

# 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 ..... 15/12/2022 17:27 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 04/12/2022 15:20 (SGT)  
Exact Location of Accident ..... 149 Bukit Batok West Ave 6, Block 149, Singapore 650149  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJG4821R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... PADMANABHA IYER HARISH  
NRIC No ..... SXXXX355F  
Email Address ..... mithila.harish@gmail.com  
Mobile Phone No ..... (Phone) +65-90178530  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
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 ..... 1339

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPV01011808

### DRIVER

Name of Driver ..... MITHILA HARISH  
NRIC No ..... SXXXX156E  
Date Of Birth ..... 24/09/1992  
Occupation ..... Indoor

Date Of Driving Pass .....	02/07/2022
Driving experience .....	5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90178530
Alt. Phone Number .....	-
Email Address .....	mithila.harish@gmail.com
Address .....	BLK 505 BUKIT BATOK STREET 52 #07-155
Address complement .....	-
Postcode .....	650505
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 - Major/Minor Rd
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) .....	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 .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221205/2095

#### 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 .....	YQ317B
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 .....	MITHILA HARISH
Gender .....	Female
Phone No .....	(Phone) +65-90178530
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJG4821R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

## IMPORTANT NOTICE

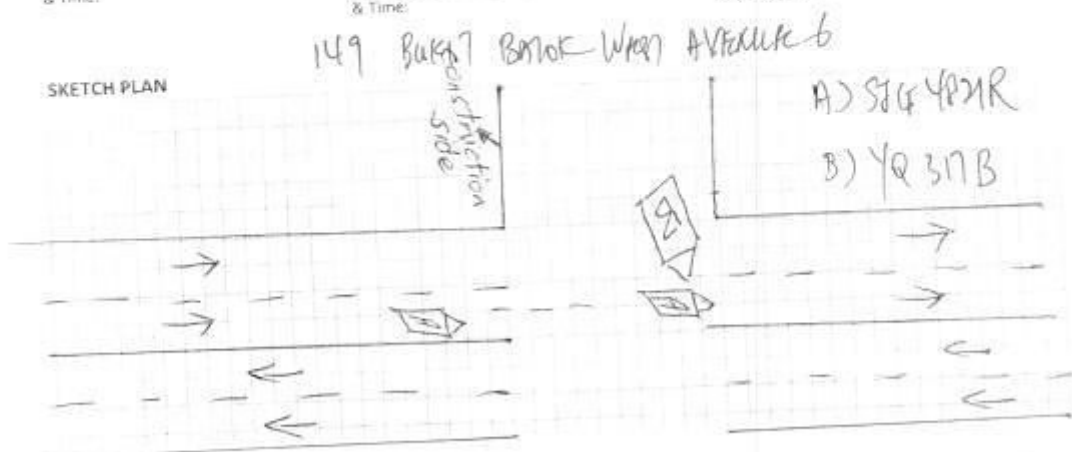
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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:

