

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	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 your vehicle?	No - Claiming third party
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	Male
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?	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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	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.
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 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.

09 Feb 23
M. Naghuan 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

Describe Circumstance of the Accident

Refer to police report.

Declaration

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 occurrence. Kindly check with your insurer for more details.

M. Raghuram 09-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)

















**SINGAPORE
POLICE FORCE**



T/20230208/7055

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

Date/Time Report Made: 08/02/2023 17:44		Vide Report No.: E/20230203/0118		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUTHUKRISHNAN RAGHURAM			Address: 3 TANJONG RHU ROAD #19-01 SINGAPORE 436881		
ID Type / ID No.: NRIC NO / S2670387E			Contact No.: Home/Office: Mobile: 91999977		
Nationality: INDIAN			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:		

General Information of the Accident

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
Location: LORONG 6 TOA PAYOH				
Weather: Clear		Road Surface: Dry		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 Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
XE7083D	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230208/7055

2 of 3

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

Report No. T/20230208/7055

CONTINUATION OF REPORT

Driver			
Name	MUTHUKRISHNAN RAGHURAM	ID No.	S2670387E
Related Vehicle	XE7083D (Car)	Contact No.	91999977
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

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.



SINGAPORE POLICE FORCE

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



T/20230208/7055

3 of 3

Report No. T/20230208/7055

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 /
SUFIYAN BIN KHAIRI
Contact No.: 65476148

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 17:44

Classification Of Case: