

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	03/01/2023 16:43 (SGT)
Reported by	Both
Date of Accident	31/12/2022 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE WOODLANDS @ WOODLANDS AVENUE 2 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9335X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BARNABAS VIJAYANDRAN
NRIC No	SXXXX060I
Email Address	barnabas2404@gmail.com
Mobile Phone No	(Phone) +65-84817593
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1499

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00145272200

DRIVER

Name of Driver	BARNABAS VIJAYANDRAN
NRIC No	SXXXX060I
Date Of Birth	24/04/1989
Occupation	Indoor

Date Of Driving Pass	01/07/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84817593
Alt. Phone Number	-
Email Address	barnabas2404@gmail.com
Address	APT BLK 610 CLEMENTI WEST STREET 1
Address complement	# 04-218
Postcode	120610
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	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)	4
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	M SHESHANARAYANI
Gender	Female

PASSENGER 2

Name	MIRANDA GLADIS
Gender	Female

PASSENGER 3

Name	VIJAYANDRAN S/O PONNUSAMY
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 THE ATTACHED POLICE REPORT- T/20230101/7003

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 YP8245C
 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) -

PASSENGER 1

Name UNKNOWN
 Gender Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person BARNABAS VIJAYANDRAN
 Gender Male
 Phone No (Phone) +65-84817593
 Address APT BLK 610 CLEMENTI WEST STREET 1
 Address Complement # 04-218
 Post Code 120610
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SJU9335X
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person M SHESHANARAYANI
 Gender Female
 Phone No (Phone) +65-97227589
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SJU9335X
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person MIRANDA GLADIS
 Gender Female
 Phone No (Phone) +65-90275256
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -

Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SJU9335X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes


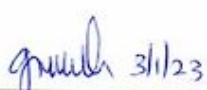

INJURED 4

Name of injured person	VIJAYANDRAN S/O PONNUSAMY
Gender	Male
Phone No	(Phone) +65-90626687
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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	Witnessed by Reporting Centre Personnel
Sketch Plan		
BKE WOODLANDS @ WOODLANDS AVENUE 2 EXIT		
		
A: S2U 9335X B: 4P8245C		

PLEASE REFER TO POLICE REPORT.

I WISH TO STATE DUE TO THE HUGE IMPACT THE DASHBOARD
OF MY VEHICLE CRASHED OUT AND WAS DAMAGED. MY STEERING
WHEEL WAS DAMAGED AS WELL. -7/20230101/7003

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230101/7003

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

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Report No. T/20230101/7003

CONTINUATION OF REPORT

Passenger			
Name	M SHESHANARAYANI	ID No.	S9344627E
Related Vehicle	SJU9335X (Car)	Contact No.	97227589
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	31/12/2022	Date	31/12/2022
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

I Barnabas Vijayandran (S8914060I), driver of vehicle, carrying license plate, SJU9335X was driving along BKE (SLE) slip road to SLE (TPE) on 31 December 2022, at approx. 1305hrs. As there were vehicles ahead of me slowing down, due to traffic, I applied my breaks gradually to prevent an accident from occurring with the vehicle ahead of me. Upon fully stopping my vehicle was at a stationary position. It was then I felt an impact to the rear of my vehicle. None of the airbags in my vehicle were deployed. I exited the vehicle to assess the situation and noticed that a lorry, bearing vehicle number YP8245C, driven by Wang Kai (G8854597X), had hit the rear of my vehicle. Damages to my vehicle were evident hence I made the necessary arrangements to exchange particulars with the lorry driver.

The vehicle (SJU 9335X) I was driving included the following passengers, namely:

- M Sheshanarayani (Shesha), S9344627E, Friend
- Miranda Gladys, S1317358C, Mother
- Vijayandran s/o Ponnusamy, S1525384C, Father

As a result of the impact during the accident, my parents, Miranda Gladys and Vijayandran were conveyed to Khoo Teck Puat General hospital via ambulance. Shesha and I visited the Critical Care Unit at Alexandra Hospital following the incident.

My parents were discharged from the hospital and were issued with 3 days Medical Leave. While Shesha and I were issued with 2 days medical leave. Shesha and I are still having pain, and were advised by the doctor to seek medical attention should the pain persist. The traffic police attending the incident, SGT Hidayat had obtained my 32GB memory card from the camera attached to my vehicle.

I affirm that the above mentioned particulars and details are true and correct to the best of my knowledge.

























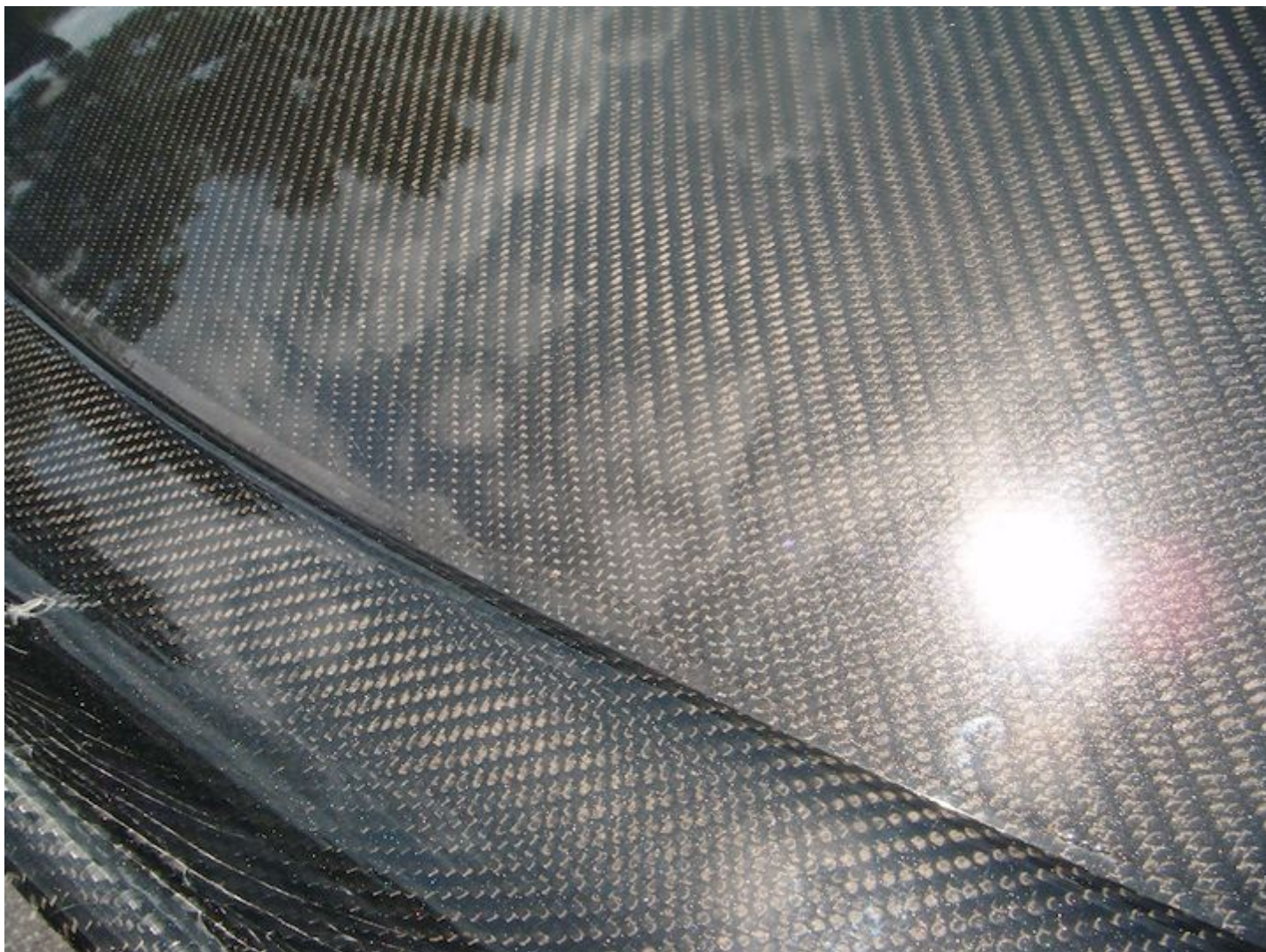














**SINGAPORE
POLICE FORCE**



T/20230101/7003

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

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Report No. T/20230101/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2023 00:38		Vide Report No.: L/20221231/0094		Station Diary No.:	
Informant's Particulars					
Name of Informant: BARNABAS VIJAYANDRAN			Address: 610 CLEMENTI WEST STREET 1 #04-218 SINGAPORE 120610		
ID Type / ID No.: NRIC NO / S8914060I			Contact No.: Home/Office: Mobile: 84817593		
Nationality: SINGAPORE CITIZEN			Email: BARNABAS2404@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 24/04/1989	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/12/2022 13:05	Type of Location: Expressway Exit
Location: TURF CLUB AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SJU9335X	Car	MITSUBISHI	LANCER 1.5EX MIVEC A/T ELEGANCE 2WD 4DR	Purple		0



**SINGAPORE
POLICE FORCE**



T/20230101/7003

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

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Report No. T/20230101/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU9335X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001452 72200	14/06/2022	04/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	BARNABAS VIJAYANDRAN		ID No.	S8914060I
Related Vehicle	SJU9335X (Car)		Contact No.	84817593
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	
Passenger				
Name	VIJAYANDRAN S/O PONNUSAMY		ID No.	S1525384C
Related Vehicle	SJU9335X (Car)		Contact No.	90626687
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	31/12/2022		Date	31/12/2022
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	MIRANDA GLADIS		ID No.	S1317358C
Related Vehicle	SJU9335X (Car)		Contact No.	90275256
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	31/12/2022		Date	31/12/2022
No. of Days granted Medical Leave	03	Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20230101/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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3 of 4

Report No. T/20230101/7003

CONTINUATION OF REPORT

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Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	31/12/2022	Date	31/12/2022
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T/20230101/7003

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

4 of 4

Report No. T/20230101/7003

CONTINUATION OF REPORTSketch 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 / TPHQ /
NUR HAFIZAH BINTE HARUN
Contact No.: 97287007

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
01/01/2023 00:38

Classification Of Case: