

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	20/02/2023 16:16 (SGT)
Reported by	Driver
Date of Accident	19/02/2023 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3424K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG GEOK ENG
NRIC No	SXXXX774A
Email Address	ctwintergreen@yahoo.com.sg
Mobile Phone No	(Phone) +65-96272222
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00195012205

DRIVER

Name of Driver	RAMANATHAN RAVICHANDRAN
NRIC No	SXXXX288B
Date Of Birth	15/05/1970
Occupation	Outdoor

Date Of Driving Pass	25/06/2004
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94555985
Alt. Phone Number	-
Email Address	ravihhc@gmail.com
Address	APT BLK 167 STIRLING ROAD
Address complement	# 11-1201
Postcode	140167
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	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)	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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230219/2026
 *PLEASE BE INFORMED THAT TRAFFIC POLICE HAS TOWED THE VEHICLE TO THE WORKSHOP AS VEHICLE IS UNDRIVEABLE.
 PHOTOS TAKEN IS AT THE PLACE OF SCENE BY TP.

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	UNKNOWN
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)	-

IMPORTANT NOTICE

SKETCH PLAN

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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 who have insured vehicle(s) involved in this accident (all Insurer(s) and disclose and transfer such Personal Information to all Insurer(s) 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

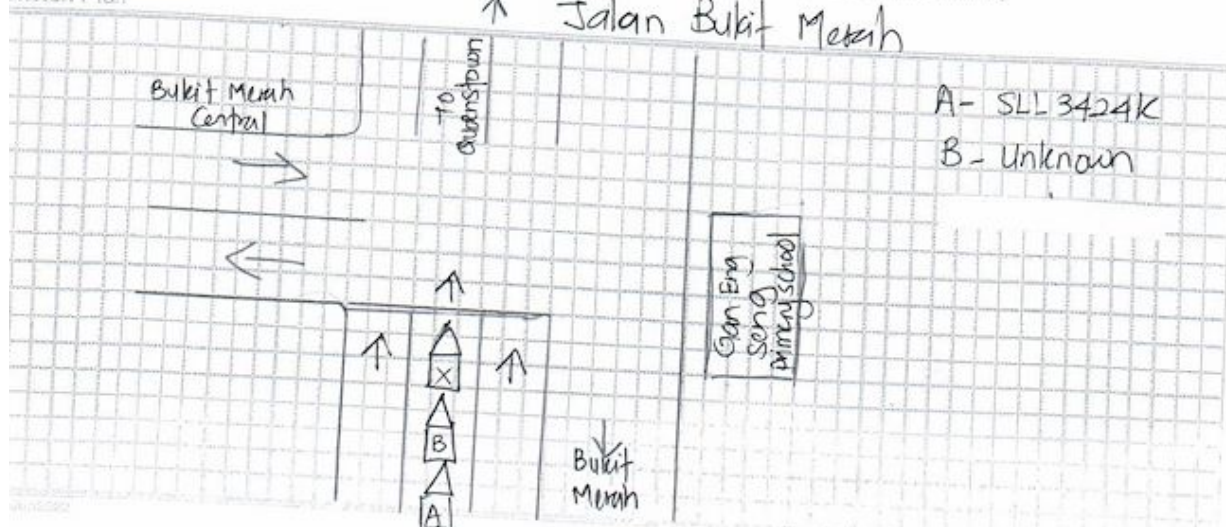
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



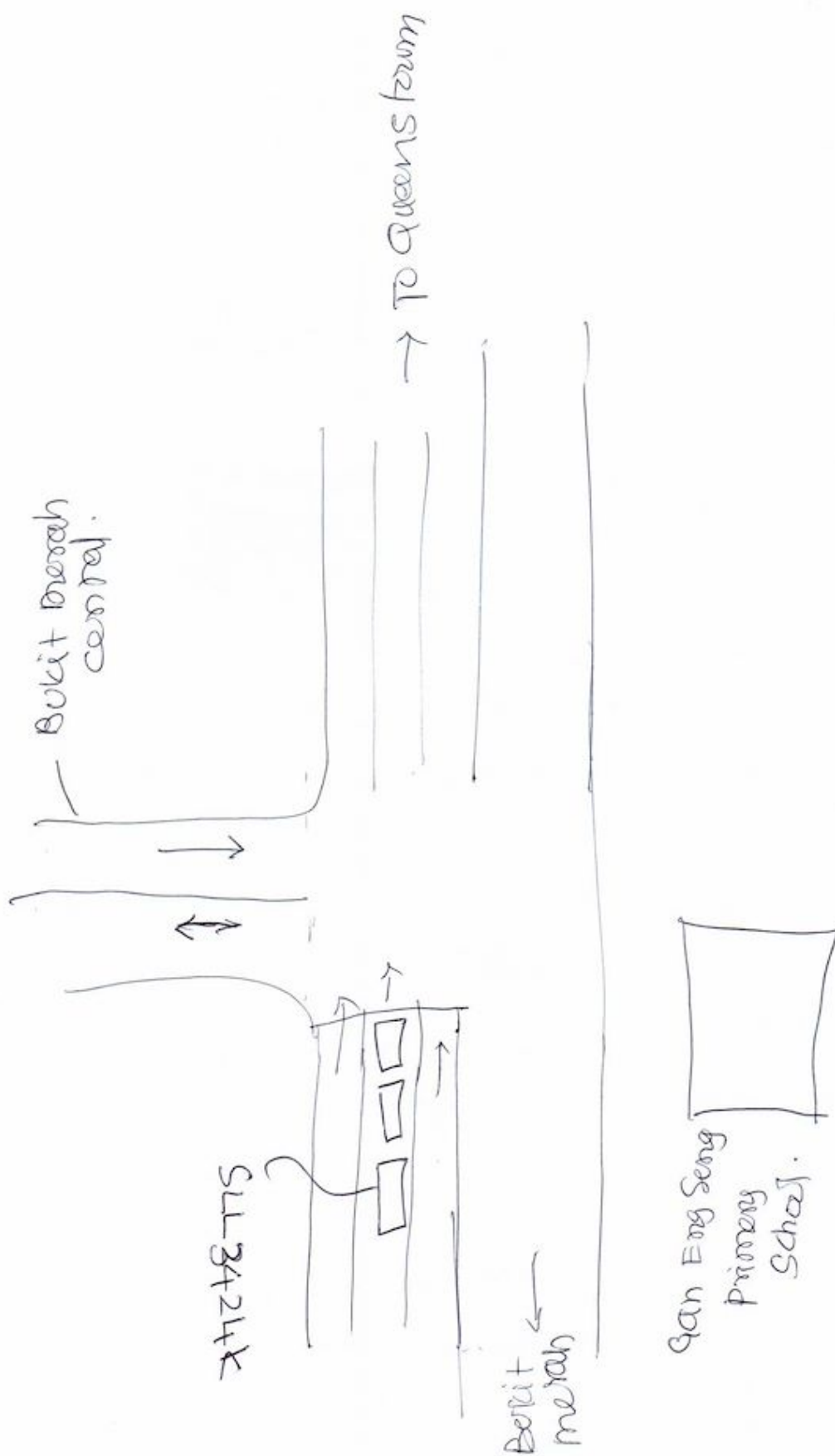
Describe Circumstance of the Accident

Please Refer to the attached police Report
- 1/20230219/2023

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

Policyholder's Signature / Date & Time: 20/02/2023

Witnessed by Reporting Centre Personnel (Name as in M/C/D card): 20/02/2023





**SINGAPORE
POLICE FORCE**



T/20230219/2026

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20230219/2026

CONTINUATION OF REPORT

Driver			
Name	RAMANATHAN RAVICHANDRAN	ID No.	S7062288B
Related Vehicle	NIL	Contact No.	94555985
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/02/2023 between 0715hrs to 0730hrs, I was driving back home along Jalan Bukit Merah towards Queensway Rd. I was driving in the middle lane. I was slowing down as I spotted one lorry in front of me. I am not sure whether the lorry is moving off slowly or stationary. Subsequently, I hit the rear of the lorry. The lorry driver wind down his window and look from his side but did not went down. I went out of the car as I wanted to take photo of the incident, but the lorry left. While I was calling the towing company, one police patrol stopped to assist me. After a while, Traffic Police arrived at scene. Traffic police took my in-car SD card and i was issued an acknowledge slip. My damage is the front bumper, bonnet and engine compartment. No one is injured and no damage to any government property. I wish to add on that I did not manage to get the lorry plate number.

I am lodging this report for claiming of insurance purpose.

























SINGAPORE POLICE FORCE



T/20230219/2026

1 of 3

Report No. T/20230219/2026

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2023 10:55		Vide Report No.: D/20230219/0048	Station Diary No.: 9
Informant's Particulars			
Name of Informant: RAMANATHAN RAVICHANDRAN		Address: APT BLK 167 STIRLING ROAD #11-1201 SINGAPORE 140167	
ID Type / ID No.: NRIC NO / S7062288B		Contact No.: Home/Office: Mobile: 94555985	
Nationality: INDIAN		Email:	
Sex: Male	Age: 52	Date of Birth: 15/05/1970	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: PROJECT MANAGER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/02/2023 07:15	Type of Location: Straight Road	
Location: JALAN BUKIT MERAH				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL3424K	Car				Seriously Damaged	0

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


**SINGAPORE
POLICE FORCE**


T/20230219/2026

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20230219/2026

CONTINUATION OF REPORT

Driver			
Name	RAMANATHAN RAVICHANDRAN	ID No.	S7062288B
Related Vehicle	NIL	Contact No.	94555985
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/02/2023 between 0715hrs to 0730hrs, I was driving back home along Jalan Bukit Merah towards Queensway Rd. I was driving in the middle lane. I was slowing down as I spotted one lorry in front of me. I am not sure whether the lorry is moving off slowly or stationary. Subsequently, I hit the rear of the lorry. The lorry driver wind down his window and look from his side but did not went down. I went out of the car as I wanted to take photo of the incident, but the lorry left. While I was calling the towing company, one police patrol stopped to assist me. After a while, Traffic Police arrived at scene. Traffic police took my in-car SD card and i was issued an acknowledge slip. My damage is the front bumper, bonnet and engine compartment. No one is injured and no damage to any government property. I wish to add on that I did not manage to get the lorry plate number.

I am lodging this report for claiming of insurance purpose.

**SINGAPORE
POLICE FORCE**

T/20230219/2026

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20230219/2026

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
D /
SGT 3 MUHAMMAD FIRDAUS
BIN ABDUL WAHAB

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/02/2023 10:55

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

NP168



SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20230219/0048

I, SGT(2) T220159 SYARUL NIZAM
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP PU
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one 64 GB SANDISK ULTRA MICRO SD CARD
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from SUL3424K (MAZDA) RANJHANDAN S7062288B
(Name, NRIC or Passport No. / Rank and No.)

of (Address / Police Station / NPC / NPP)

on 19/02/23 at 0925hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

S7062288B
(Signature)

S7062288B
(Name, NRIC or Passport No. / Rank and No.)

Received by:

SGT(2) T220159 Syahrul
(Signature)

SGT(2) T220159 Syahrul
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 FIDAH: 6547 6202



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: SN09232K000H Vehicle Registration No: SLL 3424K
 Name (as shown in NRIC): Ramathan Ravichandran NRIC/FIN/Passport No: S7062288B
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: APT BLK 167 Stirling Road # 11-1201 Singapore (140167)
 Contact (Tel): _____ Mobile No.: 9455 5985
 Email Address: ravihrc@gmail.com
 Date of Accident: 19/02/2023 Time of Accident: 07:30
 Place of Accident: Jalan Bukit Merah
 Insurance Company: China Taiping

(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:

Amend to own damage claim.

Policyholder / Actual Driver's Signature
Date:

gmmul 23/2/23
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: