

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	27/04/2023 17:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 19:15 (SGT)
Exact Location of Accident	Tanjung Kupang, Johor, Malaysia
Additional Location Information	BEFORE CUSTOM CHECKPOINT SECONG LINK
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR2655Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAMESH HARIKRISHNAN
NRIC No	SXXXX552A
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-91854268
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP002422

DRIVER

Name of Driver	RAMESH HARIKRISHNAN
NRIC No	SXXXX552A
Date Of Birth	20/03/1970
Occupation	Indoor

Date Of Driving Pass	17/10/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91854268
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 184 YUNG SHENG ROAD #03-81
Address complement	-
Postcode	610184
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	Side Swipe
Weather Conditions	Raining
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?	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	KARABAGAM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20230427/2077

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	SKQ6212X
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	White
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)	-

SKETCH PLAN

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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: Rm

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): 27/04/2023

Sketch Plan: MAHA BEFORE CHECKPOINT CUSTOM IMMIGRATION (JP) (KUALA)

Vehicle A SMR 2655Z

Vehicle B SKQ 6212X

Describe Circumstance of the Accident

Refer to police report
J/20230427/2077

Declaration

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


Policyholder's Signature / Date & Time

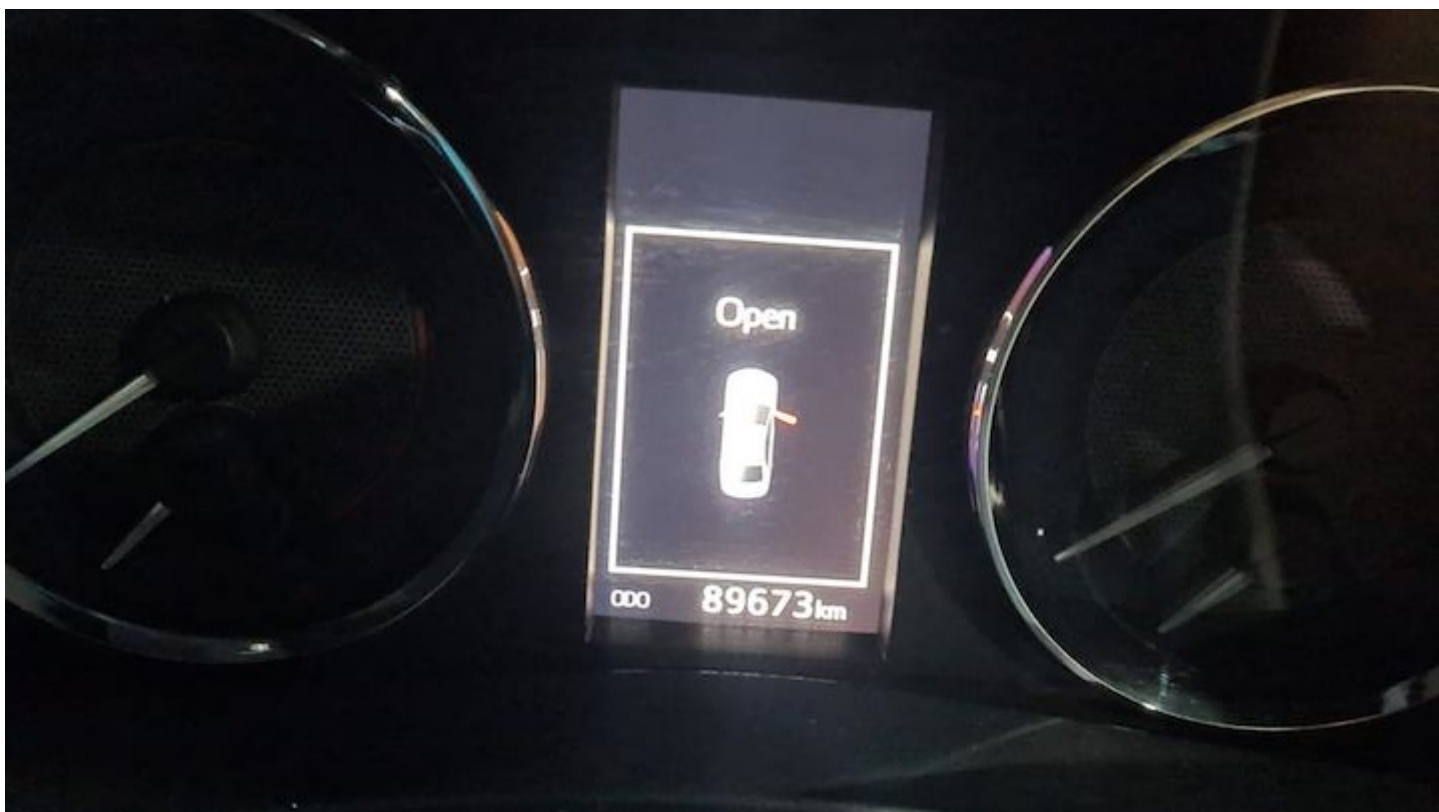

Driver's Signature (if driver is not the policyholder) / Date & Time

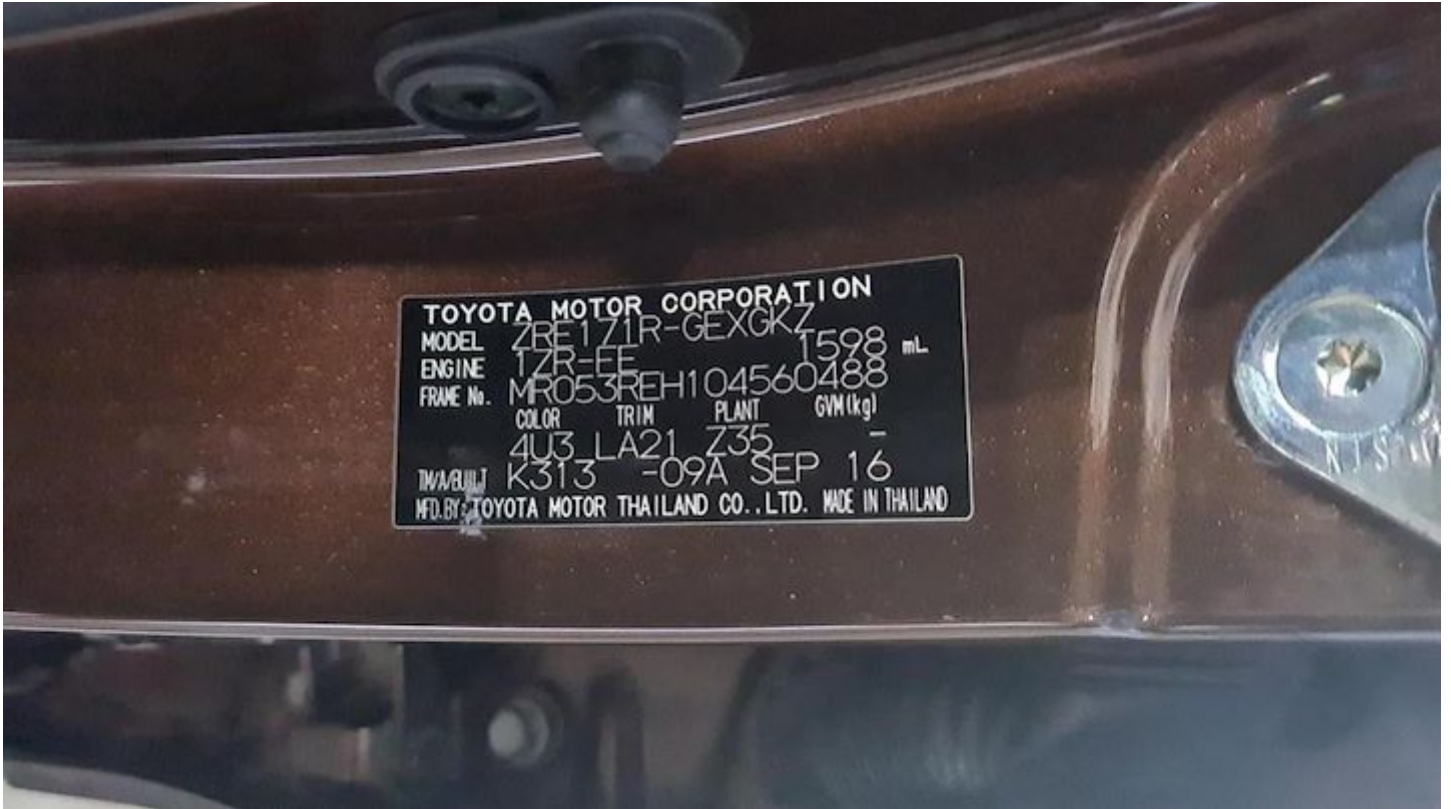

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





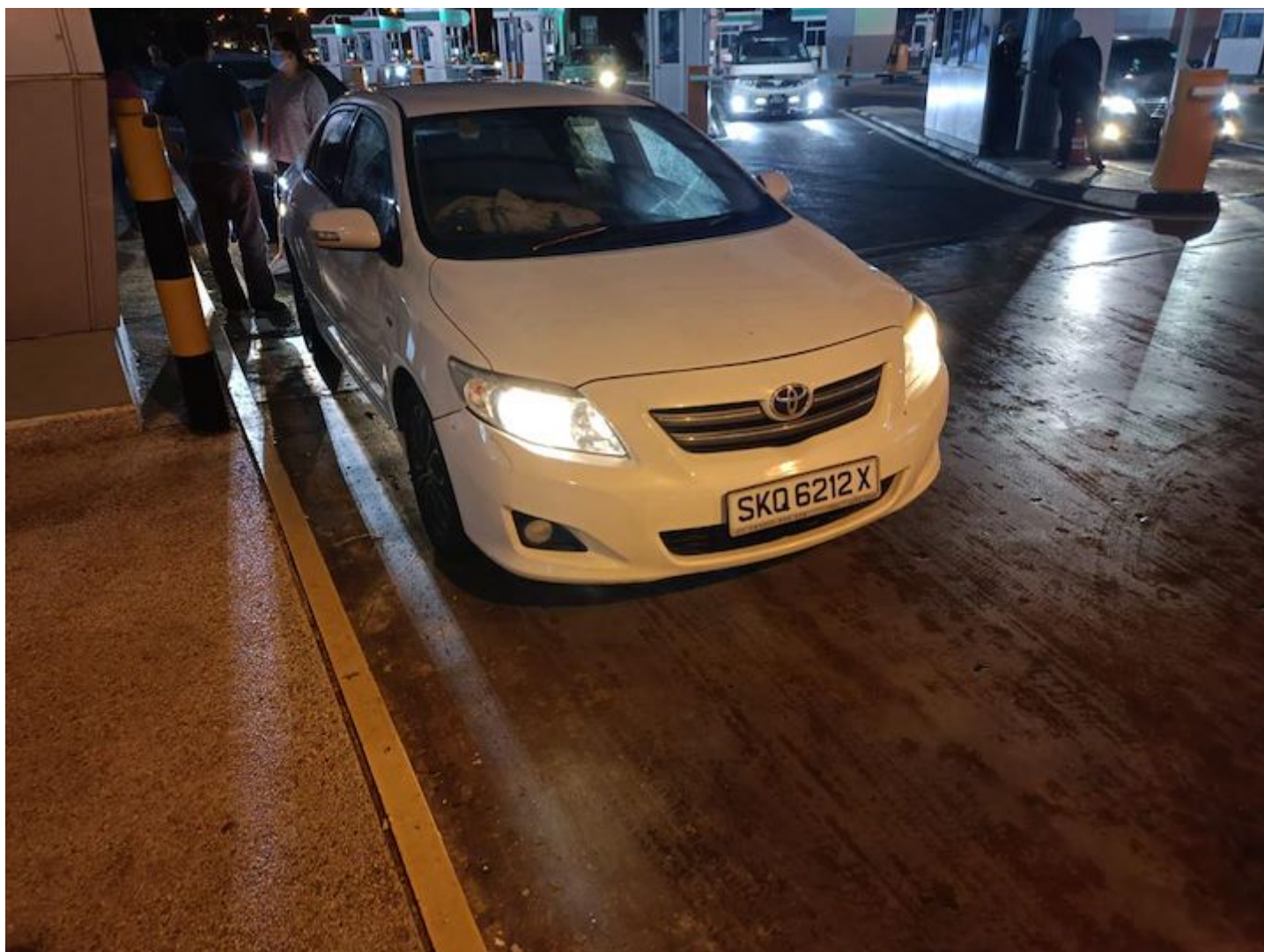













**SINGAPORE
POLICE FORCE**
POLICE REPORT (NP299)

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



J/20230427/2077

1 of 2

Report No. J/20230427/2077

Date/Time Report Made 27/04/2023 16:10	Vide Report No.	Station Diary No. 74
Name Of Informant RAMESH HARIKRISHNAN	Address APT BLK 184 YUNG SHENG ROAD #03-81 SINGAPORE 610184	
ID Type / ID No. NRIC NO / S7064552A	Contact No. Home/Office	Mobile 91854268
