

# 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 ..... 26/01/2023 09:52 (SGT)  
Reported by ..... Both  
Date of Accident ..... 22/01/2023 21:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CLEMENCEAU AVENUE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX3273D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NAGAPPAN MANIKANDAN  
NRIC No ..... SXXXX149A  
Email Address ..... mani.nathi78@gmail.com  
Mobile Phone No ..... (Phone) +65-94502491  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNA00001012301

### DRIVER

Name of Driver ..... NAGAPPAN MANIKANDAN  
NRIC No ..... SXXXX149A  
Date Of Birth ..... 04/06/1978  
Occupation ..... Indoor

Date Of Driving Pass .....	19/04/2003
Driving experience .....	19 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94502491
Alt. Phone Number .....	-
Email Address .....	mani.nathi78@gmail.com
Address .....	APT BLK 61 CIRCUIT ROAD
Address complement .....	# 04-217
Postcode .....	370061
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 .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	WVS9433
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	GRAB PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	GRAB PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	MacPherson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007449999
Alt. Police Station Phone No .....	(Fax) +65-65476366
Police Station Address .....	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230123/2028

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 ..... WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SHD1558K  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private hire  
 Name of Driver ..... WILSON PEREIRA  
 NRIC No ..... SXXXX242E  
 Contact Number ..... (Phone) +65-82340768  
 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 ..... WVS9433  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... ANKAGAPPAN  
 Contact Number ..... (Phone) +65-90526751  
 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 ..... NAGAPPAN MANIKANDAN  
 Gender ..... Male  
 Phone No ..... (Phone) +65-94502491  
 Address ..... APT BLK 61 CIRCUIT ROAD  
 Address Complement ..... # 04-217  
 Post Code ..... 370061  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... NECK PAIN  
 Injured person in which vehicle? ..... SMX3273D  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

N. Manickavelu  
Policyholder's Signature / Date & Time

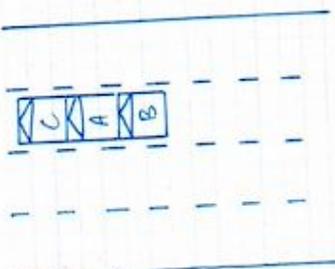
Sketch Plan

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

CLEMENCEAU AVENUE

gpmw 28/1/23  
Witnessed by Reporting Centre Personnel

A - SMX3273D  
B - SHD1558K  
C - WVS9433



Describe Circumstances of the Accident

Refer to police report

Declaration

We declare the foregoing particulars are true in every respect.

N. Mani Kandan  
Policyholder's Signature / Date & Time

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

26/1/23  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20230123/2028

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Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20230123/2028

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX3273D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000101 2301	12/01/2023	11/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NAGAPPAN MANIKANDAN	ID No.	S7867149A
Related Vehicle	NIL	Contact No.	94502491
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 22/01/2023 at about 2100hrs I was driving my car bearing the plate number SMX3273D along Clemenceau Ave towards Outram Road. I was at the junction of Clemenceau Ave and River Valley Road when I come to a stop. My car had stopped behind a foreign vehicle bearing the plate number WVS9433 on the third lane.

While waiting for the traffic light to turn green, a Taxi bearing the plate number SHD1558K had rear ended my car. This has caused my car to rear end the foreign vehicle Infront of me. I am a private hirer driver and at the time of accident there was 3 passengers in my car. All 3 was fine and do need any medical attention.

There was no Ambulance conveyance, no damage to government properties and no Traffic Police attended.

Details of the driver as follows.

WVS9433  
Ankagappan  
HP Num: 90526751

SHD1588K  
WILSON PEREIRA  
IC: S1658242E  
HP Num: 82340768

I am lodging this report for insurance claim purposes.















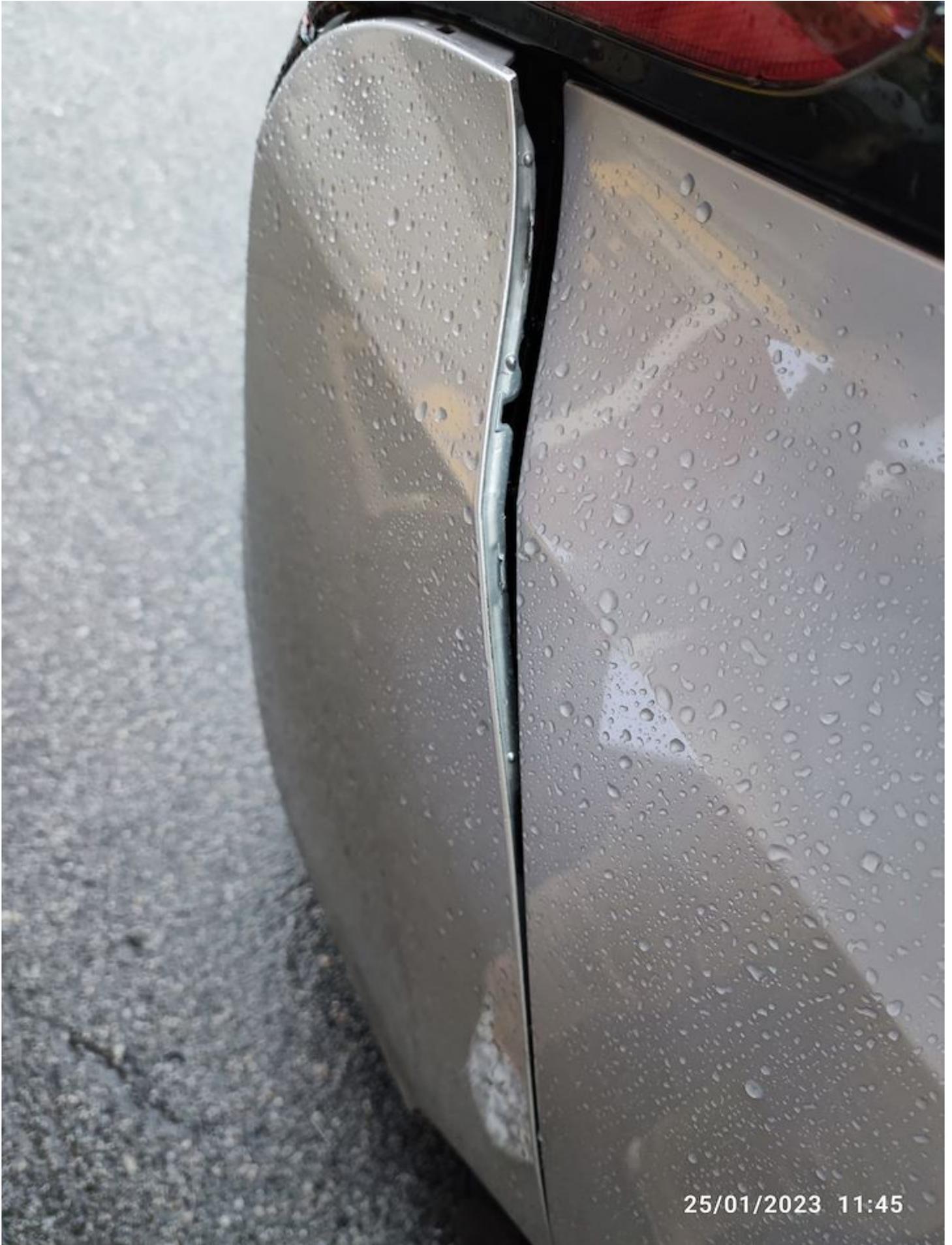
































TOYOTA MOTOR CORPORATION JAPAN  
MODEL DAA-ZVW51-AHXEB  
ENGINE 2ZR-FXE 1797 mL  
FRAME No. ZVW51-6154377  
COLOR 1F7 FD20 A41  
TRIM P610 -01A  
PLANT A41  
OPTION 342  
TRANS./AXLE P610 -01A

25/01/2023 11:46


**SINGAPORE  
POLICE FORCE**


T/20230123/2028

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Report No. T/20230123/2028

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2023 14:50	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: NAGAPPAN MANIKANDAN		Address: APT BLK 61 CIRCUIT ROAD #04-217 SINGAPORE 370061	
ID Type / ID No.: NRIC NO / S7867149A		Contact No.:	Mobile: 94502491
Nationality: INDIAN		Email:	
Sex: Male	Age: 44	Date of Birth: 04/06/1978	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/01/2023 21:00	Type of Location: X-Junction
Location: CLEMENCEAU AVENUE			
Weather: Clear	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1558K	TAXI	HYUNDAI	AE IONIQ HEV FL 1.6 DCT		Slightly Damaged	0
SMX3273D	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Silver	Slightly Damaged	3
WVS9433	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230123/2028

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Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20230123/2028

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX3273D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000101 2301	12/01/2023	11/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NAGAPPAN MANIKANDAN	ID No.	S7867149A
Related Vehicle	NIL	Contact No.	94502491
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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WILSON PEREIRA  
IC: S1658242E  
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**SINGAPORE  
POLICE FORCE**

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CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20230123/2028

**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: G / SGT 2 LUQMAN HAKIM BIN SHARIFF	Signature Of Informant:  
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2023 14:50
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168

