



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	22/12/2022 18:31 (SGT)
Reported by	Driver
Date of Accident	19/12/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WEST COAST RD INFRONT BOON LEAT TERRACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1875D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SATYARAM PTE LTD
Company Reg No	2XXXXX216C
Email Address	sales@satyarampl.com
Mobile Phone No	(Phone) +65-67605425
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV200 DX-2 1.6
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124148684

DRIVER

Name of Driver	GAYEATHRI D/O K RAMASHAMY MRS MUHAMAD RAZEM
NRIC No	SXXXX423G
Date Of Birth	05/03/1990
Occupation	Outdoor

Date Of Driving Pass	18/12/2008
Driving experience	14 YEARS
Gender	Female
Mobile Number	(Phone) +65-81337651
Alt. Phone Number	-
Email Address	saigayeathri@gmail.com
Address	BLK 138 MARSILING RD #03-2020
Address complement	-
Postcode	730138
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
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	WORKER
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

REFER POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL SUBMIT TO INSURER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT869M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AMAN
NRIC No	SXXXX027D
Contact Number	(Phone) +65-83186303
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	SLN1232A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIANG KHOON HEONG
NRIC No	SXXXX986H
Contact Number	(Phone) +65-92972077
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

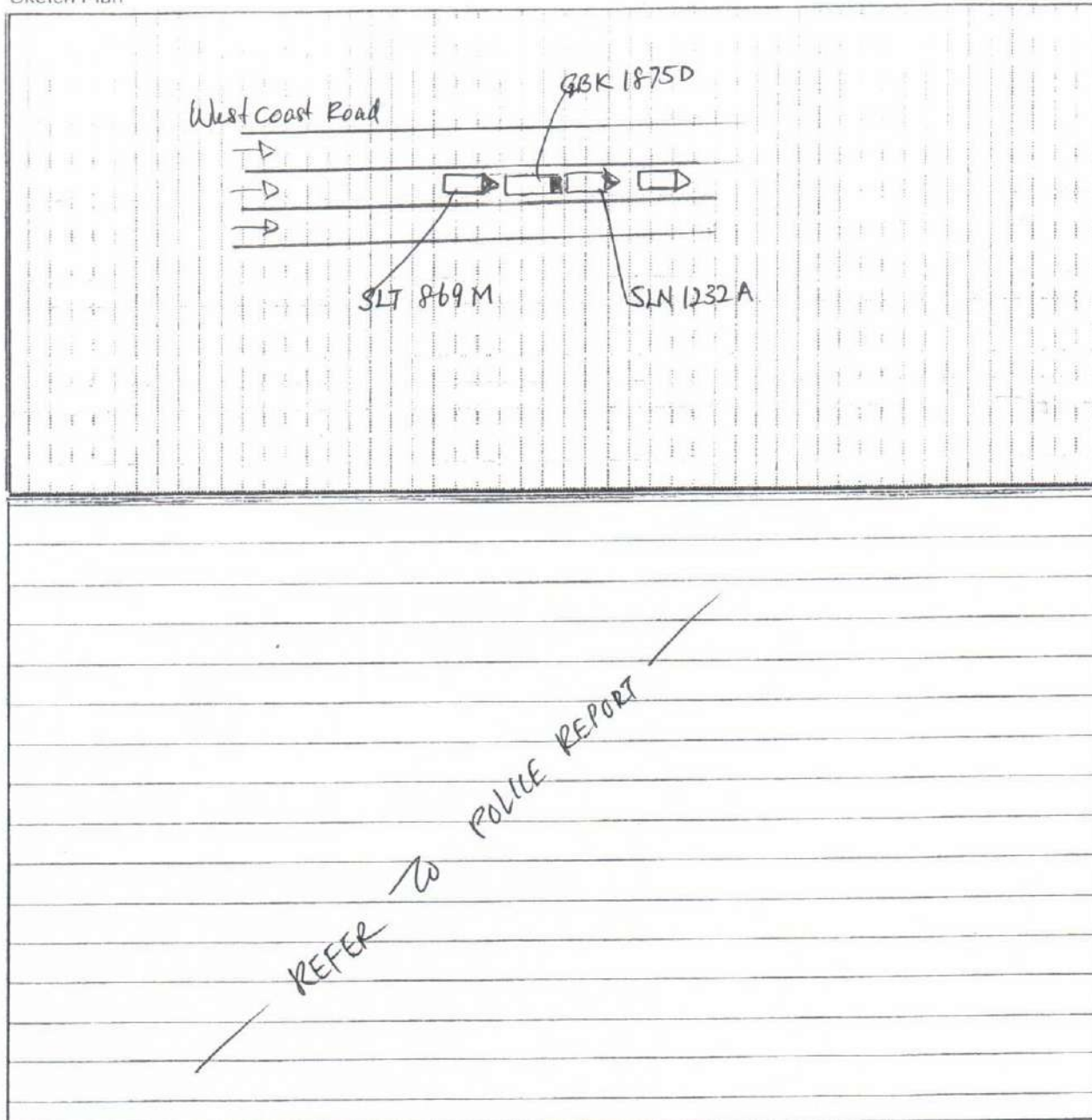
Name of injured person	GAYEATHRI D/O K RAMASHAMY MRS MUHAMAD RAZEM
Gender	Female
Phone No	(Phone) +65-81337651
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK1875D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only
() Claim OD/ TP at other workshop ()

