

# 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 ..... 19/04/2023 17:18 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 20/03/2023 08:05 (SGT)  
Exact Location of Accident ..... Edgefield Plains, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNB4037S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... BAVANESWARY D/O MAAHNEKHAM  
NRIC No ..... SXXXX602D  
Email Address ..... sivakumar.tevan@gmail.com  
Mobile Phone No ..... (Phone) +65-83641626  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
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 hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D22MPC0007565

### DRIVER

Name of Driver ..... SIVA KUMAR S/O SUNTHAN TEVAN  
NRIC No ..... SXXXX753A  
Date Of Birth ..... 12/01/1980  
Occupation ..... Outdoor

Date Of Driving Pass .....	01/12/1999
Driving experience .....	23 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81623004
Alt. Phone Number .....	-
Email Address .....	sivakumar.tevan@gmail.com
Address .....	BLK 666B PUNGGOL DRIVE #15-564
Address complement .....	-
Postcode .....	822666
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	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? .....	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 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 .....	BAVANESWARY D/O SUNTHAN TEVAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230320/2026

#### 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 .....	SLL8060T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEOW SIANG HWEE
NRIC No .....	SXXXX862G
Contact Number .....	(Phone) +65-81884888
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 .....	SIVA KUMAR S/O SUNTHAN TEVAN
Gender .....	Male
Phone No .....	(Phone) +65-81623004
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNB4037S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 2

Name of injured person .....	BAVANESWARY D/O MAAHNEKHAM
Gender .....	Female
Phone No .....	(Phone) +65-83641626
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNB4037S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

*Amurud*

*Juan*

*Amurud 19/04/2023*

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

**SKETCH PLAN**

*Edgefield Plains*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS a police report T/20230320/2028

DECLARATION

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

*[Signature]*

Policyholder's Signature Date & Time:

©IARMC SketchPlanForm, V3

*[Signature]*

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

*[Signature]* 19/04/2023

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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**SINGAPORE  
POLICE FORCE**



T/20230320/2026

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20230320/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/03/2023 11:42		Vide Report No.:		Station Diary No.: 48	
<b>Informant's Particulars</b>					
Name of Informant: SIVA KUMAR S/O SUNTHAN TEVAN			Address: APT BLK 666B PUNGGOL DRIVE #15-564 SINGAPORE 822666		
ID Type / ID No.: NRIC NO / S8000753A			Contact No.: Home/Office: Mobile: 81623004		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 12/01/1980	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2023 08:05	Type of Location: Slip road
Location:  EDGEFIELD PLAINS				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL8060T	Car			White		0
SNB4037S	Car	HONDA		Green		1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230320/2026

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20230320/2026

## CONTINUATION OF REPORT

Driver			
Name	Leow Siang Hwee	ID No.	S8033862G
Related Vehicle	SLL8060T (Car)	Contact No.	81884888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SIVA KUMAR S/O SUNTHAN TEVAN	ID No.	S8000753A
Related Vehicle	SNB4037S (Car)	Contact No.	81623004
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	20/03/2023	Date Discharge	20/03/2023
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Passenger			
Name	Bavaneswary D/O Maahnekham	ID No.	S8236602D
Related Vehicle	SNB4037S (Car)	Contact No.	83641626
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/03/2023	Date Discharge	20/03/2023
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 20/03/2023 in the morning, I was driving my car (SNB4037S) along Edgefield Plains going towards Punggol Central directions. At about 0807hrs, I was at the "stop line" of the slip road turning left from Edgefield Plains into Punggol Central, waiting for the traffic to clear before turning into Punggol Central. While waiting, I felt an impact from the rear of my car, I then got down to check and realized that another car (SLL8060T) had collided into the rear of my car. Both the driver of SLL8060T and myself then drove our vehicles to the nearby car park to check. We took photos of the damages and exchanged our contact details before we drove off. I want to state that during the accident, my wife was on board as well. The rear of my car was damaged due to the accident.

After the accident, I went to seek treatment and was given 7 days of medical certificate and my wife was given 5 days of medical certificate.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20230320/2026

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Report No. T/20230320/2026

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
E /  
SR STAFF SGT LIM BENG LEE 

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

Signature Of Informant: 

Date/Time:  
20/03/2023 11:42

Classification Of Case:

