

## 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 .....	19/12/2022 18:50 (SGT)
Reported by .....	Both
Date of Accident .....	17/12/2022 18:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	STADIUM DRIVE TOWARDS NICOLL HIGHWAY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLE319M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JAYSON RAJ S/O NADARAJAN SUBHAS
NRIC No .....	S8517008B
Email Address .....	DELTABOI_R1@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-91061747
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	6
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 .....	2000

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2001622739-01

#### DRIVER

Name of Driver .....	JAYSON RAJ S/O NADARAJAN SUBHAS
NRIC No .....	S8517008B
Date Of Birth .....	19/05/1985
Occupation .....	Indoor

Date Of Driving Pass .....	04/06/2008
Driving experience .....	14 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91061747
Alt. Phone Number .....	-
Email Address .....	DELTABOI_R1@HOTMAIL.COM
Address .....	60 DAKOTA CRESCENT #10-241 S390060
Address complement .....	-
Postcode .....	-
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 .....	Chain 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 .....	3
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) .....	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 .....	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

SEE ATTACHED POLICE REPORT

#### 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 .....	SKW5881P
Vehicle Manufacturer .....	Lexus
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	HELENA CHUA BEE LIAN
Contact Number .....	(Phone) +65-92391390
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNE7312L
Vehicle Manufacturer .....	Byd
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	GARY TAN
Contact Number .....	(Phone) +65-80223921
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 .....	JAYSON RAJ S/O NADARAJAN SUBHAS
Gender .....	Male
Phone No .....	(Phone) +65-91061747
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLE319M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


# SKETCH PLAN

## IMPORTANT NOTICE

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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.

 19/12/22  
14:10 hrs

Policyholder's Signature / Date & Time

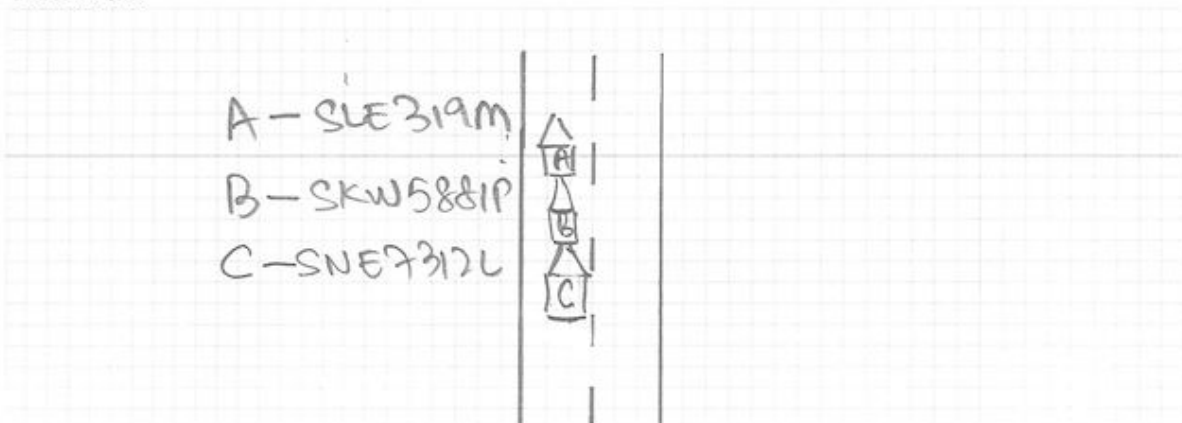
 19/12/22 ✓  
14:10 hrs ✓

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



Witnessed by Reporting Centre Personnel

## Sketch Plan





Describe Circumstances of the Accident

AS ATTACHED IN POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

 19/12/22  
1410 hrs  
Policyholder's Signature / Date & Time

 19/12/22  
1410 hrs ✓  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20221218/7008

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

1 of 4

Report No. T/20221218/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2022 11:52		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JAYSON RAJ S/O NADARAJAN SUBHAS			Address: 60 DAKOTA CRESCENT #10-241 SINGAPORE 390060		
ID Type / ID No.: NRIC NO / S8517008B			Contact No.: Home/Office: Mobile: 91061747		
Nationality: SINGAPORE CITIZEN			Email: deltaboi_r1@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 19/05/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2022 18:05	Type of Location: Straight Road
Location:  STADIUM DRIVE				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKW5881P	Car	LEXUS	IS 250	Gold		0
SLE319M	Car	MAZDA	MAZDA6 SEDAN 2.0 AT EXECUTIVE 2WD	Grey		0





**SINGAPORE  
POLICE FORCE**



T/20221218/7008

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

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Report No. T/20221218/7008

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNE7312L	Car	BYD		White		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLE319M	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2001622739	31/05/2022	30/05/2023	
SNE7312L	LIBERTY INSURANCE PTE LTD				

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	HELENA CHUA BEE LIAN		ID No.	S7426000D	
Related Vehicle	SKW5881P (Car)		Contact No.	92391390	
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	JAYSON RAJ S/O NADARAJAN SUBHAS		ID No.	S8517008B	
Related Vehicle	SLE319M (Car)		Contact No.	91061747	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date	17/12/2022		Date	17/12/2022	
No. of Days granted Medical Leave	05		Degree of	Slight	

✓



**SINGAPORE  
POLICE FORCE**



T/20221218/7008

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

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Report No. T/20221218/7008

**CONTINUATION OF REPORT**

Driver			
Name	GARY TAN	ID No.	S8404742B
Related Vehicle	SNE7312L (Car)	Contact No.	80223921
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

Brief Details.

I was alone in my vehicle and exited KPE (Nicoll Highway exit) and was heading home, towards Stadium Drive. The vehicle in front of me applied brakes, coming to a complete stop and I had to do so as well. Suddenly, a few seconds after my vehicle came to a complete stop, I experienced a hard impact at the rear portion of my vehicle. All drivers exited from their respective vehicles and exchanged particulars. Location is outside the National Stadium, at the slip road exit from KPE toward Nicoll Highway. The accident did not take place at a pedestrian crossing. I have in my possession Photographs taken with my mobile phone and In-Car video footage (front & rear) of the incident.





**SINGAPORE  
POLICE FORCE**



T/20221218/7008

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

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Report No. T/20221218/7008

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2022 11:52
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168