

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	22/02/2023 16:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/02/2023 18:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8105B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KALAI RAJ RASANDRAN
NRIC No	S8387523B
Email Address	kalairaj1445@gmail.com
Mobile Phone No	(Phone) +65-98754479
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01010264

DRIVER

Name of Driver	KALAI RAJ RASANDRAN
NRIC No	S8387523B
Date Of Birth	23/08/1983
Occupation	Indoor

Date Of Driving Pass	06/02/2009
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-98754479
Alt. Phone Number	-
Email Address	kalairaj1445@gmail.com
Address	BLK 306 WOODLANDS ST. 31 #03-31
Address complement	-
Postcode	730306
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JVJ1999
Vehicle Category	Private car

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 POLICE REPORT ATTACHED.

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	JVJ1999
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN KOK WAI
Contact Number	(Phone) +65-88969957
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE8935G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHD SAZALI BIN TARSIM
Contact Number	(Phone) +65-93894787
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEH NO: SLB 8105 B
INSURER: Sompo
DATE OF ACC: 21/2/23 @ 18:33

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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:

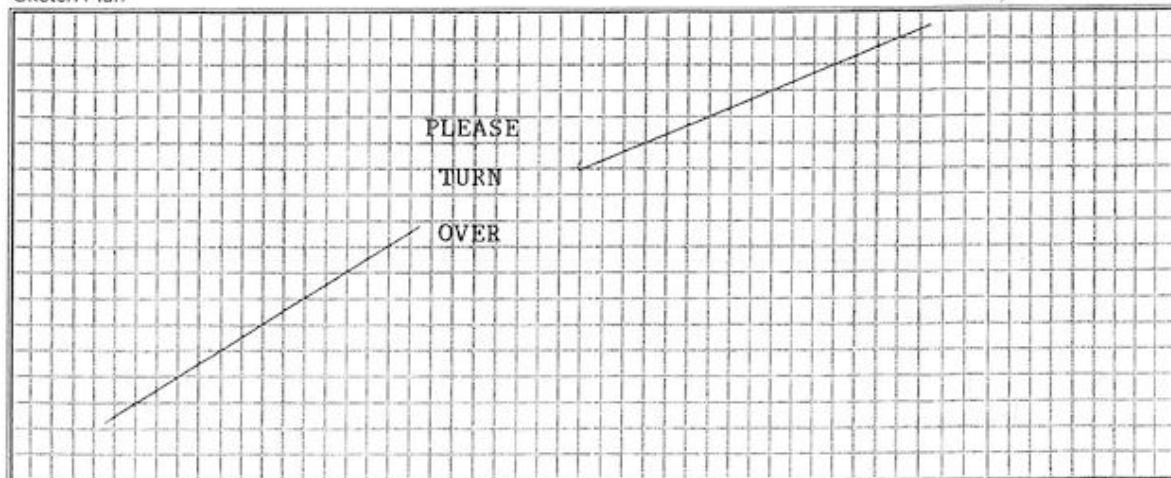
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature / Date & Time

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

 22/2/23
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID Card) (45)

Sketch Plan



Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

☒) Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan


Refer to Police Report No: T/20230222/7050

Declaration

If/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

 22/2/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
(YS)

















**SINGAPORE
POLICE FORCE**



T/20230222/7050

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

1 of 4

Report No. T/20230222/7050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2023 15:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KALAI RAJ RASANDRAN			Address: 306 WOODLANDS STREET 31 #03-31 SINGAPORE 730306		
ID Type / ID No.: NRIC NO / S8387523B			Contact No.: Home/Office: Mobile: 98754479		
Nationality: MALAYSIAN			Email: KALAIRAJ1445@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 23/08/1983	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:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 21/02/2023 18:33	Type of Location: Straight Road
Location: KJE				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: One 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
JVJ1999	Car	PROTON	X50	Silver	Seriously Damaged	0
SLB8105B	Car	MAZDA	3	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230222/7050

2 of 4

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

Report No. T/20230222/7050

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLE8139G	Car	HONDA	HRV	White	Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	KALAI RAJ RASANDRAN			ID No.	S8387523B
Related Vehicle	SLB8105B (Car)			Contact No.	98754479
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL			Date	NIL
No. of Days granted Medical Leave		NIL		Degree of	
Driver					
Name	MOHD SAZALI BIN TARSIM			ID No.	NIL
Related Vehicle	NIL			Contact No.	93894787
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	
Driver					
Name	CHAN KOK WAI			ID No.	791129086081
Related Vehicle	NIL			Contact No.	88969957
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	



**SINGAPORE
POLICE FORCE**



T/20230222/7050

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

3 of 4

Report No. T/20230222/7050

CONTINUATION OF REPORTBrief Details.

On the 21/02/2023 at about 1833hrs, I was driving my car(SLB8105B) along KJE towards BKE. The Traffic was heavy and all of a sudden the car(JVJ1999) in front of me brake his vehicle and I was unable to stop on time so I hit his rear bumper.

I came out of the vehicle and checked if there's any damages to the vehicle and if the other parties has sustain any injuries.

I found out that there was another car(SLE8935G) that had jammed brake before him which causes the accident to happened. We exchanged particulars and took photo of the accident. We left the scene right after without calling for police as none of us had sustained any injuries.

My front bumper, bonnet and radiator and engine parts is found to be damaged due to the accident.

The driver particulars of SLE8935G is as such:

Name: Mohd Sazali Bin Tarsim

License No: 000747850K

NRIC is unclear from the image.



**SINGAPORE
POLICE FORCE**



T/20230222/7050

4 of 4

Report No. T/20230222/7050

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

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2023 15:07
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

This report is lodged at Woodlands West NPC Kiosk 2
NP168