

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 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

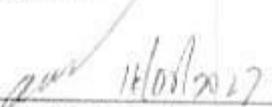
SKETCH PLAN

IMPORTANT NOTICE

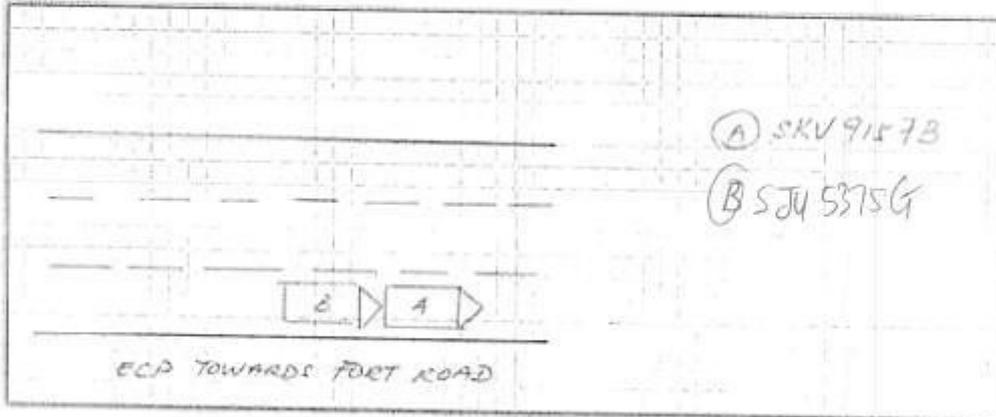
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as true and accurate as possible. Any willful misrepresentation or withholding of material facts may allow 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 a/forward.
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 insurers 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 purposes 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 making 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/small 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/are 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

 16/05/2027
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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 SJU53756).

POLICE REPORT 1/20230216/2015

Declaration

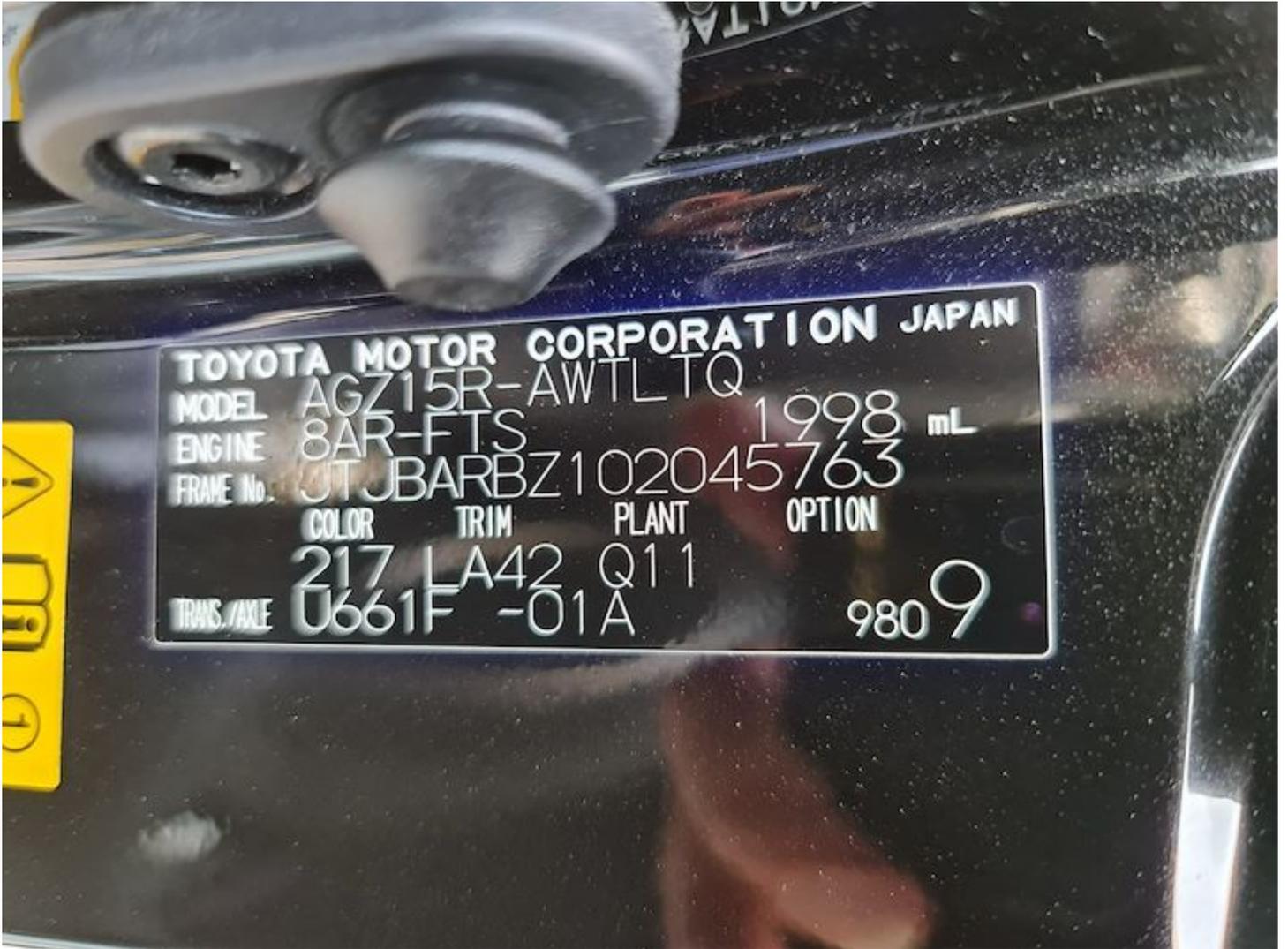
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

 16/02/2013
Witnessed by Reporting Centre Personnel (Name as in NRIC/D card)





















**SINGAPORE
POLICE FORCE**



T/20230216/7015

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

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Report No. T/20230216/7015

REPORT OF A TRAFFIC ACCIDENT

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

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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**

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



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Report No. T/20230216/7015

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20230216/7015

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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 Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 16/02/2023 10:50
Classification Of Case:



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: SKV 9157B
 Name (as shown in NRIC): XIKHIL CHAIKUN NRIC/FIN/Passport No: Txxxx115B
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8809 2275
 Email Address: _____
 Date of Accident: 14/07/2023 Time of Accident: 18.25
 Place of Accident: ECP TOWARDS FORT ROAD
 Insurance Company: ALG

(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:

To INDICATE 3RD PARTY VEHICLE NUMBER SJUS375G
ON SKETCH PLAN.

Policyholder / Actual Driver's Signature
Date:

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

v3jun2022