

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

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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.

Bauer

Kim

19/04/2023

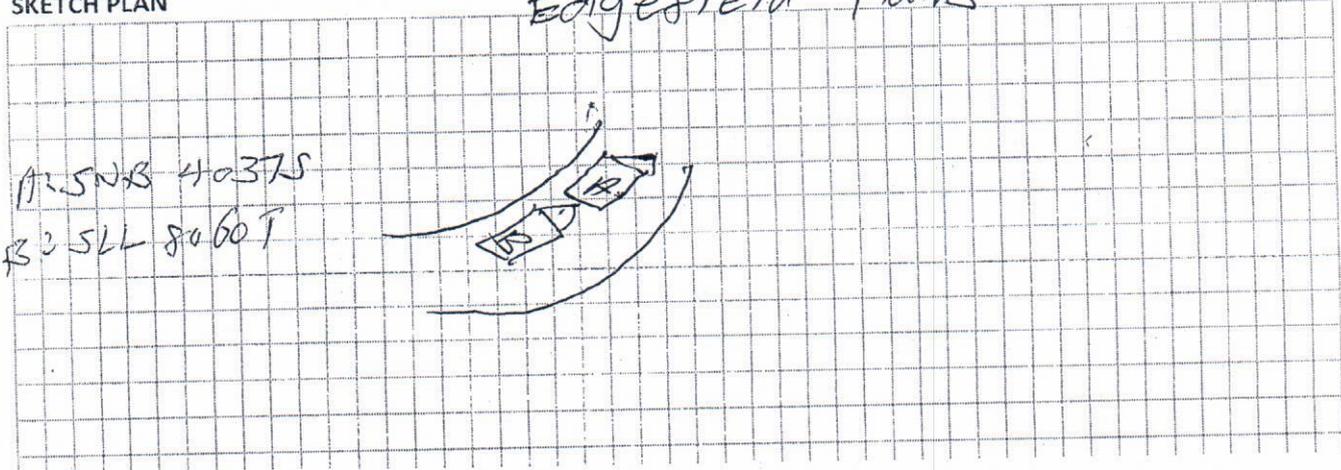
Policyholder's Signature Date & Time:

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

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

SKETCH PLAN

Edgesfield Plains



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[A large diagonal line is drawn across the top half of the lined area.]

As a police report T/20230320/2028

[A large diagonal line is drawn across the bottom half of the lined area.]

DECLARATION

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

[Handwritten signature]

Policyholder's Signature Date & Time:

[Handwritten signature]

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

[Handwritten signature]
19/04/2023

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



**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
Informant's Particulars				
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:

General Information of the Accident

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

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL8060T	Car			White		0
SNB4037S	Car	HONDA		Green		1

Details of Person Involved

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**



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

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

Signature Of Informant: 
Date/Time: 20/03/2023 11:42
Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20 / 03 / 2023 (dd/mm/yy) Time of Accident: 08:05 (24-HR-FORMAT)

Vehicle No.: S.N.B 40375 Vehicle Make & Model: HONDA FREED

Exact location of Accident: Edgefield Plains

Policyholder's Name: Bavanaswary D/o Maahnakam UEN: 58236602D

Driver's Name / IC No.: Siva Kumar S/o Suntham Tevan S8000753A (As Above)

Driver's Contact No.: 81623004 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 666B Punggol Drive #15-564 (822666)

Email address: Sivakumar.tevan@gmail.com Insurance Company: India

Relationship between Owner & Driver: (Please **CIRCLE** one only) 12/31/1980 01/12/1999
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): 02

*Passenger Name: _____

Gender: Male / Female *Passenger

Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: 51L 8060 T

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



INDIA
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Serving the region since 1967

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. M2-0074806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@iil.com.sg
Fax (65) 62244174 Website www.iil.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MPC0007565		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SNB4037S	
Chassis No	: GB73127438	
2. Name of Policyholder	: BAVANESWARY D/O MAAHNEKHAM	
3. Effective date of Insurance	: 20 Aug 2022	
4. Expiry date of Insurance	: 19 Aug 2023	
5. Persons or Classes of Persons entitled to drive*		
For private hire: SIVA KUMAR S/O SUNTHAN TEVAN only		
For Social, Domestic & Leisure purposes: Any person who is driving on the Policyholder's order or with their permission and who are at least 18 years old and holding a valid driving licence on the relevant class. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
6. Limitations as to use*		
Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover a) Use for racing, pace-making, reliability trial, or speed-testing. b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
Excess Section I & II Separately: SGD1,500.00 (Within Singapore) Excess Section I & II Separately: SGD3,000.00 (Outside Singapore)		
Remarks: If any named drivers, the above excess will be applicable.		
Excess Section I & II Separately (For Unnamed Driver): SGD2,000.00 For Social, Domestic & Leisure Purposes only (Within Singapore) Excess Section I & II Separately (For Unnamed Driver): SGD4,000.00 For Social, Domestic & Leisure Purposes only (Outside Singapore) Windscreen Excess: SGD100.00		
GEOGRAPHICAL AREA: PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - WITHIN THE REPUBLIC OF SINGAPORE ONLY FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA		
Hire Purchase Company: Teck Wei Credit Pte Ltd		
For drivers below 22 years or above 75 years of age &/or less than 2 years Singapore Driving Licence, an ADDITIONAL excess on Excess Section I & II Separately of S\$1500 will be applicable.		
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).		
Agent/Broker : A000089/CFHQ PTE. LTD. Date of Issue : 17/08/2022 14:09:43 MZ406 - Hire Car (Hired Driving)		For India International Insurance Pte Ltd
		 _____ Authorised Signatory