

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	21/02/2023 11:03 (SGT)
Reported by	Owner
Date of Accident	20/02/2023 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Chin Bee Drive (Coming from Boonlay)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5717U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RADHAKRISHNAN HARISH
NRIC No	G3057131U
Email Address	surya@cctsglobal.com
Mobile Phone No	(Phone) +65-93953508
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
Variant	Q5 Sport 2.0 TFSI qu
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

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

DRIVER

Name of Driver	RAVINDRAN NAIR JAYASURYA
NRIC No	G3115988T
Date Of Birth	12/07/1979
Occupation	Indoor

Date Of Driving Pass	27/02/2016
Driving experience	7 YEARS
Gender	Female
Mobile Number	(Phone) +65-93953508
Alt. Phone Number	-
Email Address	surya@cctsglobal.com
Address	8 BOON LAY DRIVE
Address complement	SUMMERDALE 01-20 SINGAPORE
Postcode	649928
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

The Car SMP5717U was stopped at the red traffic light at the junction before Chin Bee Drive. As the light turned green the car was about to move and there was a hit at the rear end of the the car by the bike FBJ1497S

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	insd did not provide video footage

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ1497S
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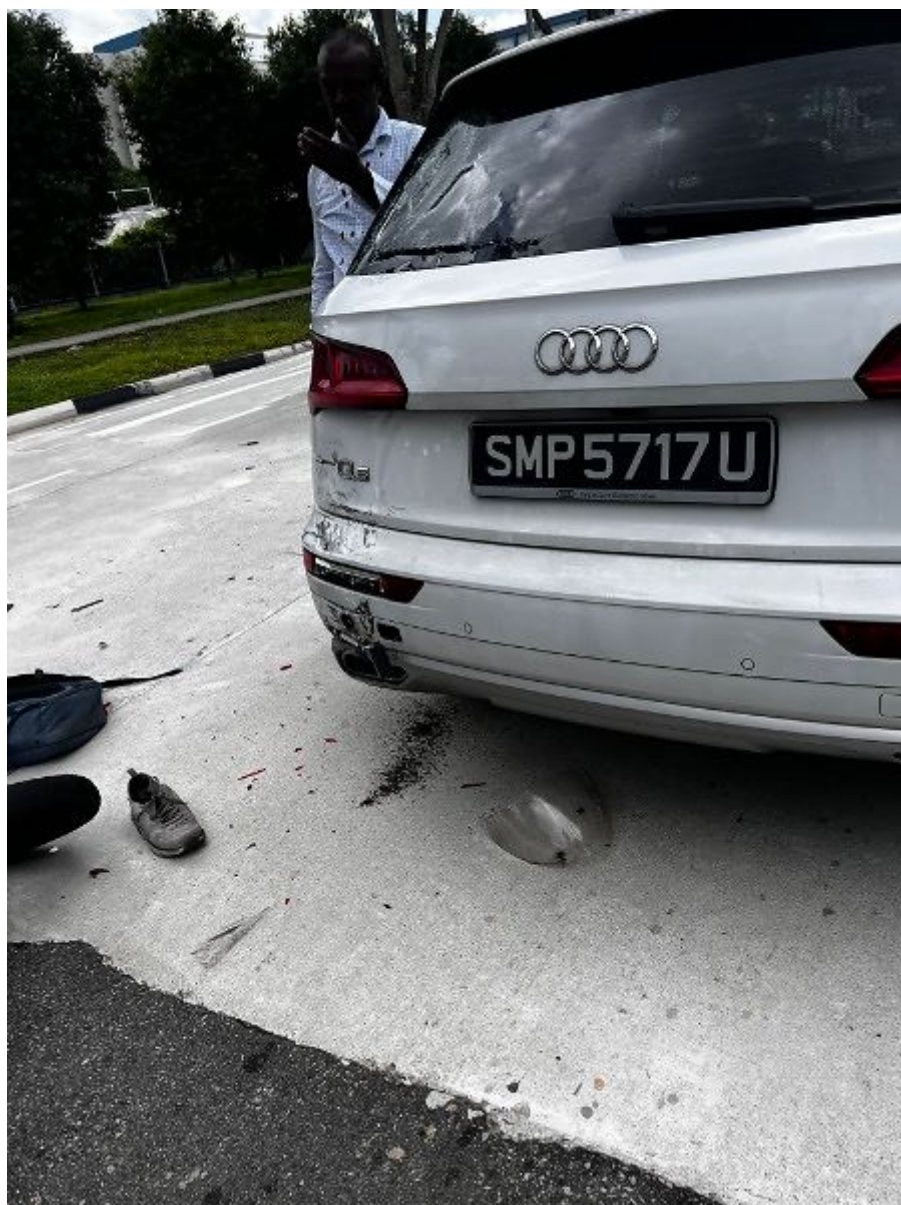
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

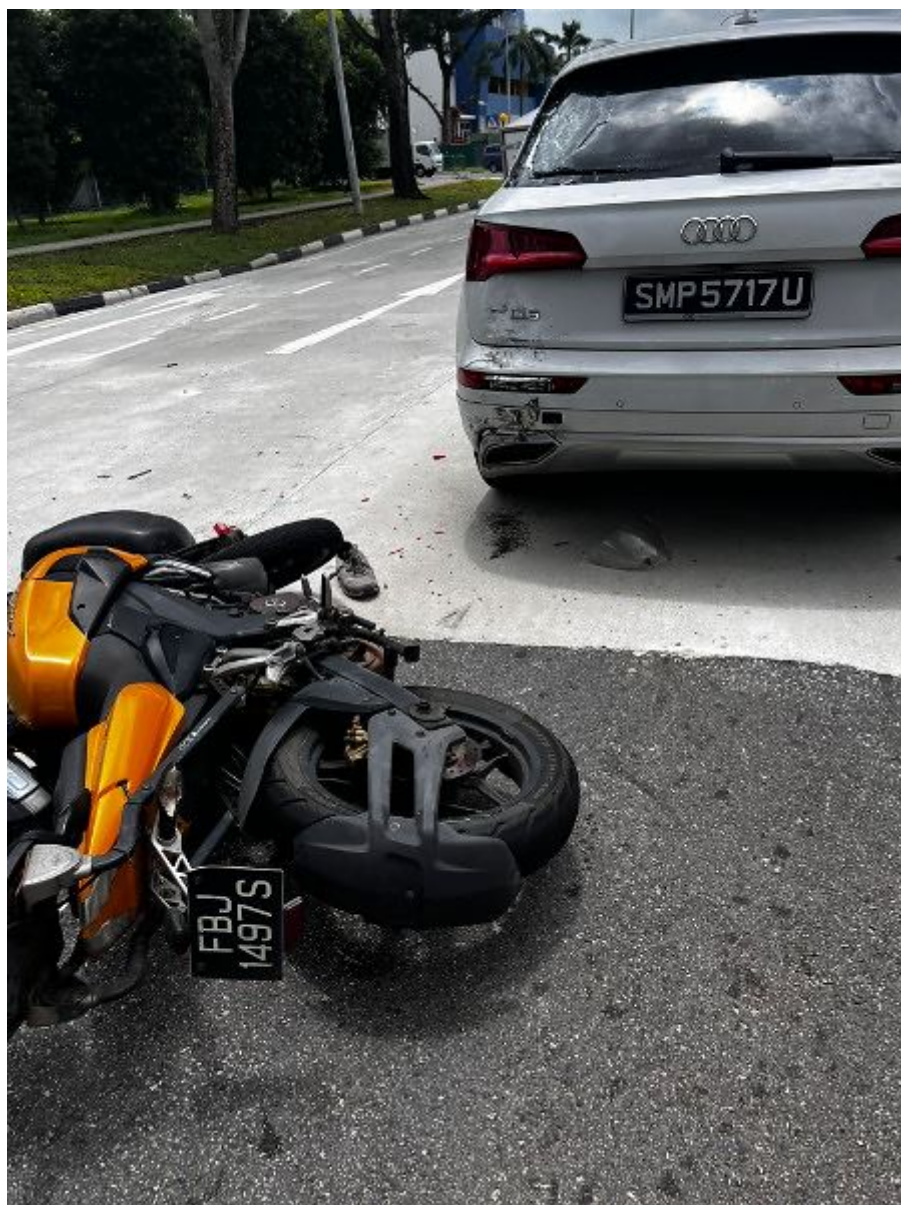
INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-











SINGAPORE POLICE FORCE

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20230220/0087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2023 17:48		Vide Report No.: J/20230220/0087	Station Diary No.: 138
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Informant's Particulars


Name of Informant: JAYASURYA RAVINDRAN NAIR		Address: APT BLK 8 BOON LAY DRIVE #01-20 SUMMERDALE SINGAPORE 649928	
ID Type / ID No.: FIN NO / G3115988T		Contact No.: Home/Office: Mobile: 83918092	
Nationality: INDIAN		Email:	
Sex: Female	Age: 43	Date of Birth: 12/07/1979	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: IT CONSULTANT		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident


Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/02/2023 13:05	Type of Location: Straight Road
Location: CHIN BEE DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
FBJ1497S	Motorcycle				Seriously Damaged	0
SMP5717U	Car				Seriously Damaged	0

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T/20230220/2097

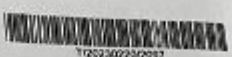
2 of 3
Report No: T/20230220/2097

CONTINUATION OF REPORT

Brief Details.
V1: SMP5717U
V2: FBJ1497S (Esuraja Samuel Packiaraj, S7666777B)
On the above-mentioned date and time I was stopped at a red light at the junction of Jln Boon Lay Before Chin Bee Drive.
As the light just turned green, I was about to move and I felt an impact on the rear left of V1. I came down to check and spotted a bike on the ground behind my vehicle.
I spotted the rider of V2 at the pavement, and he claimed to be dizzy. I spotted some blood on the rider. I called the emergency hotline and the ambulance and traffic police came.
The ambulance made a check on V2's rider and later conveyed him to the hospital. The police officer took my memory card and requested that I lodge a police report.
I have not sustained any injury as of now but there was an I felt some impact on my neck when the incident occurred.

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649482
Tel No: 1800-7929999


T20230220/2097
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Report No. T20230220/2097

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: J / SGT 3 MOHAMED AMIN ARAFA BIN MOHAMED BASHEER	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2023 17:48
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA01232L0006 Vehicle Registration No: SMP5717U
Name (as shown in NRIC) : Jayasurya Ravindran Nair NRIC/FIN/Passport No : G3115988T
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : 8 Boonlay Drive, 01-20, Summerdale, Singapore (649928)
Contact (Tel) : 93953508 Mobile No. : 83918092
Email Address : surya@cctsglobal.com
Date of Accident : 20/02/2023 Time of Accident : 13.05
Place of Accident : Chin Bee Drive (coming from Boonlay)
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:

I would like to change the accident report to Accident claim

Policyholder / Driver's Signature
Date: 27/02/2023

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: