

# 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 .....	29/11/2022 10:07 (SGT)
Reported by .....	Driver
Date of Accident .....	28/11/2022 14:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	COMMONWEALTH AVENUE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH931Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ABS LEASING SERVICES PTE LTD
Company Reg No .....	2XXXXX528D
Email Address .....	OPTIONSGARAGE@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-92696056
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Regius
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? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1982

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00015212202

### DRIVER

Name of Driver .....	SUBRAMANI KABASKAR
Work Permit No .....	GXXXX280W
Date Of Birth .....	10/03/1985
Occupation .....	Indoor

Date Of Driving Pass .....	18/05/2015
Driving experience .....	7 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82766744
Alt. Phone Number .....	-
Email Address .....	OPTIONSGARAGE@HOTMAIL.COM
Address .....	BLK 221 TAMPINES STREET 24 #04-66
Address complement .....	-
Postcode .....	520221
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	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 .....	PASSENGER
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

PLEASE REFER TO ATTACHED 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 .....	SLK1043U
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) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



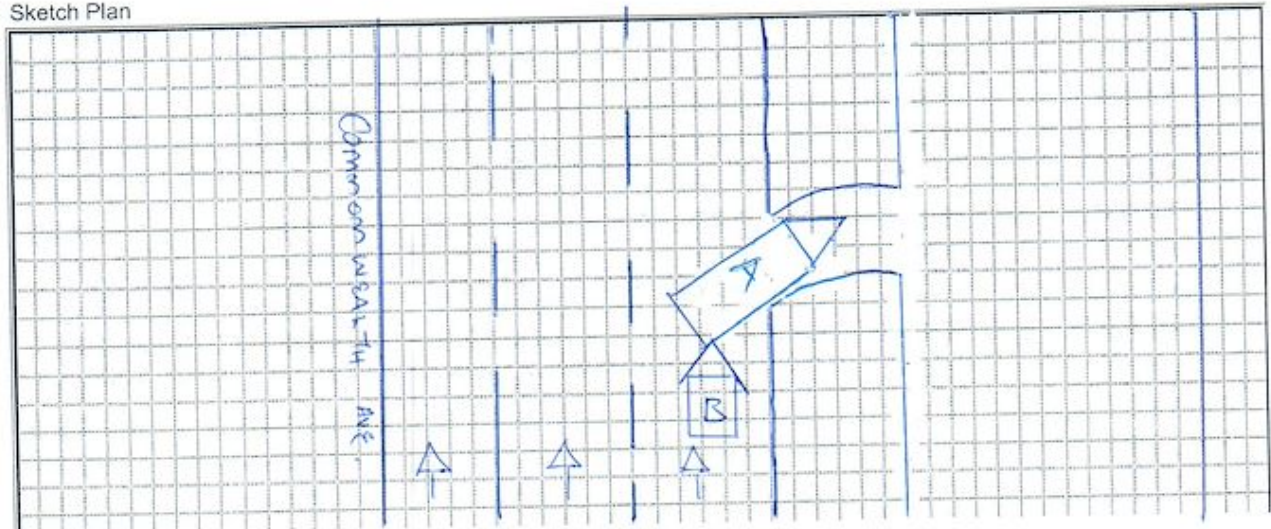
Policyholder's Signature / Date & Time

*slw*

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

*h* 29/11/2022

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

**Sketch Plan**

Describe Circumstance of the Accident

REFER TO POLICE REPORT.

T/20221128/7063.

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 29/11/2022

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20221128/7063

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

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Report No. T/20221128/7063

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUBRAMANI KABASKAR	ID No.	G3108280W
Related Vehicle	GBH931Y (Van)	Contact No.	82766744
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I SUBRAMANI KABASKAR G3108280W WAS THE DRIVER OF GBH 931 Y. I HAVE A PASSENGER YEASIRU KALPANA SITTING ON THR FRONT SEAT. I WERE TRAVELING AT COMMONWEALTH AVENUE. I CAME TO AN UTURN AREA AND TRAVELING INTO THE UTURN ROAD TO MAKE AN UTURN, OUT OF A SUDDEN THERE WAS AN HUGE IMPACT CAME FROM MY REAR. MY VEHICLE SPIN AND CRASH ONTO A PILLAR UTURN SIGN. TRAFFIC POLICE ARRIVED AFTER 1HR AND 35MIN. TOOK OUR STATEMENT.

THIS ACCIDENT REPORT IS FOR MY INSURANCE CLAIM PURPOSES.























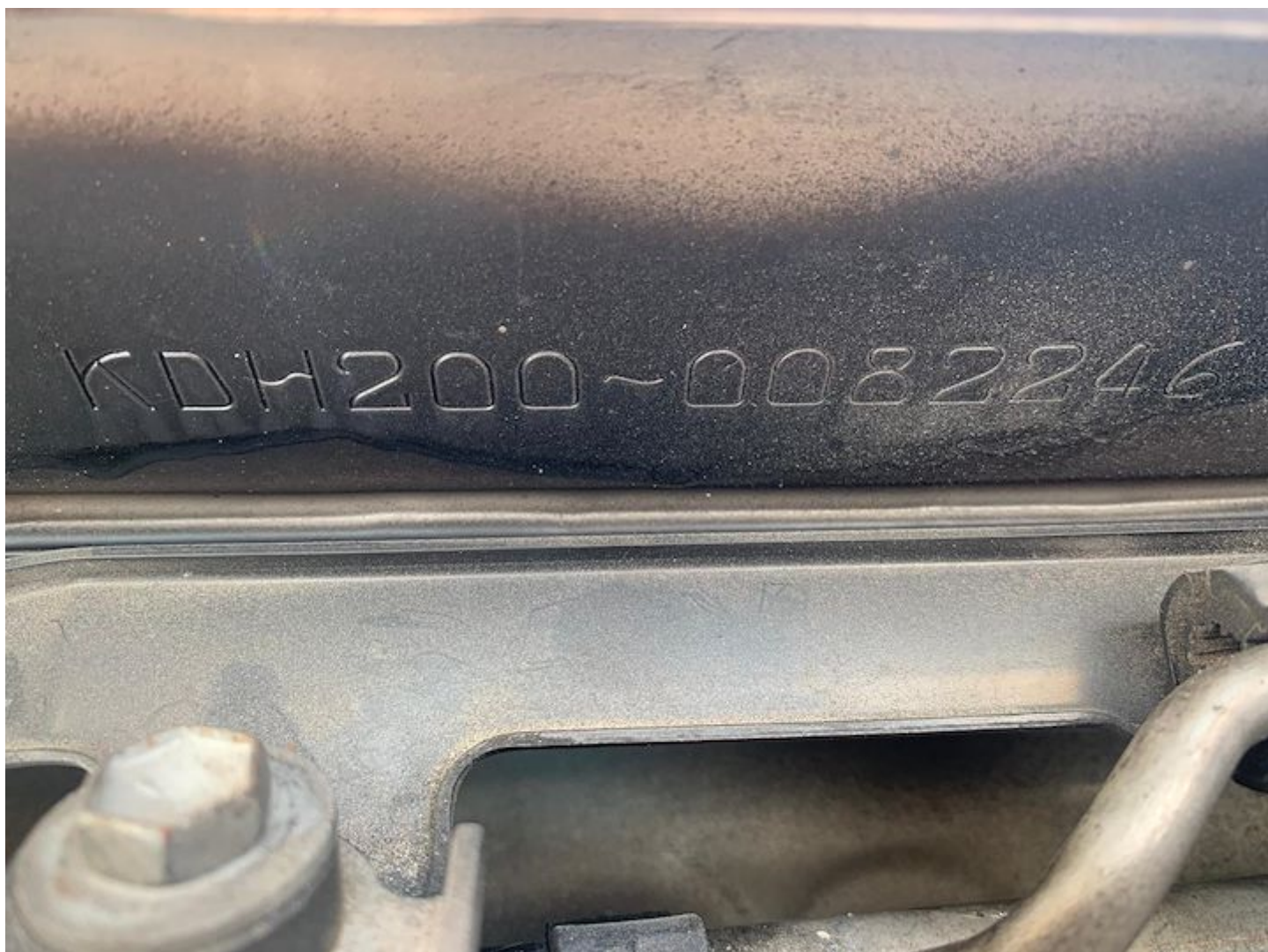




















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POLICE FORCE**



T/20221128/7063

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

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Report No. T/20221128/7063

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2022 17:36		Vide Report No.: D/20221128/0064		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SUBRAMANI KABASKAR			Address: 221 TAMPINES STREET 24 #04-66 SINGAPORE 521221		
ID Type / ID No.: FIN NO / G3108280W			Contact No.: Home/Office: Mobile: 82766744		
Nationality: INDIAN			Email: KABASKAR.NSUI@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 10/03/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2022 14:10	Type of Location: Straight Road
Location:  COMMONWEALTH AVENUE				
Weather: Heavy rain		Road Surface: Wet	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	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBH931Y	Van				Seriously Damaged	1
SLK1043U	Car				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20221128/7063

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

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Report No. T/20221128/7063

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUBRAMANI KABASKAR	ID No.	G3108280W
Related Vehicle	GBH931Y (Van)	Contact No.	82766744
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 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/20221128/7063

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Report No. T/20221128/7063

## 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 / 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:  
28/11/2022 17:36

Classification Of Case: