

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	13/03/2023 11:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/03/2023 16:45 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1426G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOASH THANABALAN MAGENDRAN
NRIC No	SXXXX724A
Email Address	joashthanabalan@yahoo.com.sg
Mobile Phone No	(Phone) +65-98221906
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	1595

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN001032-R00

DRIVER

Name of Driver	JOASH THANABALAN MAGENDRAN
NRIC No	SXXXX724A
Date Of Birth	16/04/1994
Occupation	Indoor

Date Of Driving Pass	17/12/2013
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98221906
Alt. Phone Number	-
Email Address	joashthanabalan@yahoo.com.sg
Address	BLK 281 YISHUN STREET 22 #03-366
Address complement	-
Postcode	760281
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?	No
Number of vehicles involved in the accident	4
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	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

PLEASE REFER TO POLICE REPORT T/20230311/7041

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	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM4635C
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCH939P
Vehicle Manufacturer	BMW
Vehicle Model	X1
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMP4559R
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96376638
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	JOASH THANABALAN MAGENDRAN
Gender	Male
Phone No	(Phone) +65-98221906
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SML1426G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

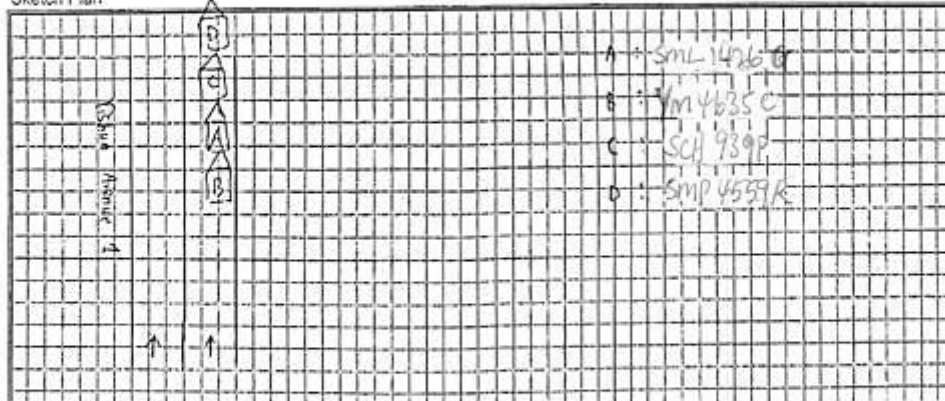
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

110323 1735
Policyholder's Signature / Date & Time

110323 1735
Driver's Signature (If driver is not the policyholder) / Date & Time

18/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NUCCID card)

Sketch Plan



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Describe Circumstance of the Accident

REFER TO POLICE REPORT T/2023 0311 / 7041

Declaration

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

1/ 110823 1735
Policyholder's Signature / Date & Time

1/ 110723 1735
Driver's Signature (if driver is not the policyholder) / Date

13/03/2023
Witnessed by Reporting Cerve Personnel

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**SINGAPORE
POLICE FORCE**

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



T/20230311/7041

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Report No. T/20230311/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2023 19:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JOASH THANABALAN MAGENDRAN			Address: 281 YISHUN STREET 22 #03-366 SINGAPORE 760281		
ID Type / ID No.: NRIC NO / S9413724A			Contact No.: Home/Office: Mobile: 98221906		
Nationality: SINGAPORE CITIZEN			Email: JOASHTHANABALAN@YAHOO.COM.SG		
Sex: Male	Age: 28	Date of Birth: 16/04/1994	Type of Informant: Driver		
Race: Ceylonese			Language: English		Institution / School Name:
Occupation: Public servant			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2023 04:45	Type of Location: Straight Road
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCH939P	Car	BMW	X1	Grey	Seriously Damaged	0
SML1426G	Car	MERCEDES BENZ	A180 FL STYLE (R17 HLG)	Green	Seriously Damaged	0

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**SINGAPORE
POLICE FORCE**

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



T/20230311/7041

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Report No. T/20230311/7041

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMP4559R	Car	MAZDA	3	Blue	Seriously Damaged	1
YM4635C	Lorry				Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML1426G	TOKIO MARINE INSURANCE SINGAPORE LTD.	MN001032	23/12/2022	22/12/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOASH THANABALAN MAGENDRAN		ID No. S9413724A
Related Vehicle	SML1426G (Car)		Contact No. 98221906
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	11/03/2023		Date 11/03/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was travelling on the right lane of the two lane road when a vehicle collided into my rear, causing my vehicle to surge forward and hit another two vehicles in front of me. I have retrieved my video camera footage for insurance claims purposes and sought medical attention immediately after the accident. I was advised to lodge an accident report on this said matter.

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**SINGAPORE
POLICE FORCE**

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



T/20230311/7041

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Report No. T/20230311/7041

CONTINUATION OF REPORTSketch 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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
11/03/2023 19:49

Classification Of Case:

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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: SN0923300001 Vehicle Registration No: SML 1476 C
 Name (as shown in NRIC): Joshi Thirumogan NRIC/FIN/Passport No: SXXXX
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9822 1906
 Email Address: _____
 Date of Accident: 11/03/2023 Time of Accident: 16:45
 Place of Accident: Yishun Ave 1
 Insurance Company: Tokio Marine

(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:

ACCIDENT TIME TO 16:45HRS

Policyholder / Actual Driver's Signature
 Date:

13/03/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:

Lion Health Clinic & Surgery (Yishun)

931 Yishun Central 1, #01-107, Singapore 760931

Email: yishun@lionhealth.com.sg

Telephone: +65 6518 9360

Whatsapp: +65 9756 0107



Joash Thanabalan Magendran - S9413724A

281 YISHUN STREET 22 03-366

FICUS VALE

SINGAPORE 760281

Invoice #26371

Date 11/03/2023

Ref No 18444

Invoice

Provider: Dr Niraj Mohan

Item	Qty	Unit Cost	Sub Total
11/03/23 - Consultation (Sat & Sun ; 2pm-8pm)	1	S\$36.00	S\$36.00
11/03/23 - Paracetamol (Panamol) 500mg Tablet	20	S\$0.23	S\$4.50
11/03/23 - Tramadol (Acugesic) 50mg Tablet	10	S\$1.30	S\$13.00
11/03/23 - Metoclopramide 10mg Tablet	10	S\$0.40	S\$4.00
11/03/23 - Lidocaine + Menthol Pain Relief Patch	2	S\$18.00	S\$36.00
Sub-Total:			S\$93.50
Total:			S\$93.50

NETS

S\$93.50

Outstanding Balance: S\$0.00

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