

# 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 23:08 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 25/01/2023 19:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JURONG WEST AVE 3 TOWARDS JURONG WEST AVE 5 @ JLN  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKH5030H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... RAVIN S/O SERU KRISHAN  
NRIC No ..... SXXXX204H  
Email Address ..... JEHOAHM7@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-92999242  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Impreza  
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 ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5132468766

### DRIVER

Name of Driver ..... JEHOSHUA PITCHAMUTHU  
NRIC No ..... SXXXX809B  
Date Of Birth ..... 01/05/1998  
Occupation ..... Indoor

Date Of Driving Pass .....	06/09/2016
Driving experience .....	6 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92999242
Alt. Phone Number .....	-
Email Address .....	JEHOLAHM7@GMAIL.COM
Address .....	273A JURONG WEST AVE 3 #04-41
Address complement .....	-
Postcode .....	641273
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	DRIZZLING
Road Surface .....	Wet

#### 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? .....	No
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 .....	KARISHMA ANGEL D/O DEVRAJ
Gender .....	Female

#### PASSENGER 2

Name .....	EVANGELINE HEPHIZIBAH MORGAN
Gender .....	Female

#### PASSENGER 3

Name .....	DEV RAJ S/O RAVIN
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

#### AS SKETCH PLAN

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 ..... SMR6335X  
 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) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... KARISHMA ANGEL D/O DEVRAJ  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

#### INJURED 2

Name of injured person ..... EVANGELINE HEPHZIBAH MORGAN  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

#### INJURED 3

Name of injured person ..... DEV RAJ S/O RAVIN  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -



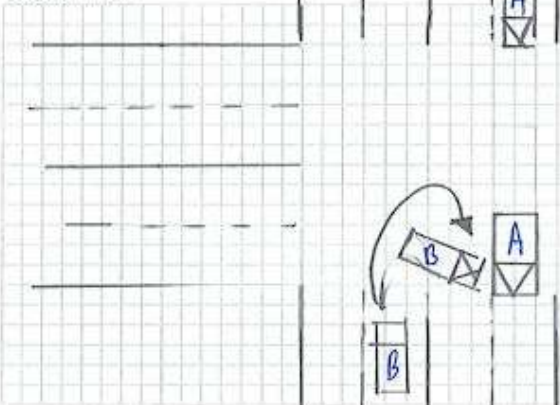
INJURED 4

Name of injured person .....	JEHOSHUA PITCHAMUTHU
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

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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.

<p></p> <p>Policyholder's Signature / Date &amp; Time</p>	<p></p> <p>Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p><b>Sketch Plan</b></p> 	<p><i>June 8 West Ave 3</i></p> <p><i>June 8 West Ave 5</i></p> <p><i>(A) SKH 5030H</i> <i>(B) SM R 6335X</i></p>	


## Describe Circumstances of the Accident

On 25.01.2023 at about 1935hrs, I was travelling along  
 Jalan West Ave 3 Towards Jalan West Ave 5 at Jalan Baktar Junction.  
 Upon reaching the Junction, all of a sudden a vehicle from  
 opposite road SMR 6335X make a u-turn and collided into  
 my front R/H side portion.

## Declaration

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





**SINGAPORE  
POLICE FORCE**



T/20230126/7127

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

1 of 4

Report No. T/20230126/7127

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/01/2023 13:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JEHOSHUA PITCHAMUTHU			Address: 273A JURONG WEST AVENUE 3 #04-41 SINGAPORE 641273		
ID Type / ID No.: NRIC NO / S9843809B			Contact No.: Home/Office: Mobile: 92999242		
Nationality: SINGAPORE CITIZEN			Email: jeholahm7@gmail.com		
Sex: Male	Age: 24	Date of Birth: 01/05/1998	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 Others	Drink Drive: No	Date/Time of Accident: 25/01/2023 19:35	Type of Location: X-Junction
Location:  JURONG WEST STREET 24				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKH5030H	Car					0
SMR6335X	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230126/7127

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

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Report No. T/20230126/7127

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	JEHOSHUA PITCHAMUTHU		ID No. S9843809B
Related Vehicle	SKH5030H (Car)		Contact No. 92999242
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Passenger</b>			
Name	KARISHMA ANGEL D/O DEVRAJ		ID No. T20344662G
Related Vehicle	SKH5030H (Car)		Contact No. 96810639
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
<b>Passenger</b>			
Name	EVANGELINE HEPHZIBAH MORGAN		ID No. S9111864E
Related Vehicle	SKH5030H (Car)		Contact No. 96810639
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Passenger</b>			
Name	DEV RAJ S/O RAVIN		ID No. S8733766I
Related Vehicle	SKH5030H (Car)		Contact No. 84842413
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious





**SINGAPORE  
POLICE FORCE**



T/20230126/7127

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

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Report No. T/20230126/7127

**CONTINUATION OF REPORT**

Brief Details.

I was traveling along Jurong West Ave 3 towards Jurong West Ave 5 at Jalan Bahar junction. Upon reaching the junction, suddenly SMR6335X from opposite make a u-turn and collided into the front right side of my vehicle.

My passengers and I and suffering from neck, back and body ache and visited Clementi Family & Aesthetic Clinic and was given 5 days MC each.



**SINGAPORE  
POLICE FORCE**



T/20230126/7127

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

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Report No. T/20230126/7127

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
26/01/2023 13:34

Classification Of Case: