

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 21/03/2023 15:30 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 20/03/2023 16:55 (SGT)
Exact Location of Accident 170 Bukit Timah Rd, Singapore 229847
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV1764B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JOTHI KRISHNAN
NRIC No SXXXX665I
Email Address jothio1910@hotmail.com
Mobile Phone No (Phone) +65-97678197
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Mobilio
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 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00202972201

DRIVER

Name of Driver JOTHI KRISHNAN
NRIC No SXXXX665I
Date Of Birth 19/10/1987
Occupation Outdoor

| | |
|--|------------------------------|
| Date Of Driving Pass | 16/06/2021 |
| Driving experience | 1 YEAR AND 9 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-97678197 |
| Alt. Phone Number | - |
| Email Address | jothio1910@hotmail.com |
| Address | BLK 223A SUMANG LANE #03-211 |
| Address complement | - |
| Postcode | 821223 |
| 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 | DRIZZLING |
| 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) | 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/20230321/7038

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 | GBC436L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | KANNAN KARTHIK |
| Passport No/FIN | GXXXX804W |
| Contact Number | (Phone) +65-84053949 |
| 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 | JOTHI KRISHNAN |
| Gender | Female |
| Phone No | (Phone) +65-97678197 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BACK, SHOULDER AND NECK PAIN |
| Injured person in which vehicle? | SKV1764B |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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6. This report will be forwarded by the insurers to 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.

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:

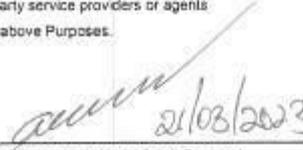
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

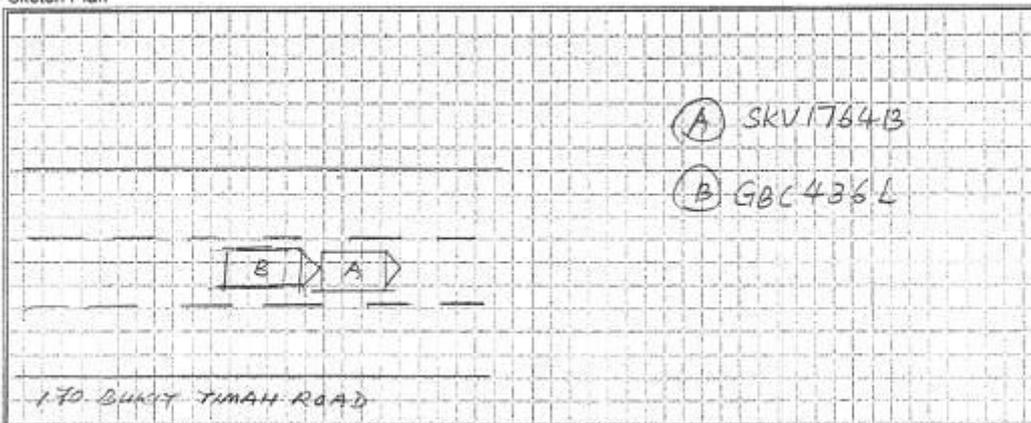
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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

 21/08/2023
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO THE POLICE REPORT REF : T/20230321/7038

Declaration
I/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

 21/03/2023

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)




















**SINGAPORE
POLICE FORCE**

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



T/20230321/7038

1 of 3

Report No. T/20230321/7038

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|---|---|----------------------------|------------------|
| Date/Time Report Made: 21/03/2023 13:33 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: JOTHI KRISHNAN | | | Address: 223A SUMANG LANE #03-211 SINGAPORE 821223 | | |
| ID Type / ID No.: NRIC NO / S8732665I | | | Contact No.: | | Mobile: 97678197 |
| Nationality: SINGAPORE CITIZEN | | | Email: JOTHIO1910@HOTMAIL.COM | | |
| Sex: Female | Age: 35 | Date of Birth: 19/10/1987 | Type of Informant: Driver | | |
| Race: Indian | | Language: English | | Institution / School Name: | |
| Occupation: Transporter | | Driving Licence Information: Class: 3A | | Date of Expiry: | |

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 20/03/2023 16:55 | Type of Location: Straight Road |
| Location: BUKIT TIMAH ROAD | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: 50 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | 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 |
| GBC436L | Lorry | | | | | 0 |
| SKV1764B | Car | HONDA | MOBILIO SV 1.5 CVT | Silver | | 0 |

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


**SINGAPORE
POLICE FORCE**

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



T/20230321/7038

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Report No. T/20230321/7038

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKV1764B | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW002029 72201 | 01/09/2022 | 31/08/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|-----------|-----------------------------------|----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver: | | | | |
| Name | JOTHI KRISHNAN | | ID No. | S87326651 |
| Related Vehicle | SKV1764B (Car) | | Contact No. | 97678197 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3A Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Slight. | |

Brief Details.

ON THE ABOVE STATED TIME AND DATE I WAS DRIVING MY VEHICLE SKV1764B TRAVELLING ALONG BUKIT TIMAH ROAD TOWARDS KK HOSPITAL DIRECTION. WHEN THE CAR INFRONT OF ME SLOWED DOWN AND WAS COMING TO A STOP DUE TO HEAVY TRAFFIC AND NEARING TRAFFIC LIGHT. I SLOWLY CAME TO A STOP AND SUDDENLY FELT AN IMPACT FROM THE REAR OF MY VEHICLE. GOT DOWN FROM THE VEHICLE AFTER COMPOSING MYSELF AND FEELING PAIN FROM THE IMPACT. VEHICLE GBC436L HAD COLLIDED ONTO MY VEHICLE. RIGHT AFTER, WENT TO CONSULT A DOCTOR. I WAS AWARDED 3 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20230321/7038

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Report No. T/20230321/7038

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
21/03/2023 13:33

Classification Of Case: