

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	21/10/2022 12:34 (SGT)
Reported by	Driver
Date of Accident	20/10/2022 18:30 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	BEFORE EXIT 15 (ROCHOR RD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU57D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG BUDGET CAR LEASING PTE LTD
Company Reg No	2XXXXX186G
Email Address	ABSOLUTEWHEELSLEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-98220611
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001630721

DRIVER

Name of Driver	SUTHISH S/O DAMODARAN K NAIR
NRIC No	SXXXX218H
Date Of Birth	02/04/1982
Occupation	Outdoor

Date Of Driving Pass	29/01/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86613499
Alt. Phone Number	-
Email Address	ABSOLUTEWHEELSLEASINGSG@GMAIL.COM
Address	BLK 129 MARSILING RISE
Address complement	#06-314
Postcode	730129
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	4
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	RILEY KURT
Gender	Male

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 ATTACHED POLICE REPORT.

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	SMQ2516Y
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	SLG5391J
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 3

Vehicle Registration Number	PC5593S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	SUTHISH S/O DAMODARAN K NAIR
Gender	Male
Phone No	(Phone) +65-86613499
Address	BLK 129 MARSILING RISE
Address Complement	#06-314
Post Code	730129
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER & BACK
Injured person in which vehicle?	SDU57D

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

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



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

Sketch Plan



A - SDU 57 D
B - SMQ 2516 Y
C - SLG 5391 J
D - PC 5593 S

Declaration



























**SINGAPORE
POLICE FORCE**



T/20221021/7013

1 of 3

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

Report No. T/20221021/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2022 10:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUTHISH S/O DAMODARAN K NAIR			Address: 129 MARSILING RISE #06-314 SINGAPORE 730129		
ID Type / ID No.: NRIC NO / S8209218H			Contact No.: Home/Office: Mobile: 86613499		
Nationality: SINGAPORE CITIZEN			Email: NAIRSUTHISH63@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 02/04/1982	Type of Informant: Driver		
Race: Malayalee			Language: English		Institution / School Name:
Occupation: Fleet Manager			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2022 18:30	Type of Location: Straight Road
Location: RHU CROSS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC5593S	Van					0
SDU57D	Car					0
SLG5391J	Car					0
SMQ2516Y	Car					0



**SINGAPORE
POLICE FORCE**



T/20221021/7013

2 of 3

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

Report No. T/20221021/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUTHISH S/O DAMODARAN K NAIR	ID No.	S8209218H
Related Vehicle	SDU57D (Car)	Contact No.	86613499
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/10/2022	Date	20/10/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	RILEY KURT	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 20/10/2022, I was driving vehicle bearing carplate number SDU 57 D on my designated lane at ECP Before Exit 15 (Rochor Road). Out of the sudden the vehicle in front of mine brake, as such I follow suit. Suddenly I felt a huge impact coming from the rear portion of my vehicle subsequently follow by another. After the impact I got down my vehicle and realized I was involved in a 4car collision, Vehicle bearing carplate number SMQ 2516Y collided onto the rear portion of my vehicle. After taking photos of the scene we exchanged particulars.

The other 2 vehicle car plate number is SLG5391J follow by PC5593S.



**SINGAPORE
POLICE FORCE**



T/20221021/7013

3 of 3

Report No. T/20221021/7013

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

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
21/10/2022 10:43

Classification Of Case:

Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2001630721
 Date of Issue : 05 May 2022
 Coverage : COMPREHENSIVE – AUTHORISED WORKSHOP
 Policyholder : SG BUDGET CAR LEASING PTE. LTD.
 Finance Company : TAI THONG LEE TRADING PTE LTD
 Period of Insurance : 27 April 2022 To 12 April 2023 (both dates inclusive)
 Registration Number : SDU57D
 Chassis Number of Vehicle : WDD2130452A590316

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
 (b) **Any other person who is driving on the Policyholder's order or with his/her permission or to whom the vehicle is hired.**

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use[^]:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
 (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
 (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.


[^] Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

05 May 2022
 Issue Date


 Hicham Raissi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code	: 0000156 GENRIVER FINANCIAL PTE LTD		
Excess	Section 1 : Own Damage	SGD	2,000.00
	Section 1 : Windscreen	SGD	100.00
	Section 2 : Liabilities to Third Parties	SGD	1,500.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
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