

## 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 .....              | 03/12/2022 11:30 (SGT) |
| Reported by .....                     | Both                   |
| Date of Accident .....                | 02/12/2022 17:55 (SGT) |
| Exact Location of Accident .....      | KPE, Singapore         |
| Additional Location Information ..... | KPE TWDS ECP           |
| Country/State of Loss .....           | Singapore              |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SKT6170S |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                       |
|--------------------------------|-----------------------|
| Is company? .....              | No                    |
| Name Of Registered Owner ..... | PETER SIVA KALANI     |
| NRIC No .....                  | SXXXX608H             |
| Email Address .....            | PETERSIVA14@GMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-97615578  |
| Alternative Phone No .....     | -                     |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Mazda                     |
| Model .....  | 3                         |
| 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 .....   | 1500                      |

#### INSURANCE COMPANY

|   |   |
|---|---|
| Name of Insurance Company .....         | Great Eastern General Insurance Limited |
| Policy Number / Cover Note Number ..... | V5004393                                |

#### DRIVER

|                      |                   |
|----------------------|-------------------|
| Name of Driver ..... | PETER SIVA KALANI |
| NRIC No .....        | SXXXX608H         |
| Date Of Birth .....  | 14/04/1953        |
| Occupation .....     | Indoor            |

|  |                       |
|--|-----------------------|
| Date Of Driving Pass .....   | 05/08/1988            |
| Driving experience .....   | 34 YEARS AND 4 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-97615578  |
| Alt. Phone Number .....  | -                     |
| Email Address .....  | PETERSIVA14@GMAIL.COM |
| Address .....  | 748 PASIR RIS ST 71   |
| Address complement .....   | 05-18                 |
| Postcode .....   | 510748                |
| Is the driver the policyholder? .....                              | Yes                   |
| If No, Relationship of the Driver with the Insured .....           | -                     |
| 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? .....  | 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 .....   | GRACE PARU SIVA |
| Gender ..... | Female          |

#### DETAILS OF POLICE ACTION

|   |                                      |
|---|--------------------------------------|
| Was the accident reported to the police? .....  | Yes                                  |
| Police Station Name .....                       | Sengkang Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18003438999              |
| Alt. Police Station Phone No .....              | (Fax) +65-63438939                   |
| Police Station Address .....                    | 2 Sengkang Square #01-02             |
| Was notice of intended Prosecution given? ..... | No                                   |
| If yes, against whom? .....                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN ATTACHED

#### 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 .....             | SLD1500D     |
| Vehicle Manufacturer .....                    | Subaru       |
| Vehicle Model .....                           | Forester     |
| Vehicle Variant .....                         | -            |
| Vehicle Colour .....                          | -            |
| Vehicle Category .....                        | Private car  |
| Name of Driver .....                          | GOH TECK HOE |
| NRIC No .....                                 | SXXXX482J    |
| 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 .....                              | GRACE PARU SIVA      |
| Gender .....  | Female               |
| Phone No .....  | (Phone) +65-97372614 |
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | -                    |
| Injured person in which vehicle? .....                    | SKT6170S             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

### INJURED 2

|   |                      |
|---|----------------------|
| Name of injured person .....                              | PETER SIVA KALANI    |
| Gender .....  | Male                 |
| Phone No .....  | (Phone) +65-97615578 |
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | -                    |
| Injured person in which vehicle? .....                    | SKT6170S             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

## SKETCH PLAN

## IMPORTANT NOTICE

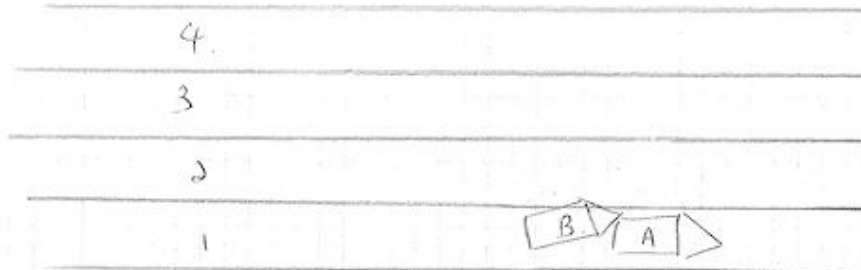
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

 3/12/22  
 Policyholder's Signature Date  
 & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name: 03/12/22  
 NRIC/FIN No.:

SKETCH PLAN




A-SKT61705  
B-SLD15000

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report attached 7/20221203/2003.

DECLARATION

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

 3/12/22

Policyholder's Signature  
Date & Time:

Driver's Signature  
[If driver is not the policyholder]  
Date & Time:

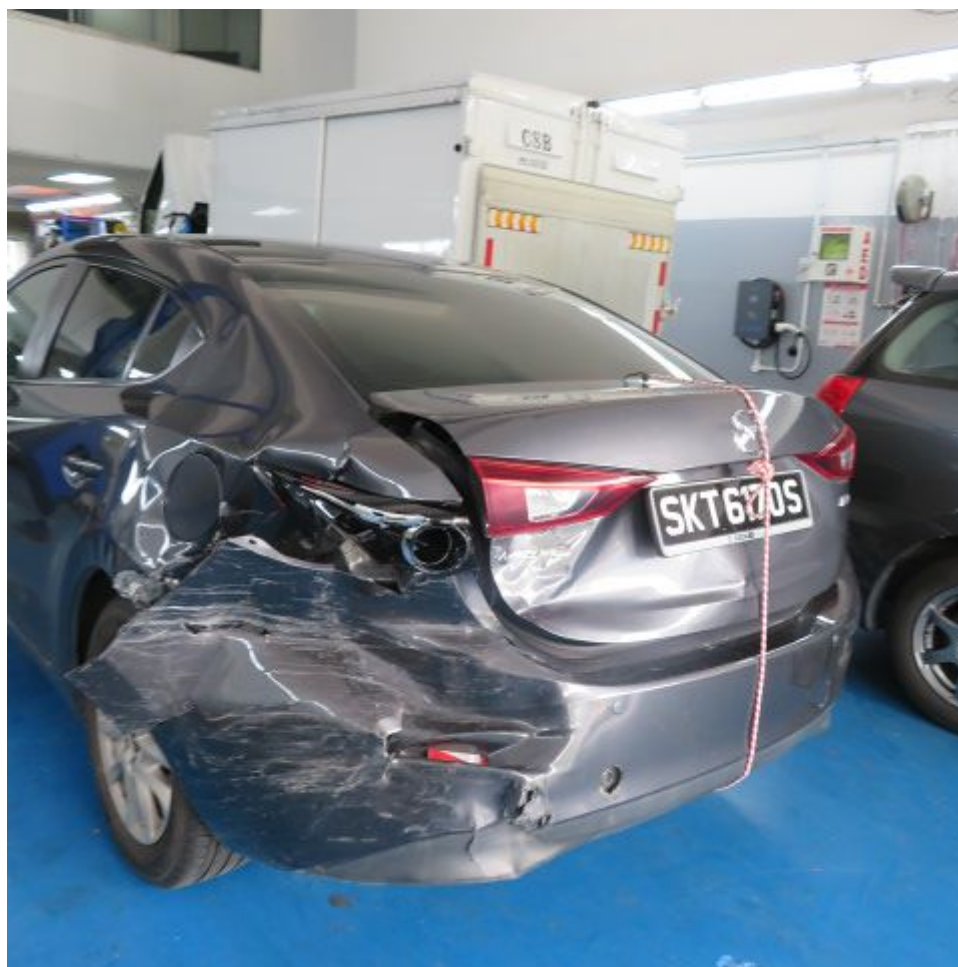


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:















# SINGAPORE POLICE FORCE



T/20221203/2003

1 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20221203/2003

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>03/12/2022 00:33 | Vide Report No.: | Station Diary No.:<br>12 |
|--|------------------|--------------------------|

## Informant's Particulars

|  |            |                              |  |                            |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant:<br>PETER SIVA KALANI  |            |                              | Address:<br>APT BLK 748 PASIR RIS STREET 71 #05-18 SINGAPORE<br>510748 |                            |
| ID Type / ID No.:<br>NRIC NO / S1582608H |            |                              | Contact No.:   | Mobile: 97615578           |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Home/Office:   |                            |
|  |            |                              | Email:   |                            |
| Sex:<br>Male                             | Age:<br>59 | Date of Birth:<br>14/04/1963 | Type of Informant:<br>Driver   |                            |
| Race:<br>Indian                          |            |                              | Language:<br>English   | Institution / School Name: |
| Occupation:<br>CIVIL SERVANT (SAF)       |            |                              | Driving Licence Information:<br>Class: 3                               | Date of Expiry:            |

