

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	07/06/2023 16:35 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2023 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG EAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9532R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE LTD
Company Reg No	2XXXXX962N
Email Address	CHARLOTTEVEHICLES@GMAIL.COM
Mobile Phone No	(Phone) +65-66356225
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

DRIVER

Name of Driver	KARUNAKARAN S/O RAMAYAH
NRIC No	SXXXX711F
Date Of Birth	02/08/1964
Occupation	Outdoor

Date Of Driving Pass	31/03/1995
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90095471
Alt. Phone Number	-
Email Address	CHARLOTTEVEHICLES@GMAIL.COM
Address	BLK 222 ANG MO KIO AVE 1
Address complement	#05-719
Postcode	560222
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE FOLLOWING POLICE REPORT T\20230607\2027

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	SLK4320A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD ABDILLAH BIN HASHIM
NRIC No	SXXXX165C
Contact Number	(Phone) +65-92227674
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	KARUNAKARAN S/O RAMAYAH
Gender	Male
Phone No	(Phone) +65-90095471
Address	BLK 222 ANG MO KIO AVE 1
Address Complement	#05-719
Post Code	560222
Approximate Age Years Old	-
Injuries Sustained	NECK&BACK PAIN
Injured person in which vehicle?	SNC9532R
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.



Policyholder's Signature / Date & Time

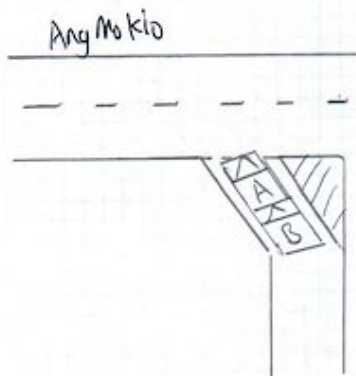
[Signature] 7/6/23

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

[Signature] 7/6/23

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SN69532R
B: SLK 4320A

Sengkang East Road

Describe Circumstances of the Accident

Refer to Police Report
+ 20230607 / 2027

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 7/6/23

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

[Signature] 7/6/23

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230607/2027

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20230607/2027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KARUNAKARAN S/O RAMAYAH	ID No.	S1678711F
Related Vehicle	SNC9532R (Car)	Contact No.	90095471
Hospital/Clinic	GSH CLINIC & SURGERY PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/06/2023	Date Discharge	07/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	Muhammad Abdillah Bin Hashim	ID No.	S8919165C
Related Vehicle	NIL	Contact No.	92227674
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

Brief Details.

On 06/06/2023 at about 1940hrs, I was driving my vehicle bearing plate no. SNC9532R with 2 passengers and a dog in my car along Sengkang East Road, turning to TPE towards Woodlands. As there was a bus incoming, I stepped on my brakes. Suddenly, I felt an impact on my rear. I came out of my vehicle and another car bearing plate no. SLK4320A had hit the rear of my vehicle. As nobody was injured at the point of time, we exchanged particulars and we left.

On 07/06/2023, I went to GSH Clinic & Surgery Pte Ltd and was given 3 days Medical Leave from 7th June 23 to 9th June 23. I wish to state there is in car camera facing forward only.

























**SINGAPORE
POLICE FORCE**



T/20230607/2027

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20230607/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2023 11:26	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: KARUNAKARAN S/O RAMAYAH	Address: APT BLK 222 ANG MO KIO AVENUE 1 #05-719 SINGAPORE 560222		
ID Type / ID No.: NRIC NO / S1678711F	Contact No.:	Mobile: 90095471	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 58	Date of Birth: 02/08/1964	Type of Informant: Driver
Race: Indian	Language:		
Occupation: PRIVATE HIRE	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/06/2023 19:40	Type of Location: Bend
Location: SENGKANG EAST ROAD				
Weather: Clear		Road Surface:		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK4320A	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Grey	Slightly Damaged	0
SNC9532R	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Silver	Slightly Damaged	2



**SINGAPORE
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T/20230607/2027

2 of 3

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569929
Tel No: 1800-4519999

Report No. T/20230607/2027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KARUNAKARAN S/O RAMAYAH	ID No.	S1678711F
Related Vehicle	SNC9532R (Car)	Contact No.	90095471
Hospital/Clinic	GSH CLINIC & SURGERY PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/06/2023	Date Discharge	07/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	Muhammad Abdillah Bin Hashim	ID No.	S8919165C
Related Vehicle	NIL	Contact No.	92227674
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

Brief Details.

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On 07/06/2023, I went to GSH Clinic & Surgery Pte Ltd and was given 3 days Medical Leave from 7th June 23 to 9th June 23. I wish to state there is in car camera facing forward only.



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569929
Tel No: 1800-4519999



T/20230607/2027

3 of 3

Report No. T/20230607/2027

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 MA DERON

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
07/06/2023 11:26

Classification Of Case:

NP168

