

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	28/10/2022 11:57 (SGT)
Reported by	Driver
Date of Accident	27/10/2022 11:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE BALESTIER ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU4359A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WIN BIOZ REMEDIES PTE LTD
Company Reg No	2XXXXX034E
Email Address	raja@winbioz.com
Mobile Phone No	(Phone) +65-98352488
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00176872202

DRIVER

Name of Driver	SAMIAYYA ILAYARAJA
Passport No/FIN	GXXXX840U
Date Of Birth	13/06/1980
Occupation	Outdoor

Date Of Driving Pass	12/06/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98352488
Alt. Phone Number	-
Email Address	raja@winbioz.com
Address	28 FLOWER ROAD
Address complement	-
Postcode	549426
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	2
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	ILAYARAJA BHUVANA
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

PLEASE REFER TO POLICE REPORT T/20221027/7067

ATTACHMENT(S)

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	SLV6134A
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	SAMIAYYA ILAYARAJA
Gender	Male
Phone No	(Phone) +65-98352488
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMU4359A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ILAYARAJA BHUVANA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMU4359A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

WINBIOZ REMEDIES PTE LTD

Ac: 51934375000g

HP: 9835 2488

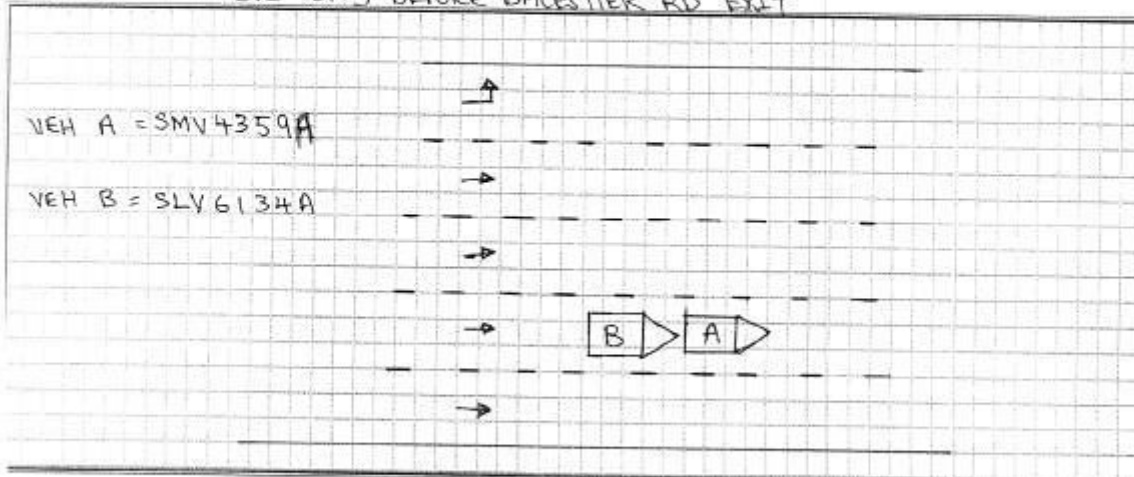
Policyholder's Signature / Date

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

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

Sketch Plan

CTE - CITY BEFORE BAILESTIER RD EXIT



Describe Circumstance of the Accident

Please refer to Police Report T/20221027/7067

Declaration

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

WINBIOZ REMEDIES PTE LTD

Ac: 519343750001

HP: 9835 2488

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)

Sarniayya Dayasija

28/10/2022












**SINGAPORE
POLICE FORCE**


T/20221027/7067

1 of 3

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

Report No. T/20221027/7067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2022 20:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SAMIAYYA ILAYARAJA			Address: 28 FLOWER ROAD SINGAPORE 549426		
ID Type / ID No.: FIN NO / G6256840U			Contact No.: Home/Office:		Mobile: 98352488
Nationality: INDIAN			Email: raja@winbioz.com		
Sex: Male	Age: 42	Date of Birth: 13/06/1980	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Director			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: 27/10/2022 11:10	Type of Location:
Location: MAY ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMU4359A	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**

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



T/20221027/7067

2 of 3

Report No. T/20221027/7067

CONTINUATION OF REPORT

Passenger			
Name	ILAYARAJA BHUVANA		ID No. G6074835M
Related Vehicle	SMU4359A (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	03	Degree of	Serious
Driver			
Name	SAMIAYYA ILAYARAJA		ID No. G6256840U
Related Vehicle	SMU4359A (Car)		Contact No. 98352488
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	01	Degree of	Serious

Brief Details.

On the stated date and time I was driving my wife ILAYARAJA BHUVANA on board vehicle SMU4359A. I was travelling straight along CTE towards City.
As I was approaching Balestier exit, the vehicle in front stopped and I follow suit.
Suddenly vehicle SLV6134A came from behind and hit onto my vehicle's rear portion.
The impact was great.
I quickly check on my wife and realised that she injured her right wrist and elbow while using it to prevent herself from hitting the gloves compartment.
She was lunged forward and her head bounced back and hit onto her headrest.
We were all belted.
After a while we all start to feel pain on our neck, shoulders and lower back areas.
TP came to the scene.
We later proceeded to Intemedical Kovan clinic to seek treatment.
Doctor wanted to give me 3 days MC but I requested for only 1 day.
My wife got 3 days MC.

**SINGAPORE
POLICE FORCE**

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



T/20221027/7067

3 of 3

Report No. T/20221027/7067

CONTINUATION OF REPORTSketch 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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

NP168

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

Date/Time:
27/10/2022 20:13

Classification Of Case: