

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 28/11/2022 16:02 (SGT)
Reported by Driver
Date of Accident 25/11/2022 21:15 (SGT)
Exact Location of Accident Bukit Manis Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN1213S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Jurong Engineering Limited
Company Reg No 200500869G
Email Address slng@jel.com.sg
Mobile Phone No (Phone) +65-66600357
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model S350I
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 Private car
Transmission Auto
CC 2987

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100481673-06

DRIVER

Name of Driver Batumalai S/O Rajoo
NRIC No S2645431Z
Date Of Birth 25/07/1953
Occupation Outdoor

Date Of Driving Pass	21/04/1976
Driving experience	46 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90676007
Alt. Phone Number	-
Email Address	batumalai5194@gmail.com
Address	Blk 430A Yishun Avenue 11 #05-376
Address complement	-
Postcode	761430
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	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 the sketch plan.

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	PC7363B
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	Yellow
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	Batumalai S/O Rajoo
Gender	Male
Phone No	(Phone) +65-90676007
Address	430A Yishun Avenue 11 #05-376
Address Complement	-
Post Code	761430
Approximate Age Years Old	69
Injuries Sustained	-
Injured person in which vehicle?	SKN1213S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be submitted to the Reporting Centre Only.
3. Information provided must be as accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to cancel the policy.
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 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

28 NOV 2022

Sketch Plan

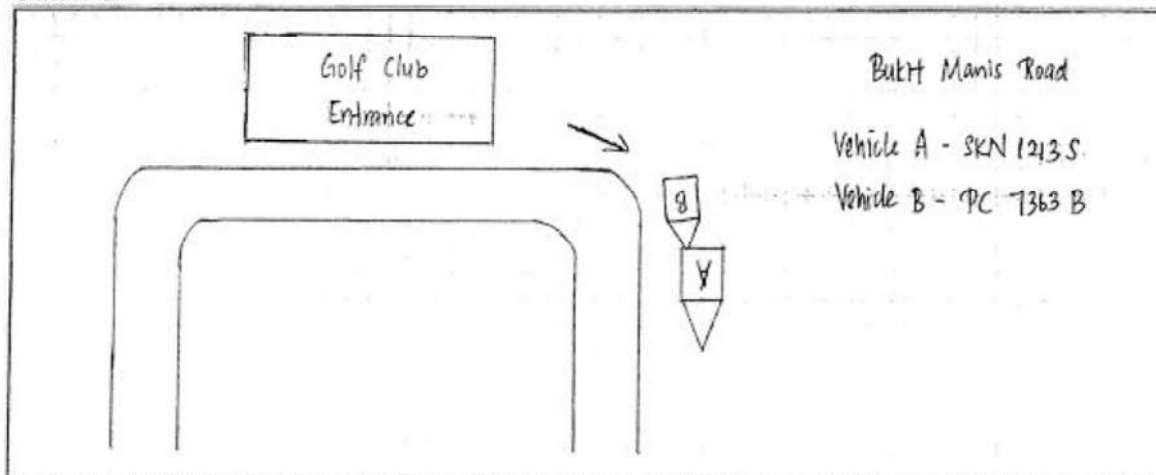
[Signature]

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

28 NOV 2022

[Signature] Lim Lai Foong

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



by Circumstance of the Accident

On 25 November 2022 at around 2115 hour, my vehicle (SKN12131) was parked stationary in front of Sentosa Golf Club. I was standing in front my vehicle waiting for my boss when vehicle B (PC1363B) came turning in at a high speed which hit my vehicle and my vehicle propelled forward and hit me, suffered injuries and was conveyed in an ambulance to Singapore General Hospital.

Declaration

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



Policyholder's Signature / Date & Time

28 NOV 2022

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

28 NOV 2022

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

Mr Lim Lai Foong



**SINGAPORE
POLICE FORCE**



T/20221127/7015

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

1 of 3

Report No. T/20221127/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2022 13:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BATUMALAI S/O RAJOO			Address: 430A YISHUN AVENUE 11 #05-376 SINGAPORE 761430		
ID Type / ID No.: NRIC NO / S2645431Z			Contact No.: Home/Office: Mobile: 90676007		
Nationality: SINGAPORE CITIZEN			Email: BATUMALAI5194@GMAIL.COM		
Sex: Male	Age: 69	Date of Birth: 25/07/1953	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/11/2022 21:15	Type of Location: Bend
Location: BUKIT MANIS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC7363B (Not Accurate)	BUS	MERCEDES BENZ		Yellow	Slightly Damaged	6
SKN1213S	Car	MERCEDES BENZ	S350	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221127/7015

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

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Report No. T/20221127/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	PC7363B (BUS)	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	NIL	Degree of	NIL
Driver			
Name	BATUMALAI S/O RAJOO	ID No.	S2645431Z
Related Vehicle	SKN1213S (Car)	Contact No.	90676007
Hospital/Clinic	SGH SPECIALIST PRACTICE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/11/2022	Date	25/11/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I WAS PARKED OUTSIDE AND WAS WAITING TO PICK SOMEONE WHEN THE SENTOSA TOUR BUS CAME IN AND HIT MY CAR



**SINGAPORE
POLICE FORCE**



T/20221127/7015

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

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Report No. T/20221127/7015

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 / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187 This report is lodged at Yishun North NPC Kiosk 1 NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 27/11/2022 13:48
Classification Of Case: