

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 09:53 (SGT) |
| Reported by | Driver |
| Date of Accident | 24/01/2023 19:40 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | CTE TOWARDS AYE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHB5827T |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | Strides Taxi Pte Ltd |
| Company Reg No | 1XXXXX369K |
| Email Address | AUTO-SVCS-TARC@SMRT.COM.SG |
| Mobile Phone No | (Phone) +65-68662671 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Prius |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1800 |

INSURANCE COMPANY

| | |
|---|--------------------------------|
| Name of Insurance Company | MS First Capital Insurance Ltd |
| Policy Number / Cover Note Number | D-22099115MFSH |

DRIVER

| | |
|----------------------|-------------------------------|
| Name of Driver | BALANCHANDRAN S/O PALANIAPPAN |
| NRIC No | SXXXX465G |
| Date Of Birth | 13/02/1972 |
| Occupation | Outdoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 24/03/2008 |
| Driving experience | 14 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-68662672 |
| Alt. Phone Number | - |
| Email Address | AUTO-SVCS-TARC@SMRT.COM.SG |
| Address | 11 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | RELIEF |
| 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 | Raining |
| Road Surface | Wet |

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) | 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 | - |

PASSENGER 1

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Female |

PASSENGER 2

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|-------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Hougang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004890999 |
| Alt. Police Station Phone No | (Fax) +65-63128989 |
| Police Station Address | 60 Hougang Ave 9 Singapore 538775 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20230125/2016

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 | SHA9334C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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 | SGA178H |
| 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 | BALACHANDRAN S/O PALANIAPPAN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SHB5827T |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

INJURED 2

| | |
|---|---------|
| Name of injured person | UNKNOWN |
| 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? | Yes |

INJURED 3

| | |
|---|---------|
| Name of injured person | UNKNOWN |
| 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? | Yes |

INJURED 4

| | |
|---|---------|
| Name of injured person | UNKNOWN |
| 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? | Yes |

INJURED 5

| | |
|---|---------|
| Name of injured person | UNKNOWN |
| 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? | Yes |

INJURED 6

| | |
|---|---------|
| Name of injured person | UNKNOWN |
| 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? | Yes |

INJURED 7

| | |
|---|---------|
| Name of injured person | UNKNOWN |
| 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? | Yes |

INJURED 8

| | |
|---|---------|
| Name of injured person | UNKNOWN |
| 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? | Yes |

INJURED 9

| | |
|---|---------|
| Name of injured person | UNKNOWN |
| 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? | Yes |

SKETCH PLAN

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 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

[Signature] 25/1

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

[Signature]

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

Sketch Plan

Sketch Plan area with grid lines for drawing.

Describe Circumstance of the Accident

Refer to Police Report T/20230125/2016

Declaration

I/We declare the foregoing particulars are true in every respect.

