Your NCD will be affected due to late reporting

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.
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	16/02/2023 12:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/02/2023 18:25 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS FORT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV9157B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROHIT CHATTERJI
NRIC No	SXXXX378B
Email Address	rohitchatterji@gmail.com
Mobile Phone No	(Phone) +65-88092275
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Nx200t
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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100432313-07

DRIVER

Name of Driver	NIKHIL CHATTERJI
NRIC No	TXXXX115B
Date Of Birth	28/08/2003
Occupation	Indoor

Date Of Driving Pass	07/10/2021
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88092275
Alt. Phone Number	-
Email Address	rohitchatterji@gmail.com
Address	9 RHU CROSS #13-10
Address complement	-
Postcode	437436
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	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 AND POLICE REPORT T/20230216/7015

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	SJU5375G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ASHWIN EVAN A SABNANI
Contact Number	(Phone) +65-90046962
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NIKHIL CHATTERJI
Gender	Male
Phone No	(Phone) +65-88092275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKV9157B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

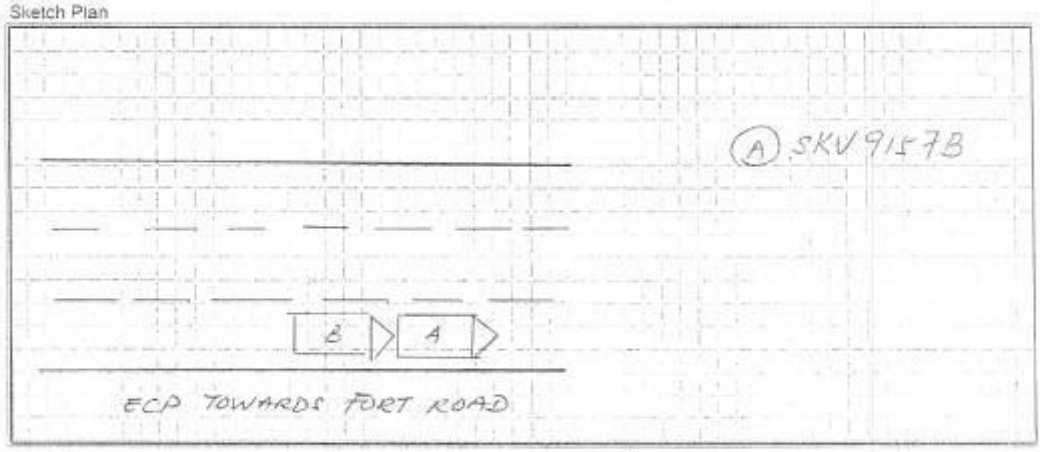
(collectively the "**Purposes**")

(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	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
		16/01/2017

Sketch Plan



1

Describe Circumstance of the Accident

Conditions were heavy rain, quite a bit of traffic on the highway. There were two cars in front of me, the first one stopped suddenly, so the second car had to jam his brakes. In order to not crash into this car, I also had to step on my brakes entirely. None of us hit each other and both cars drove off. Then, I felt an impact from behind and saw smoke in my rear-view mirror. I got out of the vehicle and saw that I had been rear-ended by a Mazda (plate number SJU5375G).

POLICE REPORT T/20130716/7015

Declaration

I/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

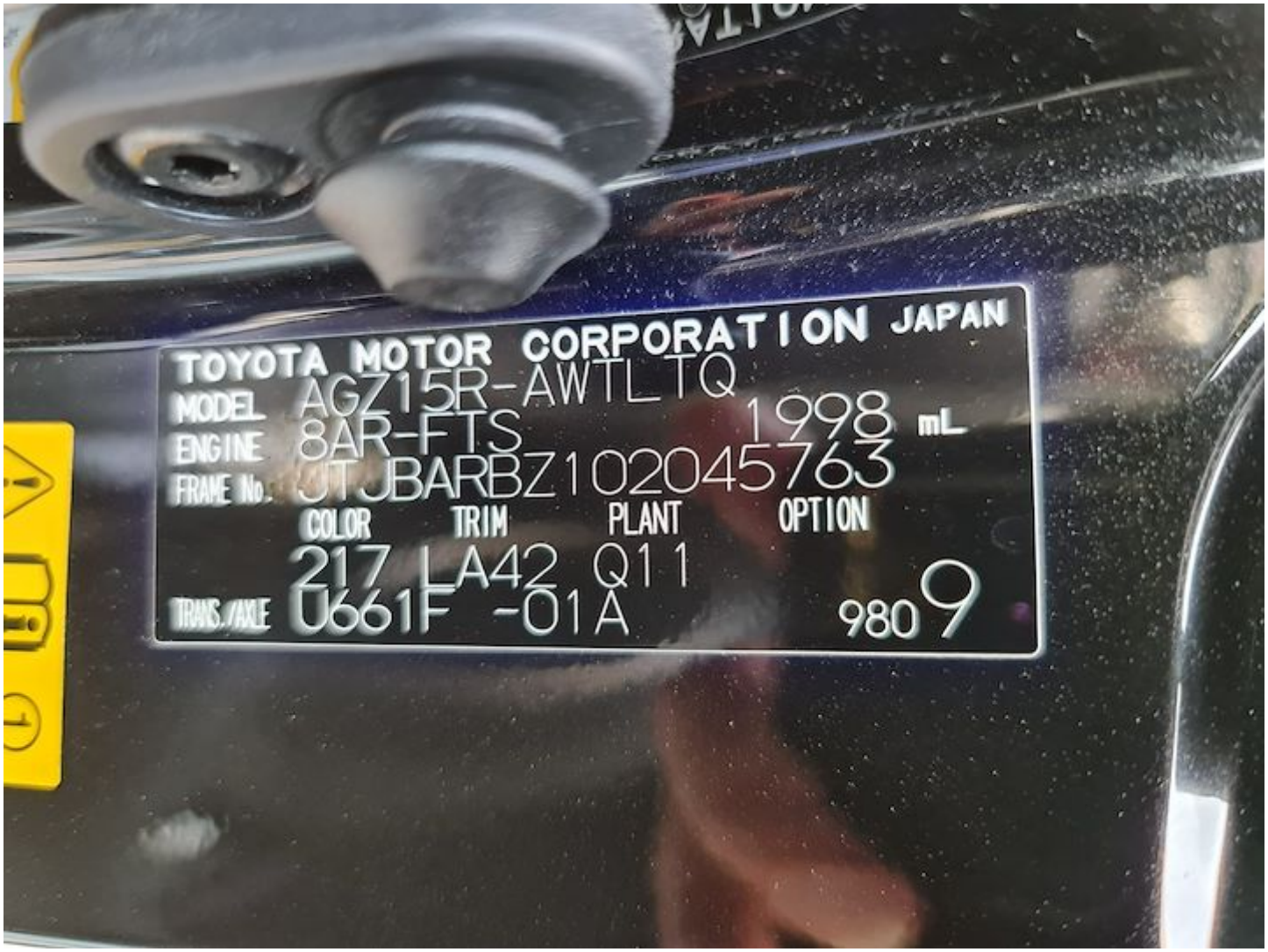
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

10/07/2013

2

IMAGES

IMAGES #2


TOYOTA MOTOR CORPORATION JAPAN
MODEL AGZ15R-AWTLTQ
ENGINE 8AR-FTS 1998 mL
FRAME No. JTJBARBZ102045763
COLOR TRIM PLANT OPTION
217 LA42 Q11
TRANS./AXLE U661F -01A 9809

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9


TUNE-SCROLL
< CH-TRACK >
RADIO
MEDIA
PWR-VOL
PUSH
NORMAL
ECO
SPORT
P
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M
HOLD
AUTO
HOME
MENU

SINGAPORE POLICE FORCE

T/20230216/7015

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

Report No. T/20230216/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
16/02/2023 10:50		

Informant's Particulars

Name of Informant: NIKHIL CHATTERJI			Address: 9 RHU CROSS #13-10 SINGAPORE 437436	
ID Type / ID No.: NRIC NO / T0377115B			Contact No.: Home/Office: Mobile: 88092275	
Nationality: SINGAPORE CITIZEN			Email: NIKCHATTERJI@GMAIL.COM	
Sex: Male	Age: 19	Date of Birth: 28/08/2003	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/02/2023 18:25	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJU5375G	Car	MAZDA	Mazda 3 Turbo	Grey	Seriously Damaged	3
SKV9157B	Car	LEXUS	Lexus NX200t	Black	Slightly Damaged	1

SINGAPORE POLICE FORCE

T/20230216/7015

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

Report No. T/20230216/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU5375G	NTUC Income Insurance Co-Operative Limited			
SKV9157B	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	ASHWIN EVAN A SABNANI		ID No.	S8823107D
Related Vehicle	SJU5375G (Car)		Contact No.	90046962
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	NIKHIL CHATTERJI		ID No.	T0377115B
Related Vehicle	SKV9157B (Car)		Contact No.	88092275
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/02/2023		Date	15/02/2023
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details,
There were two cars in front of me; the first one suddenly slowed down, so the second had to jam their brakes. In order to not collide with this vehicle, I had to step on my brakes as well. No one was hit, and these two cars drove off. Around 1.5 seconds later, I felt a strong impact from behind, and hit my head on the steering wheel. When I got out of my vehicle, I noticed I had been rear-ended by a Mazda 3 (plate # SJU5375G). I have pictures of the impact, but no dashcam footage. This accident took place on ECP along the makeshift airstrip. I was travelling on ECP towards the Fort Road exit. There was no pedestrian crossing nearby as this is a highway.

SINGAPORE
POLICE FORCE

T/20230216/7015

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

Report No. T/20230216/7015

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20230216/7015

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

Report No. T/20230216/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 16/02/2023 10:50
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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: SN08232G0003 Vehicle Registration No: SKV9157B

Name (as shown in NRIC): NIKHIL (illegible) NRIC/FIN/Passport No: T

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 8809 2275

Email Address: _____

Date of Accident: 14/08/2023 Time of Accident: 18:25

Place of Accident: ECP Towards Fort Road

Insurance Company: AIG

(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:

Policy Number No 2100432313-07

Policyholder / Actual Driver's Signature
Date:

23/02/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

v.Jun2022