

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 | 06/03/2023 15:45 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 05/03/2023 13:36 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | TWDS YCK EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLV7336C |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------------|
| Is company? | No |
| Name Of Registered Owner | SHASHI KUMAR S/O PONASINGHAM |
| NRIC No | SXXXX340H |
| Email Address | shanick21@yahoo.com |
| Mobile Phone No | (Phone) +65-87009028 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Shuttle |
| 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 | 1496 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MT/00988347/01 |

DRIVER

| | |
|----------------------|------------------------------|
| Name of Driver | SHASHI KUMAR S/O PONASINGHAM |
| NRIC No | SXXXX340H |
| Date Of Birth | 28/03/1974 |
| Occupation | Indoor |

| | |
|--|-----------------------|
| Date Of Driving Pass | 13/08/2010 |
| Driving experience | 12 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87009028 |
| Alt. Phone Number | - |
| Email Address | shanick21@yahoo.com |
| Address | 82 FLORA RD #04-10 |
| Address complement | - |
| Postcode | 507000 |
| 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 | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Wet |

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) | 2 |
| 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 | Shiyamalla Mohan |
| 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 POLICE REPORT T/20230306/7047.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|---------------|
| Vehicle Registration Number | YR38B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods 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) | - |

INJURED PERSONS DETAILS

INJURED 1

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

INJURED 2


| | |
|---|------------------------------|
| Name of injured person | SHASHI KUMAR S/O PONASINGHAM |
| 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? | - |

Describe Circumstance of the Accident

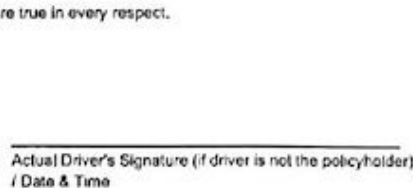
Refer to police report

Declaration

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



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


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

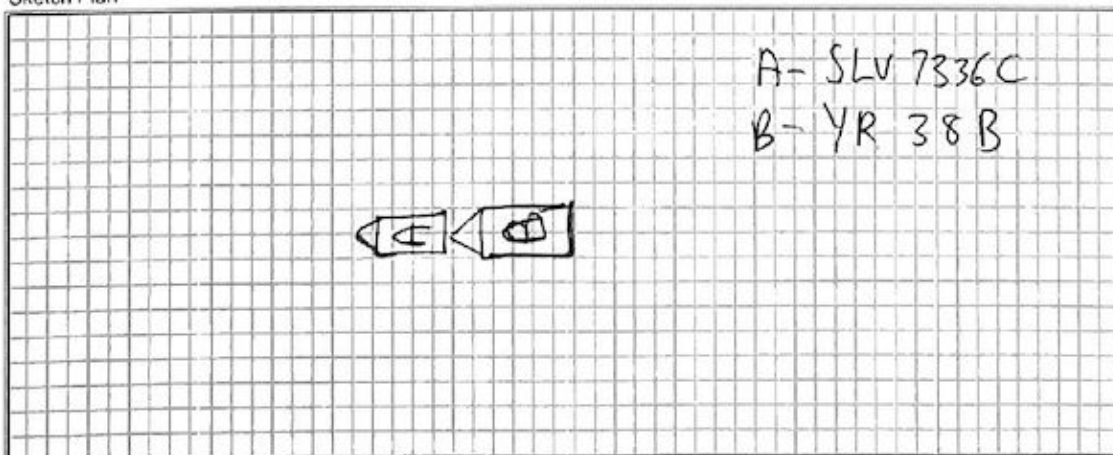
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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



vJun2022

Policy (5).pdf

Page view | Read aloud | Add text

direct asia
A HONGKONG COMPANY

Contact us at
Hotline: (65) 6665 5555
E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

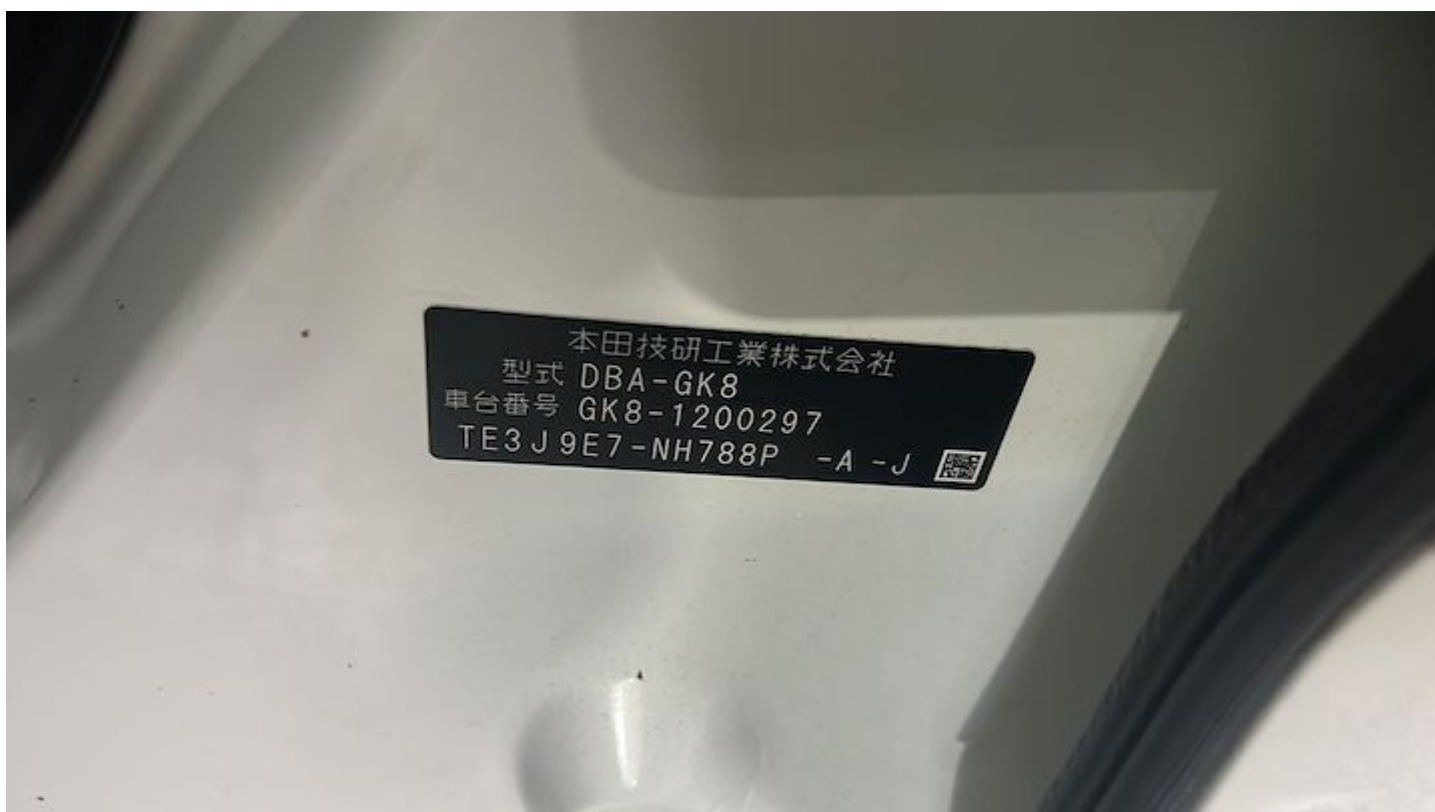
| | |
|---|----------------------------------|
| Certificate No. | : MT/00988347/01 |
| Type of Coverage / Driver Plan | : Car Comprehensive (Value Plan) |
| 1) Vehicle Registration No. | : SLV7336C |
| Chassis No. | : GKB1200297 |
| 2) Name of Policy Holder | : SHASHI KUMAR S/O PONASINGHAM |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 20/01/2023 00:00 |
| 4) Date/Time of Expiry of Insurance | : 19/01/2024 23:59 |
| 5) Persons or Classes of Persons Entitled to Drive | |
| (a) Any person who is named on the policy who is driving on the Policyholder's permission. | |
| The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving. | |
| 6) Limitations as to use* | |
| Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. | |
| *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading. | |
| Sum Insured | : Market Value |
| Own Damage Excess | : S\$ 800.00 |
| Windscreen Excess | : S\$ 100.00 |
| Choice of workshop | : DirectAsia approved workshops |
| Finance company / Hire Purchase | : Maybank Singapore Limited |
| Main driver | : SHASHI KUMAR S/O PONASINGHAM |
| Named driver | : None |
| Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered. | |

I/We hereby certify that the Policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 21/12/2022

Direct Asia Insurance (Singapore) Pte. Ltd.

acer



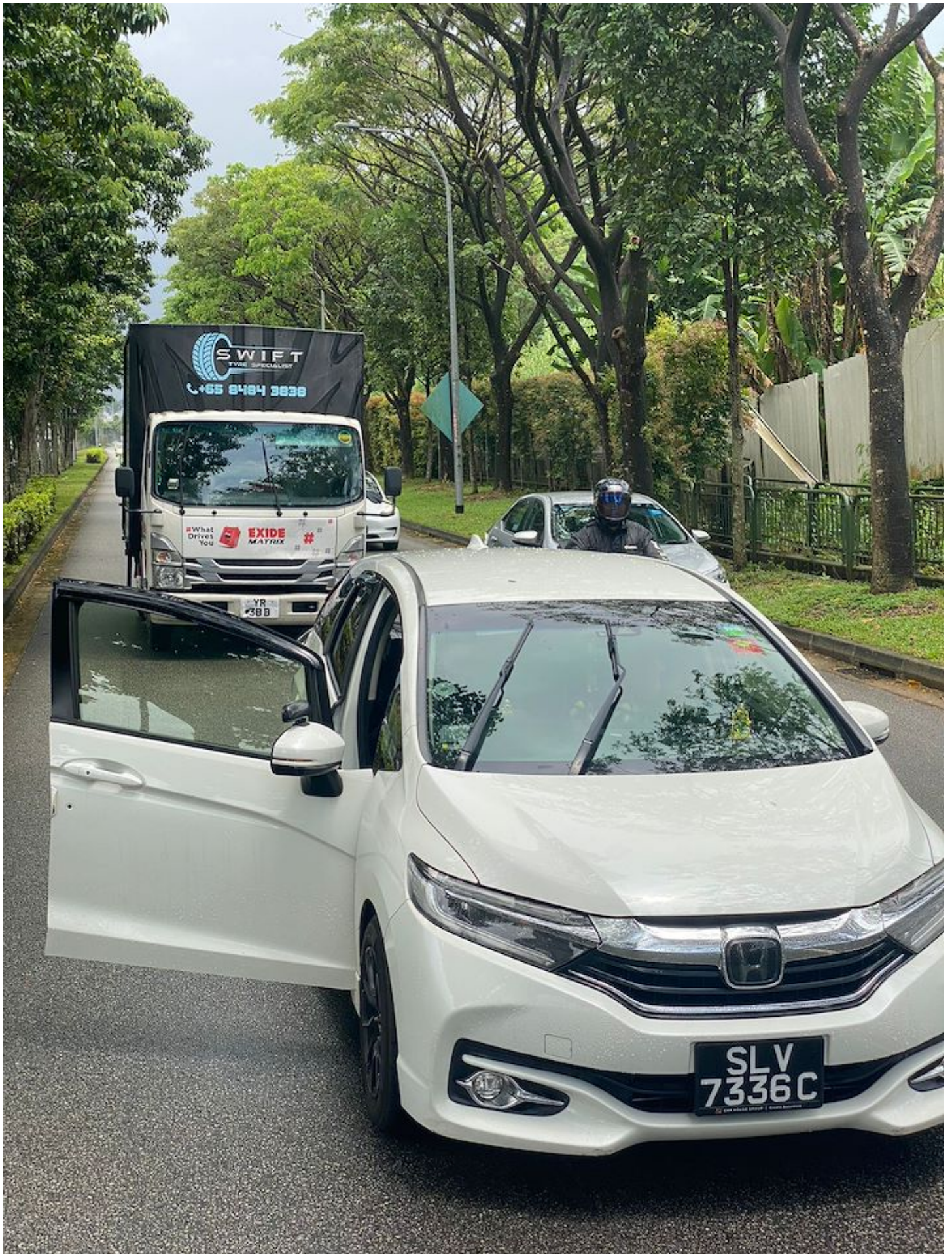














**SINGAPORE
POLICE FORCE**



T/20230306/7047

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

3 of 3

Report No. T/20230306/7047

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

This report is lodged at Bedok South NPP
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/03/2023 13:33

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20230306/7047

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

2 of 3

Report No. T/20230306/7047

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLV7336C | DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. | MT/00988347/01 | 20/01/2023 | 19/01/2024 |

| Details of Person Involved | | | | |
|-----------------------------------|------------------------------|----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Passenger | | | | |
| Name | SHIYAMALLA MOHAN | | ID No. | S8507720A |
| Related Vehicle | SLV7336C (Car) | | Contact No. | 86838303 |
| Hospital/Clinic | PARKWAY EAST HOSPITAL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 05/03/2023 | | Date | 05/03/2023 |
| No. of Days granted Medical Leave | | 03 | Degree of | Slight |
| Driver | | | | |
| Name | SHASHI KUMAR S/O PONASINGHAM | | ID No. | S7416340H |
| Related Vehicle | SLV7336C (Car) | | Contact No. | 87009028 |
| Hospital/Clinic | PARKWAY EAST HOSPITAL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 05/03/2023 | | Date | 05/03/2023 |
| No. of Days granted Medical Leave | | 03 | Degree of | Slight |

Brief Details.

I Shashi Kumar, was traveling in my car (SLV7336C) into this slip road with my wife Shiyamalla Mohan, towards CTE (City), and the traffic ahead of us slowed down and the cars started to break. I then applied my break gradually. The lorry behind me (YR38B), travelled at a faster speed and crashed into the rear of my car. The rear of my car has been badly damaged and the back windscreen shattered with fragments flying towards us. Me and my wife visited the A&E at Parkway Hospital and was diagnosed that we have suffered a whiplash and the doctor gave us 3 days of Medical leave and medications each. We have all the pictures and video of the incident. The driver of the lorry is Gan Boon Hong (S9876438J), of the company SWIFT Tyre Specialist, tel: 84843838.



**SINGAPORE
POLICE FORCE**



T/20230306/7047

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

1 of 3

Report No. T/20230306/7047

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 06/03/2023 13:33 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SHASHI KUMAR S/O PONASINGHAM | | | Address: 82 FLORA ROAD #04-10 SINGAPORE 507000 | | |
| ID Type / ID No.: NRIC NO / S7416340H | | | Contact No.: Home/Office: Mobile: 87009028 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: SHANICK21@YAHOO.COM | | |
| Sex: Male | Age: 48 | Date of Birth: 28/03/1974 | Type of Informant: Driver | | |
| Race: Ceylonese | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|-----------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 05/03/2023 13:36 | Type of Location: Straight Road |
| Location: TPE Exit 13 | | | | |
| Weather: Clear | | Road Surface: Wet | | Road Speed Limit: 50 Km/h |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Moderate |
| 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 |
|-------------|-------|-------|---------------|---------------|-------------------|-------|
| SLV7336C | Car | | Honda Shuttle | White | Seriously Damaged | 1 |
| YR38B | Lorry | ISUZU | | Multi-Colored | No Damage | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|