# **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 witholding 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.

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   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 03/02/2023 12:43 (SGT) Reported by Driver Date of Accident 02/02/2023 17:40 (SGT) Exact Location of Accident Lower Delta Rd, Singapore Additional Location Information LOWER DELTA ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mazda

Vehicle Registration Number **SLC6952E** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KAVITHA THIRUKUMAR NRIC No S9024423Z Email Address nnaresann@gmail.com Mobile Phone No (Phone) +65-87798106 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model 3 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 No - Claiming third party your vehicle?

Vehicle Category Private hire Transmission Auto CC 1500

### **INSURANCE COMPANY**

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5122850065-01

### DRIVER

Name of Driver NARESANS/O PARIMELALAGAN NRIC No S9048876G Date Of Birth 22/11/1990 Occupation Outdoor

Date Of Driving Pass 17/07/2012 Driving experience 10 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-87798106 Alt. Phone Number Email Address nnaresann@gmail.com Address APT BLK 476C YISHUN STREET 44 Address complement #04-62 Postcode 763476 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Central Division Headquarters Police Station Phone No (Phone) +65-18002240000 Alt. Police Station Phone No (Fax) +65-62200877 Police Station Address 391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT REPORT NO: A/20230203/7010 ATTACHMENT(S) 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 KIV

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKQ5755C

# CACcident report SS3623230001

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KIAN GUAN
NRIC No	S8039353I
Contact Number	(Phone) +65-97244008
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  Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	NARESAN S/O PARIMELALAGAN Male (Phone) +65-87798106 APT BLK 476C YISHUN STREET #04-62 763476 33 SHOULDERS , NECK AND LOWER BACK SLC6952E Yes
Was this injured conveyed to hospital by ambulance?	No

REPORT NO : A 2003-20003 TO TO  Report No : A 2003-20003 TO TO	e Circumstance of the Accident				
REPORT No : A 2003-0000 7010  ation later the foregoing particulars are true in every respect.  Addrés Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel					
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/ Date & Time (Name as in NRICITO card)			not the policyholder) Witn	essed by Reporting Centre	Personnel
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### SKETCH PLAN

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- 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)

Lunderstand, 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.

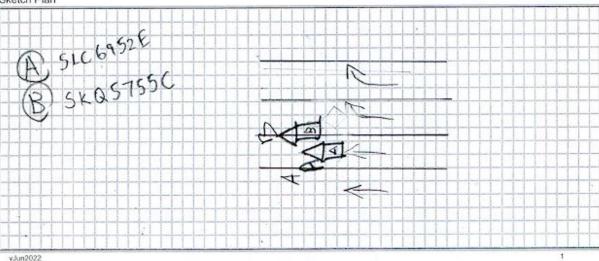
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Policyholder's Signature / Date & Time

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

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

### Sketch Plan



















1 of 2

Report No. A/20230203/7010

# POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Vide Re	port No.		Station Diary No.
Address	13		
476C YI	SHUN STR	EET 44 #04-62 SI	NGAPORE 763476
100 E 2 C C C C C C C C C C C C C C C C C C		Mobile: 87798106	
Email Address NNARESANN@GMAIL.COM			
Sex	Age	Date of Birth	Race
Male	32	22/11/1990	Indian
Language English			
Location Of Incident LOWER DELTA ROAD			
	Address 476C YI Contact Home/C Email Address NNARE Sex Male Language English Location	Contact No. Home/Office:  Email Address NNARESANN@GN Sex Age Male 32  Language English Location Of Inciden	Address 476C YISHUN STREET 44 #04-62 SI Contact No. Home/Office: Mobile: 87798106 Email Address NNARESANN@GMAIL.COM Sex Age Date of Birth Male 32 22/11/1990  Language English Location Of Incident

Brief details.

My name is Naresan S/o Parimelalagan, Nric S9048876G. I am driving Mazda 3 Plate No: SLC6952E. On the 2/2/2023 1740HRS, I was involved in an road accident with another motorists Name Lim Kian Guan Nric S8039353I Vehicle No: SKQ5755C. I was driving along Lower Delta road to fetch my Gojek Customer. The weather was heavy downpour, while i was driving along at the road at the speed limit required the mentioned vehicle SKQ5755C made an sudden turn into my lane which resulted in a collision of both of vehicles. I was very terrified as the impact was very heavy and lifted my car at a height. We moved out vehicle to the side road safely and agreed to exchange information of Personal

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant:  The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2023 11:49
Officer In-Charge Of Case:	Classification Of Case:





2 of 1

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20230203/7010

particulars and accident images as well. I have been affected by the trauma this accident has caused me leaving me with a couple of discomfort and pain on my shoulders, neck and lower back.

Victim			
Person Name	NARESAN S/O PARIMELAL	AGAN	
ID Type	NRIC NO	ID No	S9048876G
Gender	Male	Age	32
Race	Indian	Language	English
Occupation	Operations officer (except transport operations)	Address	476C YISHUN STREET 44 #04 62 SINGAPORE 763476
Mobile No	87798106	Is Informant A Victim?	Yes
Person Name	NARESAN S/O PARIMELALA	12.22.0011	

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.		
Date/Time: 03/02/2023 11:49		
Classification Of Case:		

