

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 05/01/2023 16:31 (SGT)
Reported by Both
Date of Accident 24/12/2022 20:00 (SGT)
Exact Location of Accident Johor Bahru, Johor, Malaysia
Additional Location Information HIGHWAY TOWARDS KUALA LUMPUR
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY7258C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAJVINDER SINGH
NRIC No SXXXX672J
Email Address rssandhu1967@gmail.com
Mobile Phone No (Phone) +65-90612801
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Chevrolet
Model Cruze
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 1598

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MPC0005474_02

DRIVER

Name of Driver RAJVINDER SINGH
NRIC No SXXXX672J
Date Of Birth 13/12/1967
Occupation Outdoor

Date Of Driving Pass	13/05/2005
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90612801
Alt. Phone Number	-
Email Address	rssandhu1967@gmail.com
Address	BLK 493 ADMIRALTY LINK #20-159
Address complement	-
Postcode	750493
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?	Yes
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	AJA2820
Vehicle Category	Private car

FOREIGN VEHICLE 2

Vehicle Registration Number	WKV893
Vehicle Category	Private car

PASSENGER 1

Name	AMRINDER KAUR
Gender	Female

PASSENGER 2

Name	JAGDISH KAUR
Gender	Female

PASSENGER 3

Name	ZORAWAR SINGH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633

Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20221229/2090 AND TRAFIK JASIN/004799/22

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 AJA2820
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number WKV893
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

SKETCH PLAN

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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

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

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

Sketch Plan


	(A) JUY 7858C
	(B) WKV 893
	(C) AJA 7800
JB TO KL KM 183-5 LEQUHAYA UTARA - SELATAN	


Describe Circumstance of the Accident

Refer To The Police Report Ref : L/2022/229/2090

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

 05/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
















**SINGAPORE
POLICE FORCE**
POLICE REPORT (NP299)

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No: 1800-5549999



L/20221229/2090

1 of 2

Report No. L/20221229/2090

Date/Time Report Made 29/12/2022 19:26	Vide Report No.	Station Diary No. 67
Name Of Informant RAJVINDER SINGH	Address APT BLK 493 ADMIRALTY LINK #20-159 SINGAPORE 750493	
ID Type / ID No. NRIC NO / S2691672J	Contact No. Home/Office	Mobile 90612801
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SAFETY OFFICER	Sex Male	Age 55
Institution/School Name	Date of Birth 13/12/1967	Race Indian
Date/Time Of Incident 24/12/2022 20:00	Location Of Incident Melaka MALAYSIA	

Brief details.

On 24/12/2022, I was travelling along JB to KL Highway in my car SJY7258C. The car in front of me brake as such I applied my brakes and came to a stop. The car behind me AJA2820 cannot stop and hit my car. My car rear right side bumper and lights were damaged. No one was injured. When I was checking my vehicle the driver dove off the vehicle.

I am lodging this report for insurance claims.

Signature Of Officer Recording The Report: L / SR STAFF SGT RENUKHA D/O SELVARAJU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/12/2022 19:26
Officer In-Charge Of Case: L / Woodlands East N.P.C. / INSP (1) TOH ZHONG SHENG Contact No.: 63647559	Classification Of Case:



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



L/20221229/2090

2 of 2

Report No. L/20221229/2090

Signature Of Officer Recording The Report:

L / SR STAFF SGT RENUKHA D/O
SELVARAJU

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/12/2022 19:28

Officer In-Charge Of Case:
L / Woodlands East N.P.C. /
INSP (1) TOH ZHONG SHENG
Contact No.: 63647559

Classification Of Case:

12/25/22, 11:36 AM

iPRS



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : BRICKFIELDS
 Daerah : BRICKFIELDS
 Kontinjen : KUALA LUMPUR
 No. Repot : TRAFIK JASIN/004799/22
 Tarikh : 25/12/2022
 Waktu : 1117 AM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R188610

Butir-butir Penerima Repot :

Nama : AINA SYAKIRAH BINTI AHMAD SANUSI
 No. Badan : R210837
 Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada) :

Nama : ---
 No. Pasport : ---
 Alamat : ---
 No. K/P (Baru) : ---
 Bahasa Asal : ---
 No. Polis/Tentera : ---

Butir-butir Pengadu :

Nama : RAJVINDER SINGH
 No. K/P (Baru) : ---
 No. Sijil Beranak : ---
 Umur : 55 Tahun 0 Bulan
 Pekerjaan : SAFETY OFFICER
 Alamat Tinggal : 20-159, BLOK 493, ADMIRALITY LINK, 750493 SINGAPORE
 Alamat IbuBapa : 20-159, BLOK 493, ADMIRALITY LINK, 750493 SINGAPORE
 Alamat Pejabat : ---
 No. Tel (Rumah) : 90612801
 Emel : ---
 No. Polis/Tentera : ---
 Jantina : Lelaki
 Keturunan : India
 Warganegara : INDIA
 No. Pasport : K2664839P
 Tarikh Lahir : 13/12/1967
 No. Tel (Pejabat) : ---
 No. Tel (Bimbit) : 90612801

Pengadu Menyatakan :

I WAS DRIVING CAR CHEVROLET CRUZE COLOUR LIGHT BLUE (SJY7258C) FROM SINGAPORE TO KL, AROUND 0800PM 24/12/2022 ALONG JB TO KL HIGHWAY JUST BEFORE IN MELAKA EXIT 183.5 (AYER KEROH). THE CAR IN FRONT BRAKE AND I ALSO APPLY BRAKE AND BOTH CAR STATIONERY. CARS BEHIND ME (PLATE CAR NUMBER: AJA2820) CANNOT STOP AND HIT MY CAR. MY CAR REAR SIDE BUMPER AND LIGHTS VISIBLY DAMAGED BUT I WAS ABLE TO DRIVE. AS NO ONE WAS INJURED I MOVE ON TO KL. I DID NOT HIT CAR IN FRONT AND THAT QUICKLY DRIVE OFF. I WAS UNABLE TO WROTE DOWN HIS NUMBER. THATS ALL MY REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R210837 | 25/12/2022 11:34:42 AM

GENERAL
INSURANCE
ASSOCIATION

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0923150005 Vehicle Registration No: SJY7258C
 Name (as shown in NRIC): RAJIVINDER SINGH NRIC/FIN/Passport No: 52691672J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 493 ADMIRALTY LINK #20-159 Singapore (Zip 493)
 Contact (Tel): 90612801 Mobile No.: 90612801
 Email Address: rsgandhu1967@gmail.com
 Date of Accident: 24/12/2022 Time of Accident: 2000 HRS
 Place of Accident: HIGHWAY TOWARDS KUALA LUMPUR
 Insurance Company: INDIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT 24/12/2021 change to 24/12/2022

Policyholder / Driver's Signature
 Date: 10/1/2023

Reporting Centre Personnel's Signature
 Name: PS. Lim
 NRIC/FIN No: PS. Lim
 Date: 10/01/2023