

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	07/02/2023 10:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/02/2023 16:55 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1022K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUTHIAH SWAAMEDHARAN
NRIC No	SXXXX983G
Email Address	swaamedharan@yahoo.com
Mobile Phone No	(Phone) +65-84783609
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPC0000604

DRIVER

Name of Driver	MUTHIAH SWAAMEDHARAN
NRIC No	SXXXX983G
Date Of Birth	19/06/1956
Occupation	Indoor

Date Of Driving Pass	17/10/1997
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84783609
Alt. Phone Number	-
Email Address	swaamedharan@yahoo.com
Address	BLK 927 HOUGANG STREET 91 #02-77
Address complement	-
Postcode	530927
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	DRIZZLING
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?	No
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	NAGARATNAM
Gender	Female

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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230208/7031

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	SJP2597D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DURAIMANKKAM RAMADAS
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	GBD3244Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KALITAMOORTHY BALAMURUGAN
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	NAGARATNAM
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMV1022K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MUTHIAH SWAAMEDHARAN
Gender	Male
Phone No	(Phone) +65-84783609
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMV1022K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

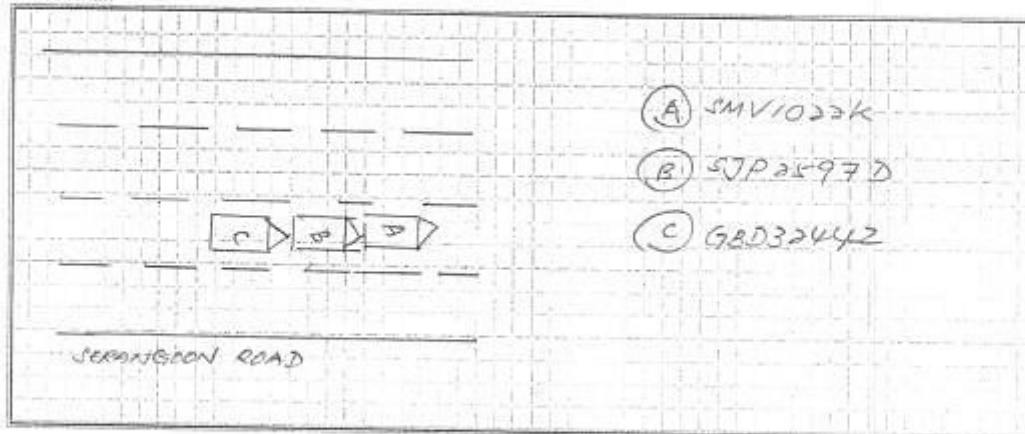
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 07/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/D card)

Sketch Plan



Describe Circumstance of the Accident

On Sunday 050223 at about 1655hrs along Serampore Road near St Michael road, I am the driver of Honda Vezel SMV 1022K with me was my wife sitting next to me Mrs Nagarathnam.

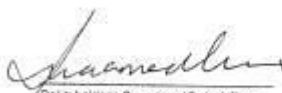
The traffic light turn red I stop my car for pedestrian to cross, behind me a Honda Stream Vehicle No SSP 25970 driven by Duraimanickam Remadas. The third vehicle No GBD 3244Z Nissan 14ft lorry driven by Kaliyamoorthy Balamurugesan from YC Integrated Pte Ltd.

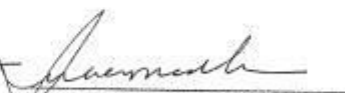
The accident happens the third lorry driver hit the 2nd vehicle (SSP 25970) and the 2nd vehicle hit the 1st vehicle (SMV 1022K). I am the driver Muthiah Swamedharan.

My wife feel not well very soon she is going to see the doctor soon.

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

 07/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















**SINGAPORE
POLICE FORCE**



T/20230208/7031

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

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Report No. T/20230208/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2023 13:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUTHIAH SWAAMEDHARAN			Address: 927 HOUGANG STREET 91 #02-77 SINGAPORE 530927		
ID Type / ID No.: NRIC NO / S1187983G			Contact No.: Home/Office: Mobile: 84783609		
Nationality: SINGAPORE CITIZEN			Email: RATNA0320@YAHOO.COM		
Sex: Male	Age: 66	Date of Birth: 19/06/1956	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Chief safety officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2023 17:00	Type of Location: Straight Road
Location: BENDEMEER ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 60 Km/h	
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	Conditio	No of
GBD3244Z	Lorry					0
SJP2597D	Car					0
SMV1022K	Car	HONDA	VEZEL 1.5X A	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230208/7031

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

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Report No. T/20230208/7031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV1022K	INDIA INTERNATIONAL INSURANCE PTE LTD	D23MPC0000604	11/01/2023	10/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	KALIYAMOORTHY BALAMURUGAN		ID No.	G7874583K
Related Vehicle	GBD3244Z (Lorry)		Contact No.	89347934
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
Driver				
Name	DURAIMANICKAM RAMADAS		ID No.	S7560838A
Related Vehicle	SJP2597D (Car)		Contact No.	90087424
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
Driver				
Name	MUTHIAH SWAAMEDHARAN		ID No.	S1187983G
Related Vehicle	SMV1022K (Car)		Contact No.	84783609
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/02/2023		Date	07/02/2023
No. of Days granted Medical Leave	04		Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20230208/7031

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

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Report No. T/20230208/7031

CONTINUATION OF REPORT

Passenger			
Name	NAGARATNAM		ID No. S26123111
Related Vehicle	SMV1022K (Car)		Contact No. 98518415
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	07/02/2023		Date 07/02/2023
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

ON THE ABOVE TIME AND DATE I WAS IN MY VEHICLE SMV1022K WITH MY WIFE (NAGARATNAM) AT THE TRAFFIC LIGHT WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN AT SERANGOON ROAD BEFORE ST MICHAELS ROAD TOWARDS PIE. SUDDENLY A IMPACT CAME FROM THE REAR OF MY VEHICLE. I WENT DOWN TO SEE AND REALISED THAT VEHICLE SJP2597D HAD COLLIDED ONTO MY VEHICLE. THERE WAS A THIRD VEHICLE INVOLVED AS WELL. THE LAST VEHICLE GBD3244Z. ME AND MY WIFE WAS INJURED AND WENT TO CONSULT A DOCTOR AT I-HEALTH MEDICAL BENDEMEER. I WAS AWARDED 4 DAYS MC AND MY WIFE HAD 4 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20230208/7031

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Report No. T/20230208/7031

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 /
FAH KRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
08/02/2023 13:57

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0923270002 Vehicle Registration No: SMV1022K
 Name (as shown in NIC): MUTHIAH SWAMEDHARAN NRIC/FIN/Passport No : 51182983G
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 927 HOUGANG STREET 91 #02-77 Singapore 130927
 Contact (Tel) : _____ Mobile No.: 84783601
 Email Address : SWamedharan@yahoo.com
 Date of Accident : 05-02-2023 Time of Accident : 1651 HRS
 Place of Accident : SERANGGAPAI ROAD SINGAPORE
 Insurance Company: INDIA

(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:

AMEND EMAIL ADDRESS TO : SWamedharan@yahoo.com

SWamedharan
 Policyholder / Driver's Signature
 Date: _____

15/06/2023
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No: _____
 Date: _____