

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 22/11/2022 13:59 (SGT)
Reported by Driver
Date of Accident 21/11/2022 20:00 (SGT)
Exact Location of Accident Punggol, Singapore
Additional Location Information PUNGGOL FIELD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV478G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HARISH KUMAR S/O ARVINRAI
NRIC No S1521738C
Email Address HARISHKUMAR62ICE@GMAIL.COM
Mobile Phone No (Phone) +65-83511203
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model Stinger
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 3342

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2070097618-01

DRIVER

Name of Driver DILESH HARISH KUMAR
NRIC No S9420275B
Date Of Birth 03/06/1994
Occupation Indoor

Date Of Driving Pass	10/10/2014
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96275035
Alt. Phone Number	-
Email Address	DILESHHK0394@GMAIL.COM
Address	106 JALAN RAJAH #07-88
Address complement	-
Postcode	321106
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 on 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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20221122/2021.

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	SMJ2578E
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	GERARD YIP KAI MAN
NRIC No	-1
Contact Number	(Phone) +65-97813291
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR BUMPER
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

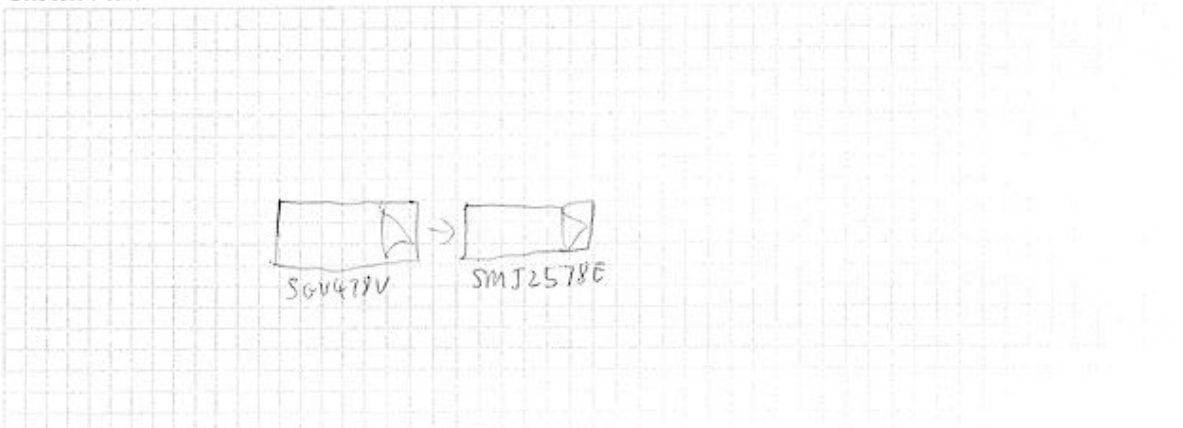
Policyholder's Signature / Date & Time
Hand/Kuma
 27/10/2016 11:50

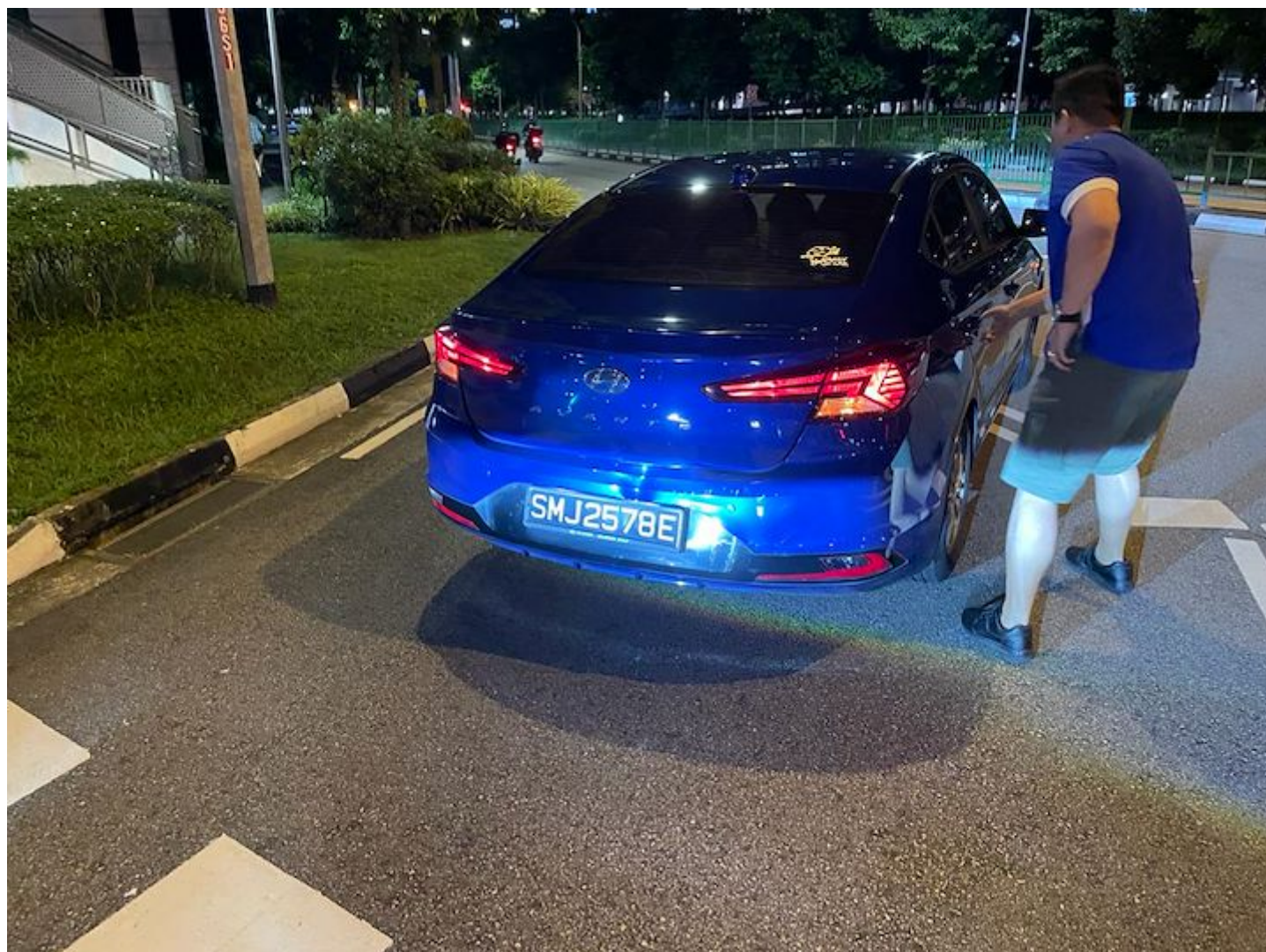
Driver's Signature (if driver is not the policyholder) / Date & Time
Hand/Kuma
 27/10/2016 11:50



Witnessed by Reporting Centre Personnel

Sketch Plan









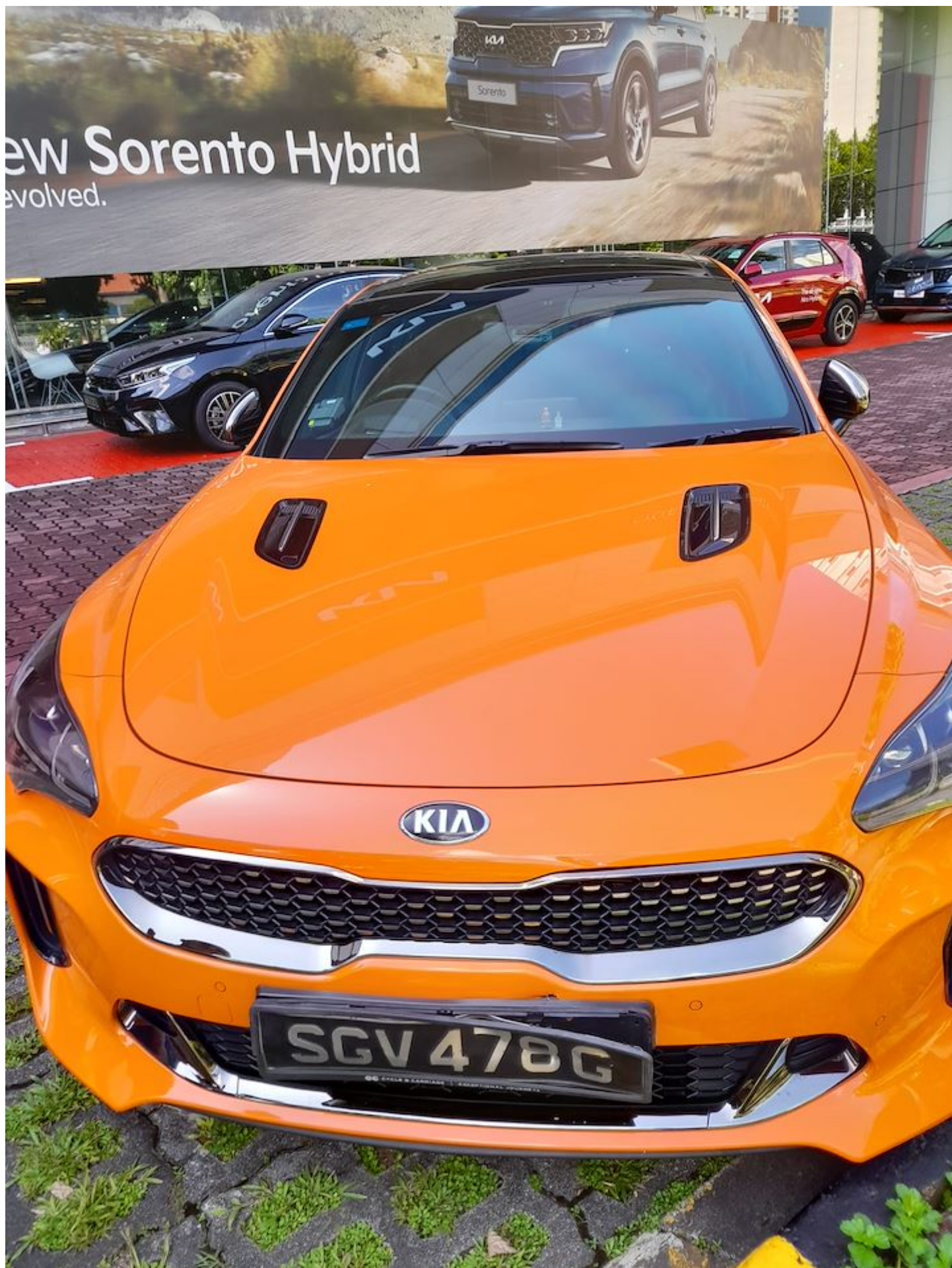
























**SINGAPORE
POLICE FORCE**



T/20221122/2021

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20221122/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2022 10:26	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: DILESH HARISH KUMAR	Address: APT BLK 106 JALAN RAJAH #07-88 SINGAPORE 321106		
ID Type / ID No.: NRIC NO / S9420275B	Contact No.: Home/Office: Mobile: 96275035		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 28	Date of Birth: 03/06/1994	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: MARKETING EXECUTIVE	Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/11/2022 20:00	Type of Location: zebra crossing
Location: PUNGGOL FIELD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV478G	Car	KIA	Stinger	Orange	Slightly Damaged	0
SMJ2578E	Car	HYUNDAI	Avante	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221122/2021

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20221122/2021

CONTINUATION OF REPORT

Driver			
Name	DILESH HARISH KUMAR		ID No. S9420275B
Related Vehicle	SGV478G (Car)		Contact No. 96275035
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GERARD YIP KAIN MAN		ID No. S8600840H
Related Vehicle	SMJ2578E (Car)		Contact No. 97813291
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/11/2022 at about 2000hrs, I was driving my dad's vehicle bearing SGV478G along Punggol Field near to Blk 218. As I was approaching a zebra crossing I slowed down my speed as I noticed there was a vehicle bearing SMJ2578E in front.

Subsequently, the said vehicle applied emergency brake and I could not react on time. As such, my vehicle came into contact with his vehicle. We managed to exchange particulars and took some photos of the accident. My vehicle is also equipped with car camcorder and was in recording mode. None of us was conveyed and no other government property damaged.

I did not consult any medical attention as I do not feel any pains.

I am lodging this report for insurance and claiming purposes.



SINGAPORE
POLICE FORCE



T/20221122/2021

3 of 3

Report No. T/20221122/2021

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

E /

SGT 3 AHMAD MUHAJMIN

AMZAR BIN MOHD YUSOF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN

ABDUL RAHMAN

Contact No.: 65476219

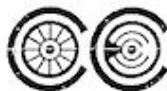
Signature Of Informant:

Date/Time:

22/11/2022 10:26

Classification Of Case:

NP168



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE, LIMITED
COMPANY NO. 200609327MDIPLOMAT PARTS PTE LIMITED
COMPANY NO. 199405410K**Accident Statement****Accident Details**

Are you claiming under your own Ins Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> 3rd Party	<input checked="" type="checkbox"/> Reporting Only
Date of Accident	21 / 11 / 22		
Time of Accident (24hr format)	20 : 00 hr		
Exact Location of Accident	Puggol Field		
Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Not In List
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Not In List
Was any foreign vehicle involved in accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
No. of vehicles involved in the accident	2		
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was the accident reported to the police?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Own Vehicle Details

Vehicle Registration Number	SGV 4786		
Vehicle Category	<input checked="" type="checkbox"/> Private Car / <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Good Veh / <input type="checkbox"/> Motorcycle / <input type="checkbox"/> Others		
Vehicle Manufacturer	Mitsubishi / KIA / Citroen / Maxus / Mercedes / Others		
Vehicle Model	Stinger		
Transmission	<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Auto	CC <input type="text" value="3300"/>
Exact purpose for which vehicle was being used at time of accident	<input type="checkbox"/> Private Hire	<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Private Use
Number of passengers (including driver)	1		
Passenger (Name and Gender)	Dilesh Harish Kumar Male		

Own Vehicle Policy

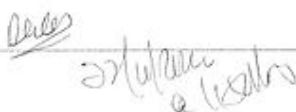
Handling Insurer (Insurance Company)	AIG		
Coverage Type	<input checked="" type="checkbox"/> ACT / <input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft		
Fleet Policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Policy No / Cover Note No	2070097618-01		
ID of Registered Owner	<input type="checkbox"/> Co.Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
	S/T/G S1521738C		
Name of Registered Owner	HARISH KUMAR S/O ARVINDA		
Email Address	harishkumara62ice@gmail.com		
Mobile No	83511203		

Owner / Driver's Signature : _____

Harish Kumar
Q. K. S. S.

Driver Information			
Is the Driver the Policy Holder	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, only fill up the highlighted part
Name of Driver	Dilesh Harish kumar		
Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
ID of Driver	<input type="checkbox"/> Co.Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
	SYT/G 59420275B		
Date of Birth	03 / 06 / 1994		
Driving Pass Date	10 / 10 / 2014		
Contact No	96275035	Alt Contact No (If any)	
Home Address	B1c 106 Jalan Rajah #07-83 (S) 321106		
Email Address	dileshk0344@gmail.com		
Occupation	<input checked="" type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	
Relationship with Owner	Spouse / <u>Child</u> / Sibling / Parent / Relative / Other		
Does Driver Own other Vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please fill up the below part
	Vehicle No:	Ins Company:	
Third Party Vehicle or Property			
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please leave below part empty
Vehicle Registration No	S45 SMJ2578E		
Vehicle Manufacturer / Model / Colour	HYUNDAI AVANTE, Dark blue		
Vehicle Category	<u>Private Car</u> / Comm Veh / Taxi / Bus / Motorcycle / Others		
Name of Insurance Company			
Name of Driver	Gerard Yip Kaing Man		
Contact Number	97813291		
	Vehicle Reg No	Name of Driver	Contact No
Damages to Other Vehicles & Property (Other than Vehicles A & B)			
Injured Persons Details			
Was anybody injured in the accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, please leave below part empty
Any injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Name			
Injuries Sustained			
Injured person in which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was this injured conveyed to hospital by Ambulance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Witness Details			
Was there any witnesses?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, please leave below part empty
(Name, Phone, Email)			
Files			
Are accident photos available for attachment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Was there any video captured?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Owner / Driver's Signature :



Describe Circumstances of the Accident

From 6 PMS REACT NO. 7/2022-11-22/2021.

Declaration

We declare the foregoing particulars are true in every respect.

Mandakuma
 Policyholder's Signature / Date &
 Time 22/11/2021 @ 10:30

Dick
 Driver's Signature (If driver is not the policyholder) / Date
 & Time 22/11/2021 @ 10:30


 Witnessed by Reporting Centre
 Personnel