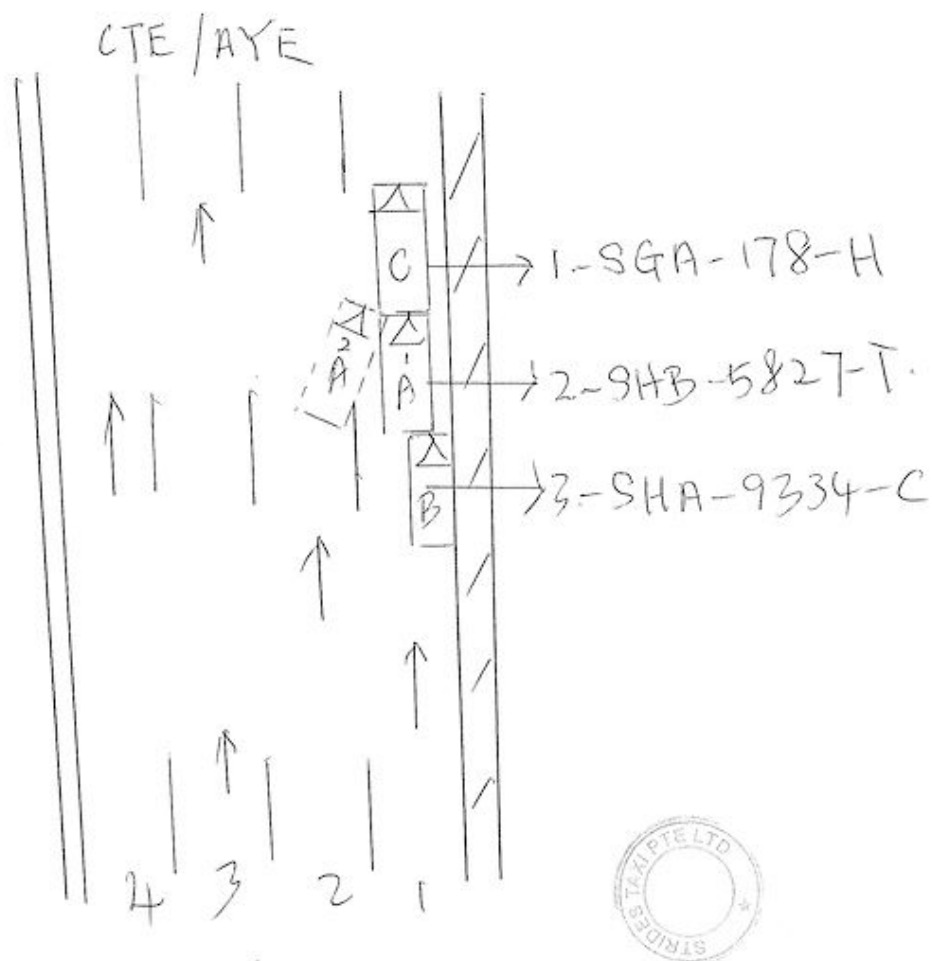


Policyholder's Signature / Date & Time

[Signature] 25/1
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

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















**SINGAPORE
POLICE FORCE**



T/20230125/2016

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20230125/2016

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 25/01/2023 10:56 | Vide Report No.: E/20230124/0115 | Station Diary No.: 36 |
|--|-------------------------------------|--------------------------|

| Informant's Particulars | | | | |
|---|------------|------------------------------|--|----------------------------|
| Name of Informant: BALACHANDRAN S/O PALANIAPPAN | | | Address: APT BLK 134 ANG MO KIO AVENUE 3 #02-1689 SINGAPORE 560134 | |
| ID Type / ID No.: NRIC NO / S7204465G | | | Contact No.: Home/Office: Mobile: 93577944 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 50 | Date of Birth: 13/02/1972 | Type of Informant: Driver | |
| Race: Indian | | | Language: | Institution / School Name: |
| Occupation: LOGISTIC COORDINATOR | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | |

| General Information of the Accident | | | | |
|--|------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 24/01/2023 19:40 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: 90 Km/h |
| Traffic Flow: Dual Carriage 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 | Condition | No of Passenger |
| SGA178H | Car | TOYOTA | LEXUS RX200T AT S/R | White | Slightly Damaged | 3 |
| SHA9334C | Car | HYUNDAI | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR | Yellow | Slightly Damaged | 3 |
| SHB5827T | Car | TOYOTA | PRIUS HYBRID 1.8 CVT | Maroon | Slightly Damaged | 2 |



**SINGAPORE
POLICE FORCE**



T/20230125/2016

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20230125/2016

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | BALACHANDRAN S/O PALANIAPPAN | ID No. | S7204465G |
| Related Vehicle | SHB5827T (Car) | Contact No. | 93577944 |
| Hospital/Clinic | CARE MEDICAL PTE LTD | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 25/01/2023 | Date Discharge | 25/01/2023 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On the 24/01/2023 at around 1920hrs, I was driving my vehicle (SHB5827T) alone CTE towards AYE. I was driving in the extreme right lane of the total 4 lanes. There was a vehicle in front of me (SGA178H). At the 4KM mark, after Orchard Exit, the vehicle in front of me slowed down. I slowed down as well however, the vehicle behind me (SHA9334C) hit on to the rear of my vehicle. This impact caused my vehicle to hit on to the vehicle in front of me. This also resulted in my vehicle skidding into the Second Lane.

We all than came to a stop and came out of our vehicles to make a check. My vehicle suffered damages on the front bumper and rear right tire and bumper.

Ambulance and Traffic Police came to the accident site. 9 people were conveyed to SGH to seek further medical attention. I was not conveyed as I did not feel any pain at that moment. There was an in-vehicle camera that was recording the accident.

The Traffic Police officer then informed me to lodge a Police Report regarding the accident.

Earlier on today, I felt some pain at the back of my body and subsequently went to a nearby clinic to get myself checked. I was then given 5 days MC dating from 25/01/2023 - 29/01/2023.

I am lodging this report as instructed by Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20230125/2016

3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20230125/2016

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:

F /
SGT 2 MUHAMMAD FIKRI BIN
MUHAMMAD FAZLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/01/2023 10:56

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHD SYARIFUDDIN MUHD AJMAIN
Contact No.: 65476083

Classification Of Case:

NP168