Sketch Plan



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

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

MT/120 2223-002

VEH NO: G8K 1875D

INSURER: INCOME

DATE OF ACC: 19/12/22 3:00 P.M

SKETCH PLAN

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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/ID card)

Sketch Plan

PLEASE
TURN
OVER



**SINGAPORE
POLICE FORCE**



T/20221220/7024

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

1 of 3

Report No. T/20221220/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2022 14:59		Vide Report No.: D/20221219/0085		Station Diary No.:	
Informant's Particulars					
Name of Informant: GAYEATHRI D/O K RAMASHAMY			Address: 138 MARSILING ROAD #03-2020 SINGAPORE 730138		
ID Type / ID No.: NRIC NO / S9007423G			Contact No.: Home/Office: Mobile: 81337651		
Nationality: SINGAPORE CITIZEN			Email: SAIGAYEATHRI@GMAIL.COM		
Sex: Female	Age: 32	Date of Birth: 05/03/1990	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3C Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/12/2022 15:00	Type of Location: Straight Road
Location: BOON LEAT TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 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
GBK1875D	Van					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221220/7024

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

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Report No. T/20221220/7024

CONTINUATION OF REPORT

Driver			
Name	GAYEATHRI D/O K RAMASHAMY	ID No.	S9007423G
Related Vehicle	GBK1875D (Van)	Contact No.	81337651
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3C Date of Expiry: NIL
Date	19/12/2022	Date	19/12/2022
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

I was driving my company vehicle along west coast road right outside Boon Leat Terrace. The vehicle (SLN 1232A) in front of me made a sudden e-brake even though there was no obstruction ahead of him and the road ahead was clear with no traffic close by. I managed to come to a halt, safe distance from the front car. However, the vehicle (SLT 869M) behind me slammed onto my vehicle. I'm 8 weeks pregnant (high risk pregnancy) and felt sharp discomfort around my lower abdomen as well as below my neck area. Rear driver did not exit car despite pointing to him that I was pregnant. Only his passenger came out to check on me. after a while, both drivers came over to take my IC details. I was later conveyed to NUH. I was given injection to prevent any bleeding. For my neck, no x ray could be taken as it poses dangers to my pregnancy. Doctor advised on taking a week rest to monitor and to return back to hospital should I develop numbness to my hands. Given 7 days mc. My husband came to the site to speak with the traffic police, IS: Isa, Tel 65476187. Husband took the vehicle back to our carpark. I have the footage from my front camera of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20221220/7024

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

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Report No. T/20221220/7024

CONTINUATION OF REPORT

Sketch 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 / TPB /
KOH WEI JIE
Contact No.: 97303412

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

Date/Time:
20/12/2022 14:59

Classification Of Case: