

# 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 13:22 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 06/03/2023 15:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... EUNOS LINK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF9168K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DIVINE N' DYNAMIC PTE LTD  
Company Reg No ..... 2XXXXX822D  
Email Address ..... divinendynamic@gmail.com  
Mobile Phone No ..... (Phone) +65-82989955  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 7210035239-01

### DRIVER

Name of Driver ..... PURUSHOTHAMAN PUSHPARAJ  
Passport No/FIN ..... GXXXX489X  
Date Of Birth ..... 20/06/1991  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/05/2022
Driving experience .....	10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90567328
Alt. Phone Number .....	-
Email Address .....	divinendynamic@gmail.com
Address .....	APT BLK 8 UBI ROAD 2 ZERVEX
Address complement .....	-
Postcode .....	408538
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	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 .....	-

#### 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 THE ATTACHED POLICE REPORT - T/20230306/2093

#### 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 .....	SCW8857K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	-

**IMPORTANT NOTICE**

**SKETCH PLAN**

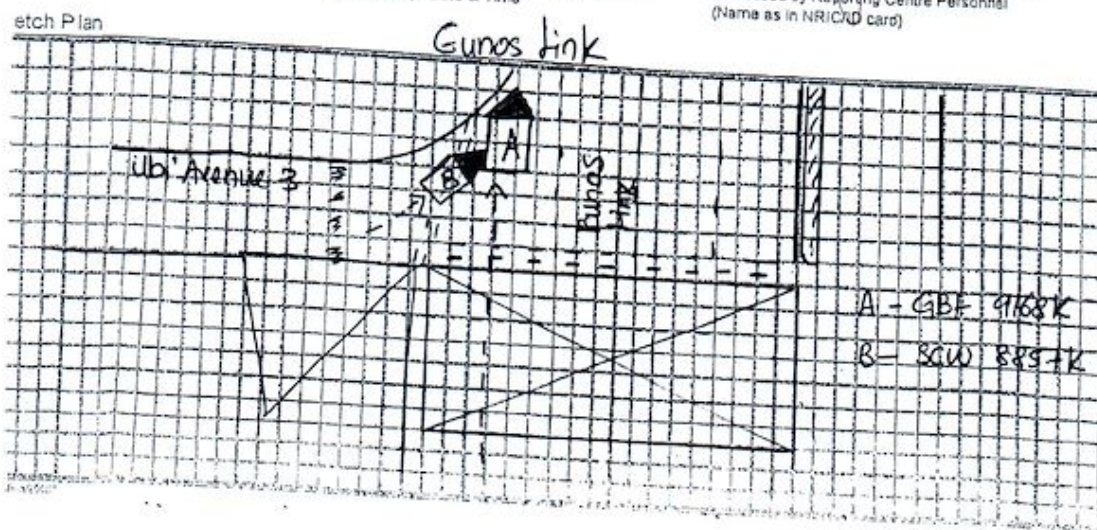
1. Please fill in correctly the details of the accident to speed up the claims process.
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5. Any reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management 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 issuance 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) under s16(2) I 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 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); or
    - v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  - 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 the Insurers' 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





Describe the Circumstances of the Accident

please Refer to the attached  
police Report - T/2023 0306 /2093 -

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

P. P. P. / 21/03/23  
Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time

Witnessed by Reporting Centre Personnel  
(Name and CR Card Number)

Journal 21/03/2023



# SINGAPORE POLICE FORCE

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



T/20230306/2093

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Report No. T/20230306/2093

## CONTINUATION OF REPORT

Driver			
Name	PURUSSHOTHAMAN PUSHPARAJ	ID No.	G2857489X
Related Vehicle	NIL	Contact No.	90567328
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

ON 06/03/2023 AT ABOUT 1530HRS

I WAS TRAVELLING ALONG UBI AVE 3 X KAKI BUKIT AVE 2 WHEN I MET ONTO AN ACCIDENT. A CAR BEARING PLATE NUMBER 'SCW8857K' HIT ONTO MY LEFT REAR OF MY VEHICLE. THE PAINTING OF MY VEHICLE WAS CHIP OFF. THE OTHER PARTY RIGHT FRONT OF HIS VEHICLE HEADLIGHT HAD DENT AND CRACKS. WE BOTH STOPPED AND SETTLE WITH NO DISPUTE. WE EXCHANGED PARTICULARS AND NO ONE WAS INJURED. I CALLED MY BOSS TO ASK FOR HELP AND HE INFORMED ME TO LODGE AN ACCIDENT REPORT BEFORE TAKING MY VEHICLE TO THE INSURANCE MY COMPANY AND TO THE WORKSHOP. AFTERWHICH, I WENT TO TPHQ TO LODGE THE REPORT.

THATS ALL.



























**SINGAPORE  
POLICE FORCE**

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

T/20230306/2093  
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Report No: T/20230306/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/03/2023 17:59      Vide Report No.:      Station Diary No.:

**Informant's Particulars**

Name of Informant: PURUSSHOTHAMAN PUSHPARAJ		Address: APT BLK 8 UBI ROAD 2 ZERVEX SINGAPORE 408538	
ID Type / ID No.: FIN NO / G2857489X		Contact No.: Home/Office:      Mobile: 90567328	
Nationality: INDIAN		Email:	
Sex: Male	Age: 31	Date of Birth: 20/06/1991	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Building construction engineer		Driving Licence Information: Class: 3      Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2023 15:30	Type of Location: X-Junction
Location: KAKI BUKIT ROAD 1			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF9168K	Lorry				Slightly Damaged	0
SCW8857K	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20230306/2093

2 of 3

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