

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	25/01/2023 11:48 (SGT)
Reported by	Both
Date of Accident	20/01/2023 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD LINK AT LAMP POST 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD1221T
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THANAPATHY NAIDU S/O LETCHUMANAPATHY
NRIC No	S7435114Z
Email Address	FOSTER8374@GMAIL.COM
Mobile Phone No	(Phone) +65-90684517
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	Private car
Transmission	Auto
CC	1590

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122298145-01

DRIVER

Name of Driver	THANAPATHY NAIDU S/O LETCHUMANAPATHY
NRIC No	S7435114Z
Date Of Birth	09/10/1974
Occupation	Outdoor

Date Of Driving Pass	05/03/2003
Driving experience	19 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90684517
Alt. Phone Number	-
Email Address	FOSTER8374@GMAIL.COM
Address	650 PASIR RIS DR 10 #10-70 S.510650
Address complement	-
Postcode	-
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	Side Swipe
Weather Conditions	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	SENTHIL KUMAR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED POLICE REPORT

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	SGB2298B
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 PLANIMPORTANT 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 Authorised 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Redu
Policyholder's Signature / Date & Time

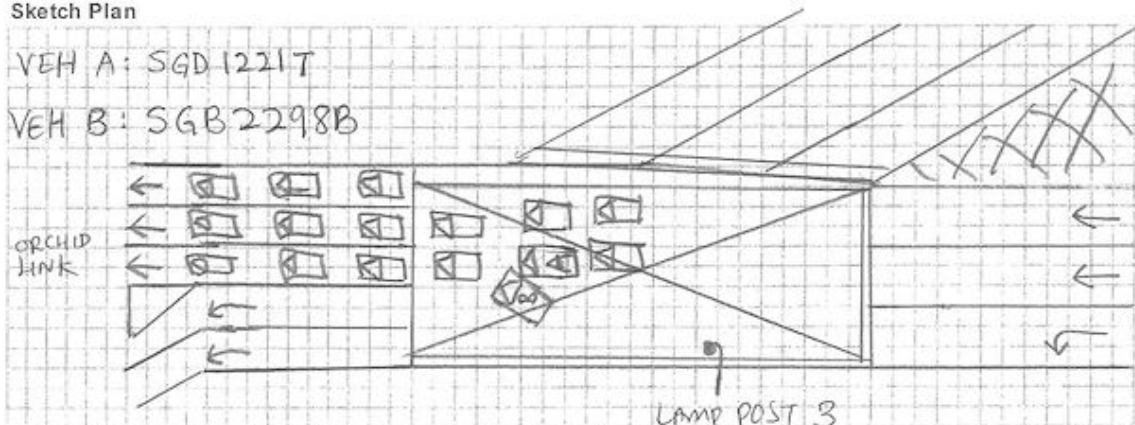
Redu 25th Jun 2023 @ 0935W
Driver's Signature (If driver is not the policyholder) / Date & Time

Motor Workshop
Witnessed by Reporting Centre Personnel

Sketch Plan

VEH A: SGD1221T

VEH B: SGB2298B



























**SINGAPORE
POLICE FORCE**



T/20230121/2065

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20230121/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2023 17:34	Vide Report No.:	Station Diary No.: 72
--	------------------	--------------------------

Informant's Particulars

Name of Informant: THANAPATHY NAIDU S/O LETCHUMANAPATHY			Address: APT BLK 650 PASIR RIS DRIVE 10 #10-70 SINGAPORE 510650		
ID Type / ID No.: NRIC NO / S7435114Z			Contact No.: Home/Office: Mobile: 90684517		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 09/10/1974	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: ESCORT OFFICER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2023 16:30	Type of Location: Straight Road
Location: ORCHARD LINK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB2298B	Car	TOYOTA	ALTIS	Brown	Slightly Damaged	0
SGD1221T	Car	MITSUBISHI	LANCER EX 1.6 AT LED TAIL LAMP	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20230121/2065

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20230121/2065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGD1221T	NTUC Income Insurance Co-Operative Limited	5122298145-01	10/07/2022	09/07/2023

Brief Details.

On the above-mentioned date, time and location, I was driving along Orchard Link when I stopped at a turn. Suddenly, a brown car drove in front of me and grazed the front left bumper of my car. They did not seem to notice, and I honked at the car which got their attention. I then proceeded to tell them that they had grazed my car and to settle it privately. She agreed and we went to another location to discuss how to settle the matter. She admitted that it was her fault and was willing to pay. She agreed to pay for the damages for my car and we left our separate ways.

On 21/01/2023, I got a call from the repair shop at Kaki Bukit and was informed that SGD1,000/- was more than enough to cover the cost of the repair on my vehicle. I informed the other driver, and she was shocked to find out the cost. I explained to her in detail as to how the repair procedure would go about. She then informed me that she would call me back after thinking about it. Subsequently, she texted me that she no longer wishes to settle it privately and would let her insurance company take the matters into their hands instead.

I am lodging this report for insurance and recording purposes.



**SINGAPORE
POLICE FORCE**



T/20230121/2065

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20230121/2065

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 1 Bapamah Hayna Mei 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2023 17:34
Officer In Charge Of Case: TP / GIA / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20230121/2073

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20230121/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2023 19:10	Vide Report No.: T/20230121/2065	Station Diary No.: 89
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: THANAPATHY NAIDU S/O LETCHUMANAPATHY			Address: APT BLK 650 PASIR RIS DRIVE 10 #10-70 SINGAPORE 510650		
ID Type / ID No.: NRIC NO / S7435114Z			Contact No.: Home/Office: Mobile: 90684517		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 09/10/1974	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: ESCORT OFFICER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/01/2023 16:30	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SGB2298B	Car	TOYOTA	ALTIS	Brown	Slightly Damaged	0
SGD1221T	Car	MITSUBISHI	LANCER EX 1.6 AT LED TAIL LAMP	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

**SINGAPORE
POLICE FORCE**

T/20230121/2073

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230121/2073

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGD1221T	NTUC Income Insurance Co-Operative Limited	5122298145-01	10/07/2022	09/07/2023

Brief Details.

I would like to further add from my previous report that when we went to another location, Takashimaya carpark, she wanted to settle there and then by offering me money. I refused at first as I was not in a position to access the damage and payment. We then discussed further and reached a conclusion that she would pay directly to the car mechanic when the damage and payment was assessed. I would also like to state that my vehicle was stationary during the entire incident.



**SINGAPORE
POLICE FORCE**



T/20230121/2073

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230121/2073

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 1 Bapamah Hayna Mei

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2023 19:10

Officer In Charge Of Case:
TP / GIA /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168



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: SK0U231P0009 Vehicle Registration No: SGD 1221T
 Name (as shown in NRIC): Tharapathy Naidu s/o Ketchumanapathy NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90684517
 Email Address: FOSTER8374@GMAIL.COM
 Date of Accident: 20/1/2023 Time of Accident: 1630
 Place of Accident: Orchard Link at Lamp Post 3
 Insurance Company: Income

(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:

TP vehicle no. should correctly
read: SGB 2298B

Policyholder / Actual Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:

