

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	06/04/2023 12:56 (SGT)
Reported by	Actual Driver
Date of Accident	24/03/2023 05:20 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	(CTE) TO UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9685X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CONSORT PTE. LTD.
Company Reg No	2XXXXX149R
Email Address	consort@consort.com.sg
Mobile Phone No	(Phone) +65-81149949
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	Private car
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00120672201

DRIVER

Name of Driver	GOVINDASAMY PALANISAMY
Passport No/FIN	GXXXX574Q
Date Of Birth	25/12/1973
Occupation	Outdoor

Date Of Driving Pass	16/06/2008
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81149949
Alt. Phone Number	-
Email Address	consort@consort.com.sg
Address	BLK 504 #09-2656 ANG MO KIO AVENUE 8
Address complement	-
Postcode	560504
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	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	SURESH
Gender	Male

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 SKETCH PLAN AND POLICE REPORT T/20230406/7018

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SIGNBOARD
No. Of Passenger (Including Driver)	-

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.

Policyholder's Signature / Date & Time _____

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

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

05/04/2023

Sketch Plan

AKH MO KIO AVE (CTE) 70 UPPAL THOMSON ROAD

Sketch Plan

Describe Circumstance of the Accident

As I was travelling suddenly I fell asleep caused my car hit the side curb and hit the sign board

POLICE REPORT #1202304006/7018

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 05/04/2023

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







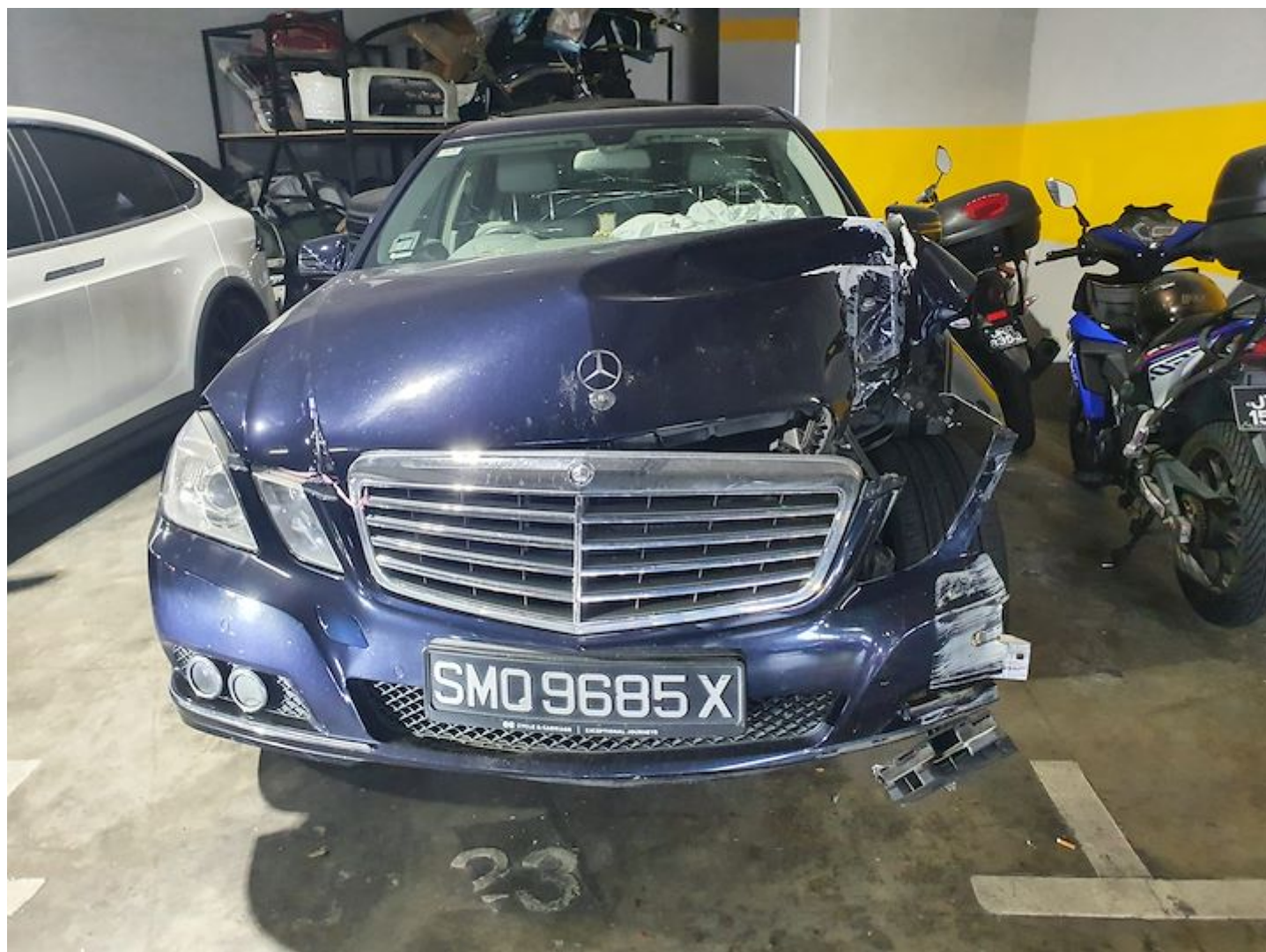




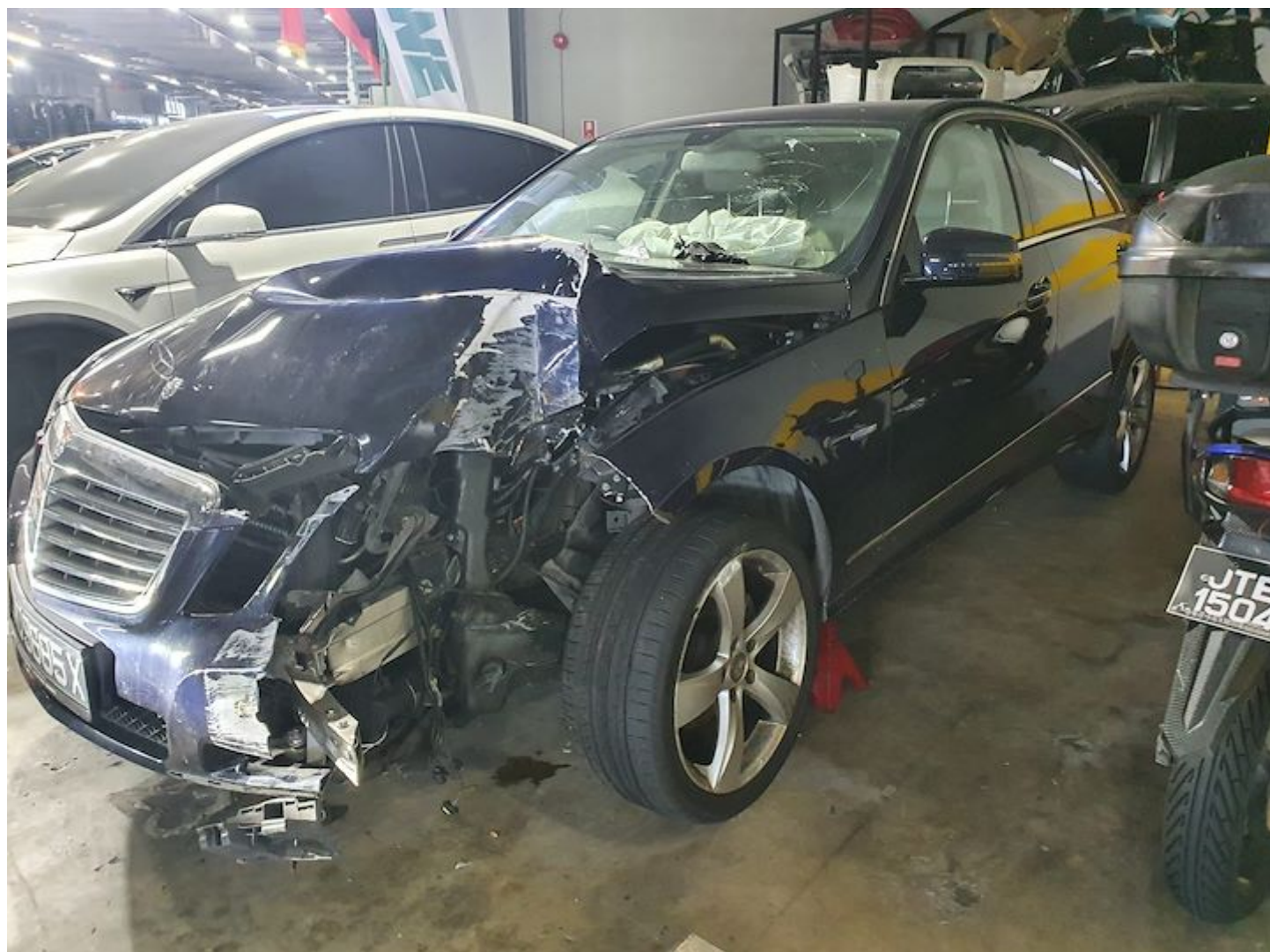













**SINGAPORE
POLICE FORCE**

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



T/20230406/7018

1 of 3

Report No. T/20230406/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2023 11:53	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GOVINDASAMY PALANISAMY			Address: 504 ANG MO KIO AVENUE 8 #09-2656 SINGAPORE 560504		
ID Type / ID No.: FIN NO / G7220574Q			Contact No.: Home/Office: Mobile: 81149949		
Nationality: INDIAN			Email: samy7325@gmail.com		
Sex: Male	Age: 49	Date of Birth: 25/12/1973	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class:	Date of Expiry: 17/06/2023	

General Information of the Accident

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 24/03/2023 05:20	Type of Location:
Location: ANG MO KIO AVENUE 1				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMQ9685X	Car	MERCEDES BENZ		Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ9685X	CHINA TAIPING INSURANCE (S) PTE LTD	DMPCSNW001206 72201	01/06/2022	31/05/2023


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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20230406/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOVINDASAMY PALANISAMY	ID No.	G7220574Q
Related Vehicle	SMQ9685X (Car)	Contact No.	81149949
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: 17/06/2023
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

on the day of offence ,i had a upset and depressed due to some misunderstanding with my wife ,and also work tension ,i never slept past 2 days. and on the day of offence i came from my work site ,that time i was very tired and slept when i drive and unfortunately this offence happened.i wont repeat it again sir, i holds a class 3 & 4 licence and has been driving in singapore till 15 years ,i never have any issues like this.but now unfortunately happened.so please forgive me sir.

**SINGAPORE
POLICE FORCE**

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



T/20230406/7018

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Report No. T/20230406/7018

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 / TP1B /
YEO KIA HUAT
Contact No.: 65476162

This report is lodged at Traffic Police Kiosk 2
NP168

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

Date/Time:
06/04/2023 11:53

Classification Of Case:

BOND AND BAIL BOND

NO. PB/A/23/01549

(Section 99 of the Criminal Procedure Code 2018)

(TO BE EXECUTED WHEN PERSONS ARE TO BE PRODUCED IN COURT/ INVESTIGATIONS ARE NOT COMPLETED)

Report Number: E/20230324/2007

S/Diary: 702963

Station Number: 2663

Time: 14:47

Name of Investigation Officer: 37135 YEO KIA HUAT

Department / Agency: DDIT

Contact No: 65476162

I (name and NRIC No.) GOVINDASAMY PALANISAMY G7220574Q

Must be (of (address) 504 ANG MO KIO AVENUE 8 CHENG SAN CREST #09-2656 SINGAPORE 560504

Tel No: 811439949

(having been charged with (state offence/s charged) DRUNKEN DRIVING S47(1)(B) RTA 1961

and on my release on bail, do hereby bind myself.

* To attend Court No. _____ on (date) _____ at (time) _____ and thereafter to attend as may be directed by the Court until all proceedings relating to the abovementioned charge/s shall have been finally disposed of.

* To attend at Traffic Police _____ Police Station, CID or _____ (agency) on (date) 06/04/2023 at (time) 11:45 and shall continue so to attend until otherwise directed by the investigating officer;

* To attend at _____ Police Station, CID on (date) _____ at (time) _____ for the purposes of fingerprinting, photographing and taking of body samples of myself and any other related matters or to be conveyed to the Criminal Records Office, CID for the purposes of fingerprinting and photographing and taking of body samples of myself and any other related matters and then attend at Court No. _____ on (date) _____ at (time) _____ and thereafter to attend as may be directed by the Court until all proceedings related to the abovementioned charge/s shall have been finally disposed of;

* To surrender any travel document in my possession; *(delete if not applicable)

_____ available for investigations or to attend court at the date, time and place appointed for me to do so;

To be
completed
when case
and parties
involved