

Date of Accident : 04/06/23 Accident Time: 1115 (24-HR-FORMAT)  
Accident Place : Buangkok East Ave towards KPE/ECR.  
Vehicle Reg. No (Car plate No.) : PNJ3509L CC: 1.P. Vehicle Make/Model: Toyota Noah  
Insurance Company : NTUC Policy No. 5133471445-000001  
Name of Registered Owner : Company / Individual Current Leasing Rte Hld.  
ID of Registered Owner : Co Reg No: 2018272222 Owner's NRIC No: \_\_\_\_\_  
OWNER EMAIL ADDRESS: reporting.gt@gmail.com Co Contact No: 9757 8885 Owner's Contact No: \_\_\_\_\_  
DRIVER'S Name : Jejaventhen S/o Sinniah Pillai DRIVER'S NRIC No: 87418184C  
DRIVER'S Date of Birth : 19/06/74 DRIVER'S License Pass Date 05/10/93  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
DRIVER'S Address : Block 154 Rivervale Crescent #03-124 S/540154  
DRIVER'S Contact No./ Alt No. : 1) 90925128 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : jejaventhen@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING \ WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (including Driver): 2 Name & Gender: Flores Cheryl Delayo (F)  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes(name of the injured person) Driver & Passenger

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBH7457D</u>	Vehicle Reg No: <u>SHC2086D</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



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## SKETCH PLAN

### 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 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 & Time

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

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

### Sketch Plan

East Drive

Towards KPE / ECP

A: SNJ 3509L

B: GGH 74570

C: SHC 20860



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Describe Circumstance of the Accident

Refer to traffic police report

T/20230607/2045

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

Witnessed by Reporting Centre Personnel



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**SINGAPORE  
POLICE FORCE**



T/20230607/2046

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

1 of 3

Report No. T/20230607/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/06/2023 13:18		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Jeyaventhen S/O Sinniah Pillai			Address: C/O APT BLK 154 RIVERVALE CRESCENT #03-124 RIVERVALE GREEN SINGAPORE 540154		
ID Type / ID No.: NRIC NO / S7419184C			Contact No.: Home/Office: Mobile: 90925129		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 19/06/1974	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/06/2023 11:15	Type of Location: Bend
Location:  BUANGKOK EAST DRIVE				
Weather: sunny but drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7457D	Van					2
SHC2086D	Car					5
SNJ3509L	Car				Slightly Damaged	2

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**SINGAPORE  
POLICE FORCE**



T/20230607/2045

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Report No. T/20230607/2045

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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Jeyaventhen S/O Sinniah Pillai	ID No.	S7419184C
Related Vehicle	SNJ3509L (Car)	Contact No.	90925129
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/06/2023	Date Discharge	06/06/2023
No. of Days granted Medical Leave	60	Degree of Injury	NIL
<b>Passenger</b>			
Name	Flores Cheryl Pelayo	ID No.	S8895140I
Related Vehicle	SNJ3509L (Car)	Contact No.	91684319
Hospital/Clinic	LIFEPLUS medical group	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/06/2023	Date Discharge	07/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On sunday, 4th June 2023 at about 11.15am, I was driving my car SNJ3509L with my wife as the front seat passenger driving along buangkok East Drive towards KPE/ECP Tunnel, both of us were wearing seat belt. I entered the slip road towards KPE/ECP tunnel, A taxi SHC2086D made a sudden stop ahead of me. I immediately stop my car infront of the said taxi. Within seconds, a van GBH7457D came from behind and collided into my rear. The impact caused my car to collide the rear taxi. I sustain injuries on my neck, left knee and my backbone. My wife was in trauma. I could not get out of my car. The ambulance arrived and conveyed me to hospital.

My car sustained a big dent at the rear and the left side of the bumper was hanging.

I was warded on 4th june and discharge on 6 june.

I was given a hospitalization leave for 60 days.

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POLICE FORCE**

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



T/20230607/2046

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Report No. T/20230607/2046

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

F/  
SGT 2 JASMINE KOH YAN NI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT SYED MUHAMMAD ISA BIN  
OMAR ALHABSHEE  
Contact No.: 65476187

NP168

Signature Of Informant:

Date/Time:  
07/06/2023 13:18

Classification Of Case:

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