

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	SXXXXX218H
Date Of Birth	02/04/1982
Occupation	Outdoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

29/01/2015

7 YEARS AND 9 MONTHS

Male

(Phone) +65-86613499

-

ABSOLUTEWHEELSLEASINGSG@GMAIL.COM

BLK 129 MARSILING RISE

#06-314

730129

No

Hirer

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Chain Collision

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No

4

Yes

No

Yes

2

No

-

-

-

-

-

-

PASSENGER 1

Name

Gender

RILEY KURT

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

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?

Was this injured conveyed to hospital by ambulance?

Yes

No

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. The 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.
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.



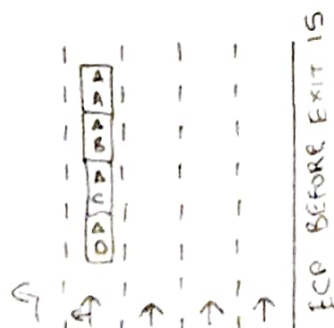
Policyholder's Signature / Date & Time

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 57D
B - SMR 2516Y
C - SLN 5391J
D - PC 5593S

Describe Circumstances of the Accident

Refer to Police report

T/20221024/7013

Refer to Police report

T/20221021/7013

Declaration

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



Witnessed by Reporting Centre
Personnel



**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.:
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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.:	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

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.

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**SINGAPORE
POLICE FORCE**

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



T/20221021/7013

3 of 3

Report No. T/20221021/7013

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 / TP18 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:

NP168