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

## SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As the police report 7/2022-1205/2095

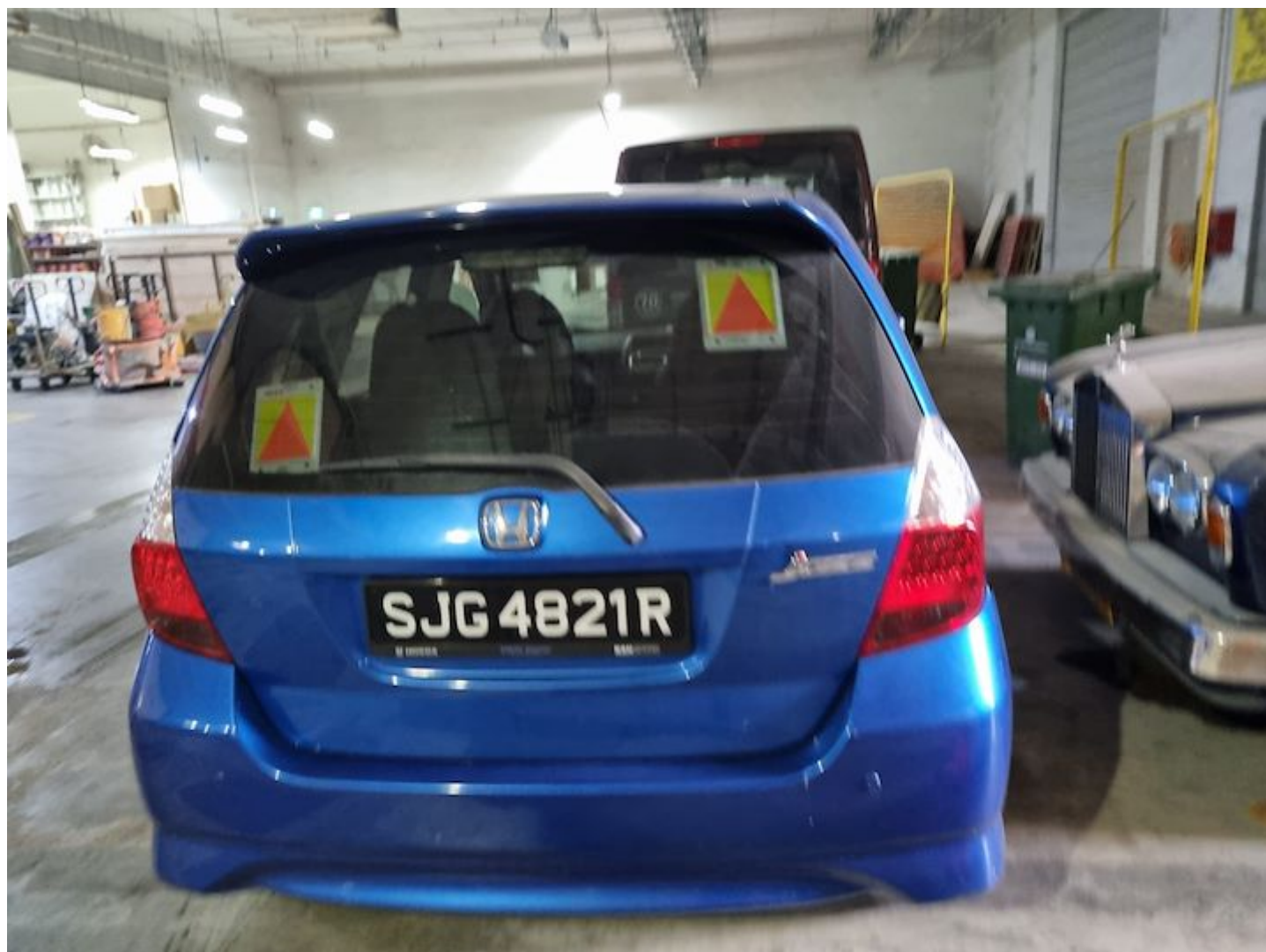
DECLARATION

I/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:

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





























**SINGAPORE  
POLICE FORCE**



T/20221205/2095

1 of 3

Report No: T/20221205/2095

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/12/2022 18:13	Vide Report No.: T/20221205/7014	Station Diary No.: 64
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: MITHILA HARISH		Address: APT BLK 505 BUKIT BATOK STREET 52 #07-155 SINGAPORE 650505	
ID Type / ID No.: NRIC NO / S9270156E		Contact No.:	Mobile: 90178530
Nationality: INDIAN		Home/Office:	
		Email:	
Sex: Female	Age: 30	Date of Birth: 24/09/1992	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Data scientist		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/12/2022 15:20	Type of Location: Straight Road
Location: BUKIT BATOK WEST AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG4821R	Car	HONDA	Jazz	Blue	Seriously Damaged	0
YQ317B	Lorry	ISUZU		White	Slightly Damaged	0

Details of Vehicle Insurance				Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company					
SJG4821R	NIPPONKOA INSURANCE COMPANY LIMITED			D22MTPV01011808	14/07/2022	13/07/2023



**SINGAPORE  
POLICE FORCE**



T/2022/205/2095

3.023

Police Station Of Origin:  
Jurong East N.P.C.  
32 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No: T/2022/205/2095

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MITHILA HARISH	ID No.	S9270156E
Related Vehicle	SJG4821R (Car)	Contact No.	90178530
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	04/12/2022	Date Discharge	04/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	NAGAMUTHU PALANISAMY	ID No.	G7783960M
Related Vehicle	YQ317B (Lorry)	Contact No.	98102521
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 4 Dec 2022 at about 3.20 pm, I was driving along Bukit Batok West Ave 6 towards Bukit Batok Ave 1. It was a 2-lane road and I was on the right lane. While my vehicle was traveling beside a construction site, a M-lorry YQ317B suddenly turned out from the minor road and the front of the lorry collided to the left side of my vehicle. Due to the impact, my whole vehicle was dragged across to the opposite side of the road beside Bk 149. I then came down from the vehicle and I called for ambulance. Both me and the lorry driver exchanged particulars. The traffic police also came down to the scene. I was then conveyed to Ng Teng Fong Hospital and I was given 3-days of medical leave. My vehicle sustained heavy damage to the whole left side which consist of the left fender, both front & rear door and the rear fender. I had lodged an online traffic accident report ref: T/2022/205/7014 and I met up with the TPIO Sadli. He told me to lodge a further report as the facts that I had given in the report was not clear. Hence, this report was lodged.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20221205/2095

Page 3

Report No.: T/20221205/2095

**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:

D /  
SI GUAN WEIQIANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
SI MOHAMMED FERAZ BIN HUSSEIN  
Contact No.: 65476206

NP168

Signature Of Informant

Date/Time:  
05/12/2022 18:13

Classification Of Case: