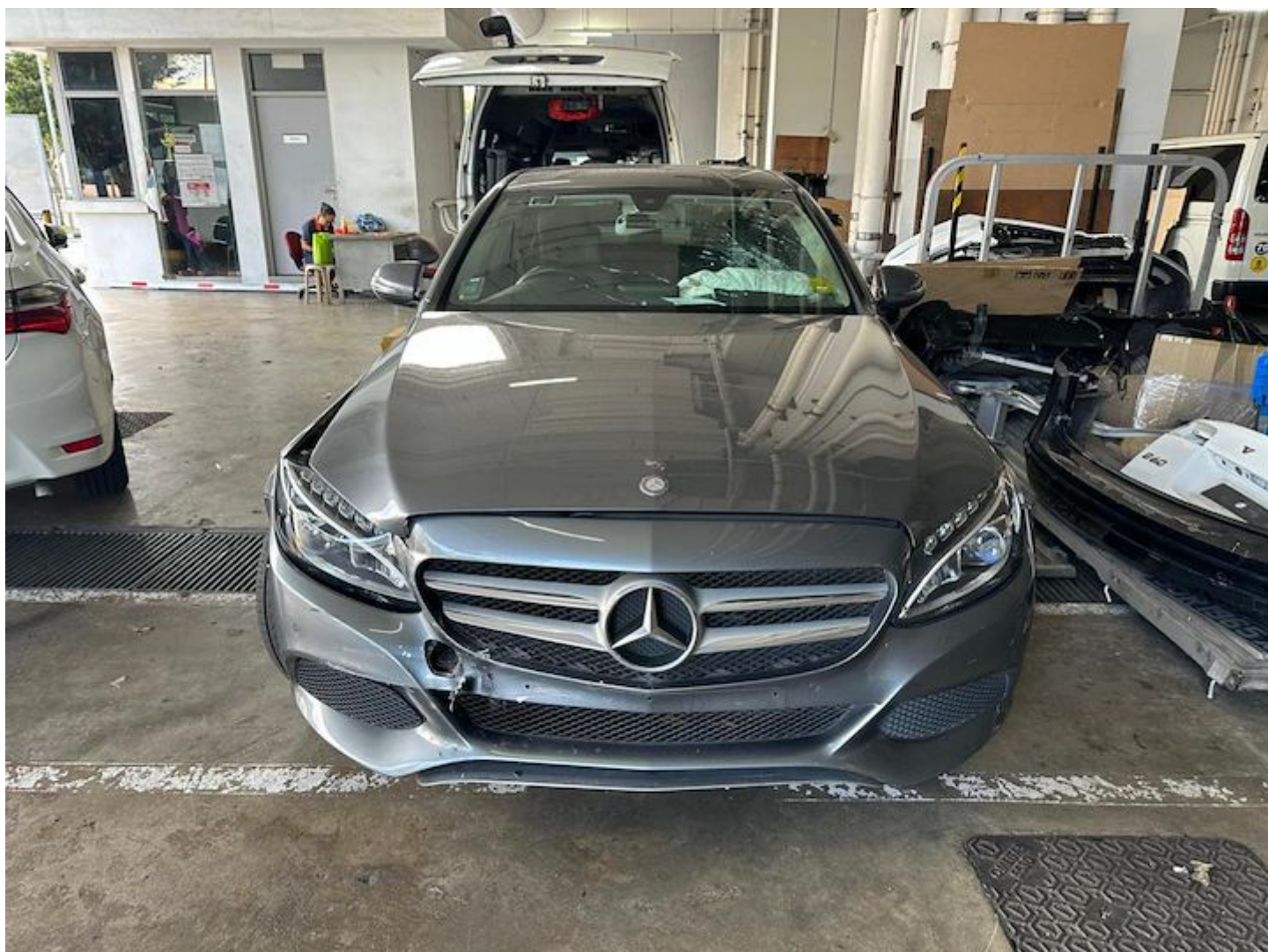
















**SINGAPORE  
POLICE FORCE**

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



T/20221017/7041

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Report No. T/20221017/7041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/10/2022 15:14	Vide Report No.: G/20221015/0232	Station Diary No.:
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**Informant's Particulars**

Name of Informant: PARAG RATNAKAR SALKADE	Address: 149 PASIR RIS GROVE #04-78 SINGAPORE 518139
ID Type / ID No.: NRIC NO / S7087402D	Contact No.: Home/Office: Mobile: 97273717
Nationality: SINGAPORE CITIZEN	Email: PARAGRSALKADE@GMAIL.COM
Sex: Male Age: 51 Date of Birth: 23/10/1970	Type of Informant: Driver
Race: Indian	Language: English Institution / School Name:
Occupation: Doctor	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: 15/10/2022 21:00	Type of Location: Bend
Location:  PASIR RIS ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG4136L	Car					0
SLL3287P	Car	MERCEDES BENZ	C180 AVANTGARDE (R17 LED)	Grey		0
SMX9307B	Car					0



**SINGAPORE  
POLICE FORCE**

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



T/20221017/7041

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Report No. T/20221017/7041

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL3287P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100500977-05	22/02/2022	21/02/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PARAG RATNAKAR SALKADE		ID No. S7087402D
Related Vehicle	SLL3287P (Car)		Contact No. 97273717
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	15/10/2022	Date	16/10/2022
No. of Days granted Medical Leave	02	Degree of	Slight

**Brief Details.**

On 15/10/2022, at around 2100hrs i was travelling along Pasir Ris Road before the junction of Elias Road, i saw an accident between 2 cars happened in front of my vehicle SLL3287P, I applied brake and came to a complete stop but unfortunately vehicle bearing plate number SLG4136L continued moving forward and collided onto my stationary vehicle, the whole incident was captured by my in car camera. that all

I am lodging this report again to add in another vehicle invoicing in the accident and some amendment on my previous report number:T/20221017/2037

**SINGAPORE  
POLICE FORCE**

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



T/20221017/7041

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Report No: T/20221017/7041

**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 / TPB /  
INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

NP100

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

Date/Time:  
17/10/2022 15:14

Classification Of Case: