

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 persons 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
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
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)

YR38B

•
•
•
•

Goods vehicle

•
•
•
•
•
•
•
•
•
•
•
•

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?

•

SKETCH PLAN #2

SKETCH PLAN

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4. A false report may be referred to the Traffic Police Department for investigation.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurer to the GIA Records Management Centre established by the General Insurance Association of Singapore.
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.

B. 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 be 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 purposes 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 packages) and/or

(collectively the "Purposes").

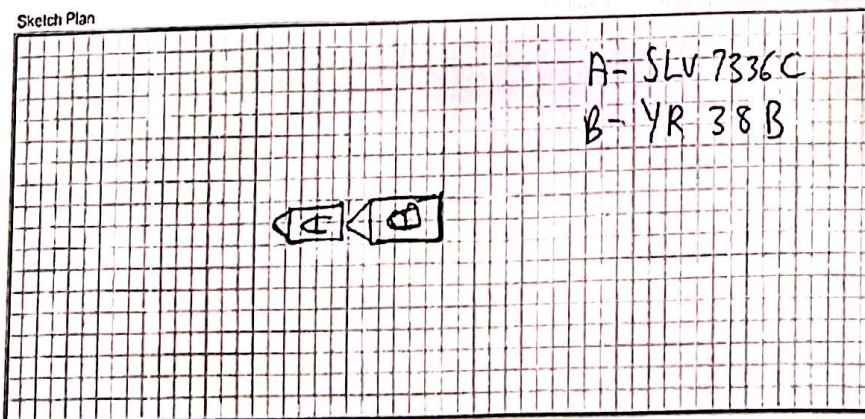
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may be disclosed by any of the Insurers and/or GIA to the 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



vA-2022



**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/202303067047

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Report No. T/202303067047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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 FAST 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 202303067047

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

1 of 3

Report No. T 202303067047

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 03/03/2023 10:00 | 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 License 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 |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|