Nationality MALAYSIAN	Email Address	
Occupation TECHNICIAN	Sex Male	Age 53
Institution/School Name	Date of Birth 20/03/1970	Race Indian
Date/Time Of Incident 26/04/2023 19:15	Location Of Incident Tanjung Kupang Kastam Immegresion MALAYSIA	

Brief details.

On 26/04/2023 at about 1915hrs, I was involve in a road traffic accident at Malaysia Johor Bahru Tanjung Kupang Katam Imigresen, involving my vehicle, SMR2655Z and another vehicle, SKQ6212X. I had went to meet the said driver however he refuse to exchange particulars. At first the driver refuses to alight from his vehicle however later the Malaysia Kastam officer came and told both of us to park our vehicle one side and to resolve the issues. Later we were advised to lodge a police report in Malaysia Police station which I did went to Traffic Police Iskandar Putri station and lodge the traffic accident case. The said driver

Signature Of Officer Recording The Report:
J / SGT 2 MUHAMMAD AQIL BIN
MUHAMMAD TASRIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/04/2023 16:10

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SI NOOR AZMAN SHAH BIN ADHAR
Contact No.: 67910000

Classification Of Case:

**SINGAPORE
POLICE FORCE**

J/20230427/2077

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230427/2077

refuse to cooperate and keep telling me to lodge report. The accident involves while I was travelling straight, the said vehicle, SKQ6212X, wanted to cut lane to my lane and later brush against my vehicle front left passenger door and front left tire area.

Signature Of Officer Recording The Report:

J / SGT 2 MUHAMMAD AQIL BIN
MOHAMMAD TASRIN

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
27/04/2023 16:10Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SI NOOR AZMAN SHAH BIN ADHAR
Contact No.: 67910000

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09234R000B Vehicle Registration No: SMR265TZ
 Name (as shown in NRIC): ROMANESH HARICRISHNAN NRIC/FIN/Passport No: SXXXX562A
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91854265
 Email Address: _____
 Date of Accident: 26/04/2023 Time of Accident: 19:15
 Place of Accident: Tanjong Pagar BEFORE SECOND LINK CHANGI
 Insurance Company: TOKIO MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

T/P VEHICLE NUMBER 70 SKQ 6212X ON SKRUIT PLAT

Policyholder / Actual Driver's Signature
Date:

04/05/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: