

## 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 10:51 (SGT)
Reported by	Actual Driver
Date of Accident	26/04/2023 19:45 (SGT)
Exact Location of Accident	Near 205 Upper E Coast Rd, Singapore
Additional Location Information	JUNCTION OF BEDOK SOUTH AVENUE 1 AND EAST COAST ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ3813T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SABHNANI MANOJ
NRIC No	SXXXX671J
Email Address	MSABHNANI@GMAIL.COM
Mobile Phone No	(Phone) +65-96583347
Alternative Phone No	

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1991

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133247716

#### DRIVER

Name of Driver	SABHNANI RAVEEN MANOJ
NRIC No	SXXXX360E
Date Of Birth	01/10/1976

Occupation	Indoor
Date Of Driving Pass	16/02/2012
Driving experience	11 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98314124
Alt. Phone Number	-
Email Address	RSABHNANI@GMAIL.COM
Address	215 BEDOK SOUTH AVENUE 1 #01-20
Address complement	-
Postcode	469338
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	Collided into Parked Vehicle
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)	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	RUSHA SINGH
Gender	Female

#### 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

AT THE JUNCTION OF BEDOK SOUTH AVENUE 1 AND EAST COAST ROAD, MY CAR WAS STATIONARY AT THE TRAFFIC SIGNAL GOING TOWARDS UPPER EAST COAST ROAD. MY CAR WAS STILL AT THE RED LIGHT WHILE THE GREEN SG BUS NO 12, LICENSE PLATE SG1195C NUMBER WAS ATTEMPTING TO GO THROUGH THE SLIP ROAD WHEN IT WAS CLEARLY NOT WIDE ENOUGH FOR A BUS TO MAKE IT THROUGH DUE TO MY CAR STATIONARY POSITION AT THE TRAFFIC LIGHT. HOWEVER THE DRIVER OF THE BUS STILL ATTEMPTED TO PUSH ITS WAY THROUGH THE TIGHT SPACE, AT THE COST OF DAMAGING MY CAR

#### ATTACHMENT(S)

Are accident photos available for attachment? .....  
Was there any video captured by Car Camera? .....

Yes  
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG1195C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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 PLANIMPORTANT NOTICE

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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 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 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 &amp; Time

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

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

VEC A: SKJ 3813 T

VEC B: SG 1195C - Bus.

UPPER COAST ROAD.

wlm2822

Describe Circumstance of the Accident

REFER TO GIA REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

Claim TP

Claim OD/TP at other workshop

**Declaration**

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

*[Handwritten Signature]*



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)



**SINGAPORE  
POLICE FORCE**



T/20230426/7092

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

1 of 3

Report No. T/20230426/7092

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/04/2023 22:20		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SABHNANI RAVEENA MANOJ			Address: 215 BEDOK SOUTH AVENUE 1 #01-20 SINGAPORE 469338		
ID Type / ID No.: NRIC NO / S7672360E			Contact No.: Home/Office: Mobile: 98314124		
Nationality: INDIAN			Email: RSABHNANI@GMAIL.COM		
Sex: Female	Age: 46	Date of Birth: 01/10/1976	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/04/2023 19:45	Type of Location: Y-Junction
Location:  UPPER EAST COAST ROAD				
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
SG1195C	Bus/Coach/Minibus	MERCEDES BENZ	CITARO	Green		0
SKJ3813T	Car					0

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



**SINGAPORE  
POLICE FORCE**



T/20230426/7092

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

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Report No. T/20230426/7092

## CONTINUATION OF REPORT

Driver			
Name	SABHNANI RAVEENA MANOJ		ID No. S7672360E
Related Vehicle	SKJ3813T (Car)		Contact No. 98314124
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

At the junction of Bedok South Avenue 1 and East Coast road, My car was stationary at the traffic signal going towards Upper East Coast Road. My car was still at the red light while the Green Sg Bus No 12, License plate SG1195C number was attempting to go through the slip road when it was clearly not wide enough for a bus to make it through due to my car stationary position at the traffic light. However the driver of the bus still attempted to push its way through the tight space, at the cost of damaging my car .



**SINGAPORE  
POLICE FORCE**



T/20230426/7092

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

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Report No. T/20230426/7092

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
NEO ZHI YUAN  
Contact No.: 65476079

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

Date/Time:  
26/04/2023 22:20

Classification Of Case:

NP168