SP1823290002 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 09/02/2023 10:19 (SGT) SUBMITTED BY: Lily Lim Buay Hiang VERSION: 1 (09/02/2023 10:19 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 09/02/2023 10:19 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 08/02/2023 14:55 (SGT) Exact Location of Accident Lor 6 Toa Payoh, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK7775K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUTHUKRISHNAN RAGHURAM NRIC No SXXXX387E Email Address raghuram.muthukrishnan@gmail.com Mobile Phone No (Phone) +65-91999977 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Camry 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

No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNPV2019-00014023

DRIVER

Name of Driver MUTHUKRISHNAN RAGHURAM NRIC No SXXXX387E Date Of Birth 04/07/1966 Occupation Indoor

Date Of Driving Pass 28/07/2016 Driving experience 6 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-91999977 Alt. Phone Number Email Address raghuram.muthukrishnan@gmail.com Address 3 TG RHU ROAD #19-01 Address complement Postcode 436881 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions

Clear

Dry

No

OTHER INFORMATION

Road Surface

Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1

Was any foreign vehicle involved in the accident?

Name PAX 1 Gender Male

PASSENGER 2

Name PAX 2 Gender Male

PASSENGER 3

Name PAX 3 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

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	XE7083D
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 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.
- 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 Traffic Police Department for investigation.
- 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.
- 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:
- 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.

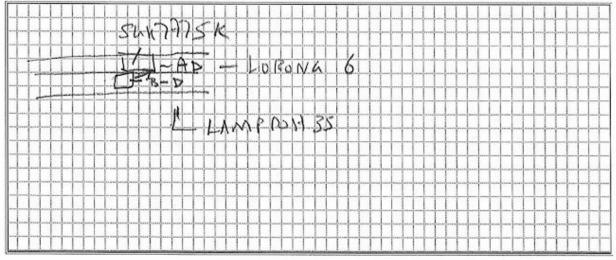
M. Raghunang 9:43 Am

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)

Sketch Plan



1

Describe Circumstar	nce of the Accident		
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12 11 11	-		

I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details.

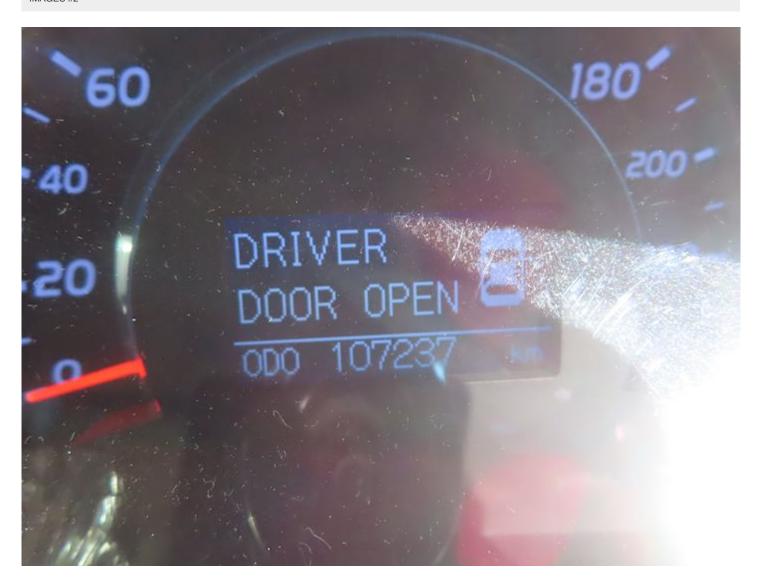
M. Roghwarns 69-Feb-23 9:45 Am Policyholder's Signature / Date & Time

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

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

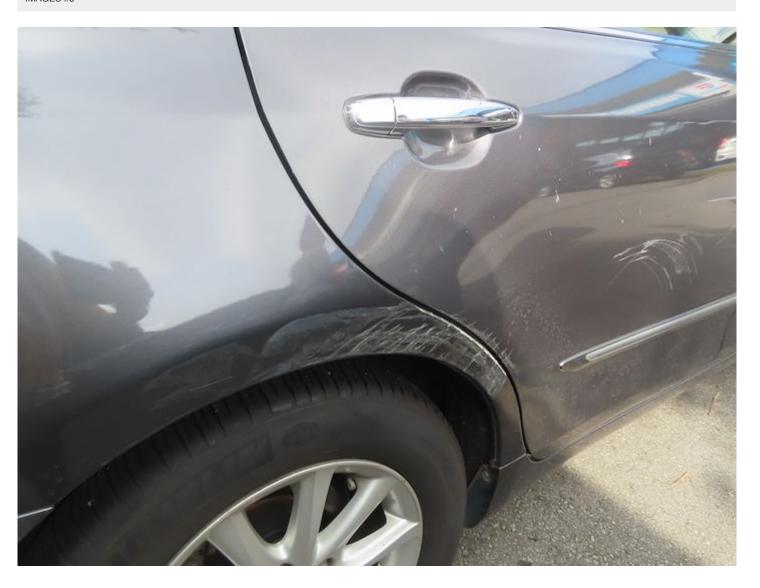
2



















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

1 of 3 Report No. T/20230208/7055

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 023 17:44	Made:	Vide Report No.: E/20230203/0118	Station Diary No.		
Informa	nt's Partic	ulars	En cl	A PROPERTY OF THE PROPERTY OF		
Name of Informant: MUTHUKRISHNAN RAGHURAM			Address: 3 TANJONG RHU ROAD #19-01 SINGAPORE 436881			
	/ ID No.: O / S26703	87E	Contact No.: Home/Office:	Mobile: 91999977		
Nationality: INDIAN		30	Email: RAGHUNIRU@GMAIL.COM			
Sex: Male	Age: 56	Date of Birth: 04/07/1966	Type of Informant: Driver			
Race: Indian			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/02/2023 14:55	Type of Location Straight Road
LORONG 6 T	ОА РАҮОН			
Weather:		Road Surface:		
				load Speed Limit:
Clear Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wor		load Speed Limit: 0 Km/h raffic Volume: loderate

Details of V	ehicle Invo	lved		STORY OF STREET		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
XE7083D	Car				Conditio	0

Use of Pedestrian Crossing: NA



T/20230208/7055

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20230208/7055

CONTINUATION OF REPORT

Driver Name	MUTHUKRISHNAN RAGHURAM			ID No		S2670387E
Related Vehicle	XE7083D (Car)			Conta	ct No.	91999977
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL Dat				NIL	
No. of Days gran	No. of Days granted Medical Leave NIL De			of	NIL	

Brief Details.

I was driving with 3 passengers (work colleagues) in my car on my way to a meeting at StarHub Green. At Lorong 6 near Lamp Post 35, a truck from behind drifted into my lane and side swiped my car and hit the driving side mirror and move swiftly away and did not stop. It was a hit and run accident. I have eye witnesses in my car who can attest that I kept to my lane while driving.

The accident took place right before the public car park entrance TPTP66 located near Block 19 Lorong 6 Tao Payoh.

Sketch Plan





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

Informant is not able to provide sketch

3 of 3 Report No. T/20230208/7055

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is
	required.
Signature Of Interpreter:	Date/Time:
Not applicable	08/02/2023 17:44
Officer In Charge Of Case:	Classification Of Case:
TP / TPIB /	
SUFIYAN BIN KHAIRI	
Contact No.: 65476148	
NP168	