## General Information of the Accident

|  |                  |                                    |  |                                     |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>02/12/2022 17:55 | Type of Location:<br>Straight Road  |
| Location:<br><br>KALLANG PAYA LEBAR EXPRESSWAY               |                  |                                    |  |                                     |
| Weather:<br>Drizzling  |                  | Road Surface:<br>Wet               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make  | Model                                  | Color | Condition         | No of Passenger |
|-------------|------|-------|--|-------|-------------------|-----------------|
| SKT6170S    | Car  | MAZDA | MAZDA3 4-DOOR<br>SEDAN 1.5L<br>SP.6EAT | Grey  | Seriously Damaged | 1               |
| SLD1500D    | Car  |       |  |       | Seriously Damaged | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE  
POLICE FORCE**



T/20221203/2003

2 of 4

Police Station Of Origin:  
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545025  
Tel No: 1800-343 8999

Report No. T/20221203/2003

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |              |            |             |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                      | Insurance No | Effective  | Expiry Date |
| SKT6170S                     | OVERSEAS ASSURANCE CORPORATION LIMITED | V5004393     | 17/06/2022 | 16/06/2023  |

| Details of Person involved        |                                     |     |  |                                   |
|-----------------------------------|-------------------------------------|-----|--|-----------------------------------|
| Any Pedestrian Involved: No       |                                     |     |  |                                   |
| No. of Pedestrians Injured: NIL   |                                     |     | Use of Pedestrian Crossing: NA         |                                   |
| Passenger                         |                                     |     |  |                                   |
| Name                              | GRACE PARU SIVA                     |     | ID No.                                 | S1800132B                         |
| Related Vehicle                   | SKT6170S (Car)                      |     | Contact No.                            | 97372614                          |
| Hospital/Clinic                   | SENGKANG GENERAL HOSPITAL PTE. LTD. |     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 02/12/2022                          |     | Date Discharge                         | 02/12/2022                        |
| No. of Days granted Medical Leave |                                     | 04  | Degree of Injury                       | Serious                           |
| Driver                            |                                     |     |  |                                   |
| Name                              | PETER SIVA KALANI                   |     | ID No.                                 | S1582608H                         |
| Related Vehicle                   | SKT6170S (Car)                      |     | Contact No.                            | 97615578                          |
| Hospital/Clinic                   | SENGKANG GENERAL HOSPITAL PTE. LTD. |     | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 02/12/2022                          |     | Date Discharge                         | 02/12/2022                        |
| No. of Days granted Medical Leave |                                     | 04  | Degree of Injury                       | Serious                           |
| Driver                            |                                     |     |  |                                   |
| Name                              | GOH TECK HOE                        |     | ID No.                                 | S7716482J                         |
| Related Vehicle                   | SLD1500D (Car)                      |     | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                                 |     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                                 |     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave |                                     | NIL | Degree of Injury                       | NIL                               |



SINGAPORE  
POLICE FORCE



T/20221203/2003

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3 of 4

Report No. T/20221203/2003

## CONTINUATION OF REPORT

**Brief Details.**

1 On 02/12/2022 at about 1755hrs, I was driving my vehicle SKT6170S, along KPE towards ECP area, just before entering the tunnel. My wife was seated at the front passenger seat. I was travelling on the outer most right lane of the 4-lane road.

As I was driving, just before entering the tunnel, the vehicle in front of me suddenly braked abruptly. As such, I applied my brakes immediately and my vehicle managed to stop in time and prevented any collision with the car in front.

After coming to a complete stop, immediately, I felt a huge impact from the rear of my vehicle. My wife and I both alighted from the vehicle and made a check on the front and rear vehicle. The driver of the vehicle in front also came down and verified that my vehicle did not hit his vehicle.

The driver of the rear vehicle, who collided with my vehicle, alighted and I asked if he was injured, and he informed me that he was not hurt. I shifted my vehicle all the way to the right side, to allow other vehicles to pass and the other driver shifted his vehicle to the left shoulder of road.

I exchanged particulars with the said driver and the said driver subsequently drove off. After which, EMAS arrived and assisted me, and I manage to drive off.

However, after the accident, I felt severe pain on my lower back and both arms. My wife suffered pain on her neck, both shoulders and arms, lower back and left knee area. We proceeded to Sengkang General Hospital and was given 04 days of MC.

There is an in-car camera in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20221203/2003

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Tel No: 1800-343 8999

4 of 4

Report No. T/20221203/2003

**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:

F /  
SR STAFF SGT TAN YIK MONG,  
RYAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
03/12/2022 00:33

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

NP168