

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	23/06/2023 15:01 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2023 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK2549Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG AUTO PTE. LTD.
Company Reg No	201523407C
Email Address	ADMIN@SGAUTOPL.COM
Mobile Phone No	(Phone) +65-88258368
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5135590890

DRIVER

Name of Driver	PETER MATHAN S/O MANIAM
NRIC No	S8215008J
Date Of Birth	11/05/1982
Occupation	Outdoor

Date Of Driving Pass	30/05/2006
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93867906
Alt. Phone Number	-
Email Address	ADMIN@SGAUTOPL.COM
Address	330 TAH CHING ROAD #03-88
Address complement	-
Postcode	610330
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 - Change/cross lane
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)	3
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	Male

PASSENGER 2

Name	UNKNOWNW
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

REFER TO POLICE REPORT. I AM UNSURE HOW MANY PAX IN VEHICLE B.

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	SMB230M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PETER MATHAN S/O MANIAM
Gender	Male
Phone No	(Phone) +65-93867906
Address	330 TAH CHING ROAD #03-88
Address Complement	-
Post Code	610330
Approximate Age Years Old	41
Injuries Sustained	NECK AN BACK PAIN
Injured person in which vehicle?	SNK2549Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

be Circumstance of the Accident

REFER TO GEARS

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

23/06/2023
1435hrs

23/06/2023
1435hrs

TIEN TOH KIAT HEURY

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IMPORTANT NOTICE

SKETCH PLAN

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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.



23/06/2023
1435hrs

[Signature]

23/06/2023
1435hrs

[Signature]

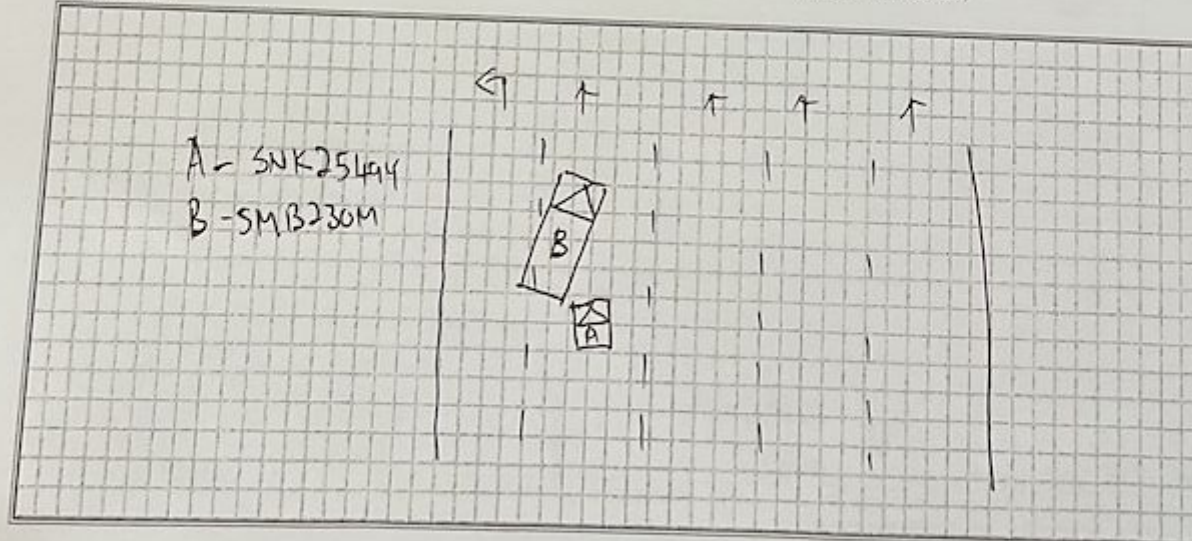
TIAN TOH KIAT HENRY

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







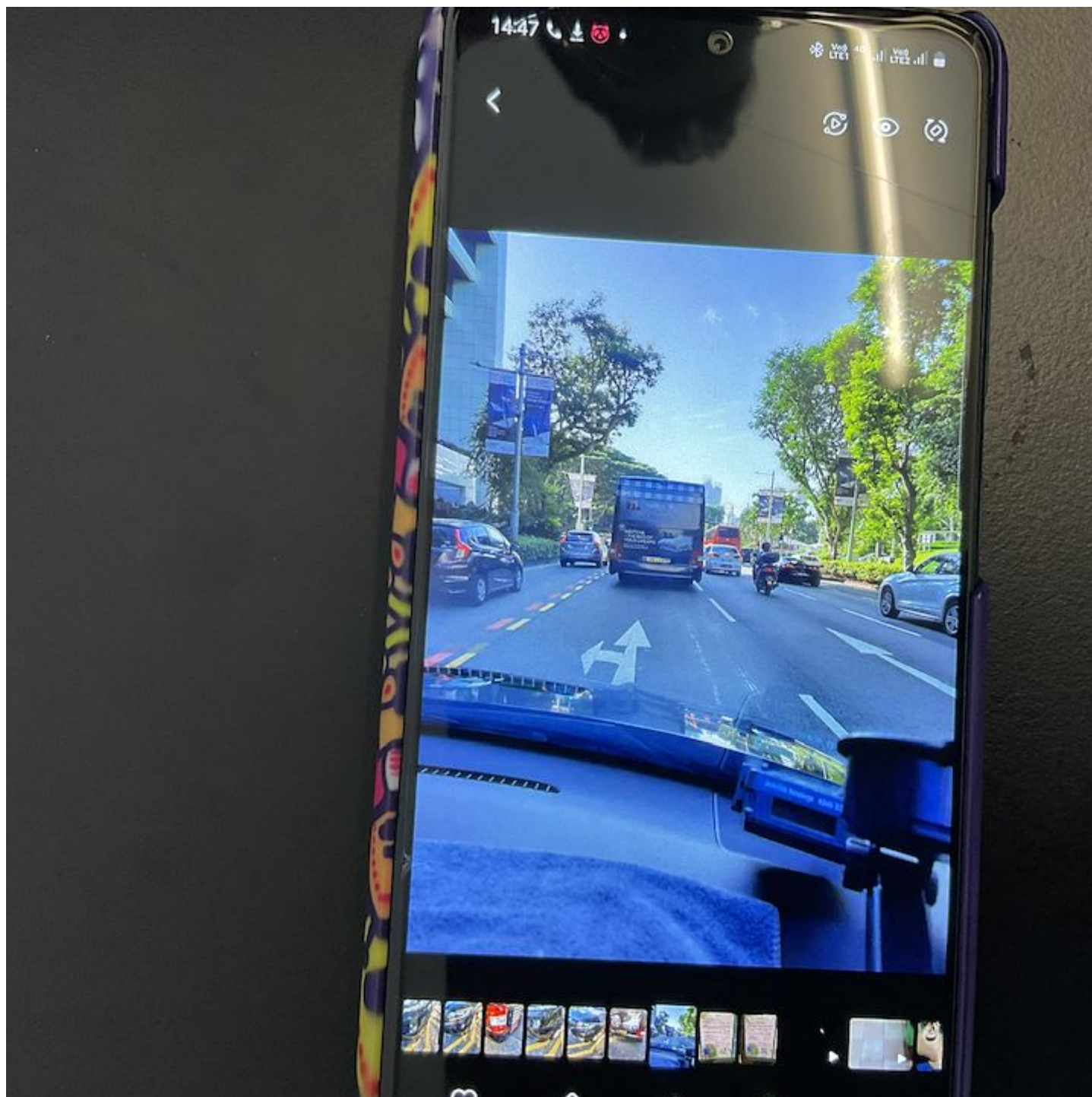


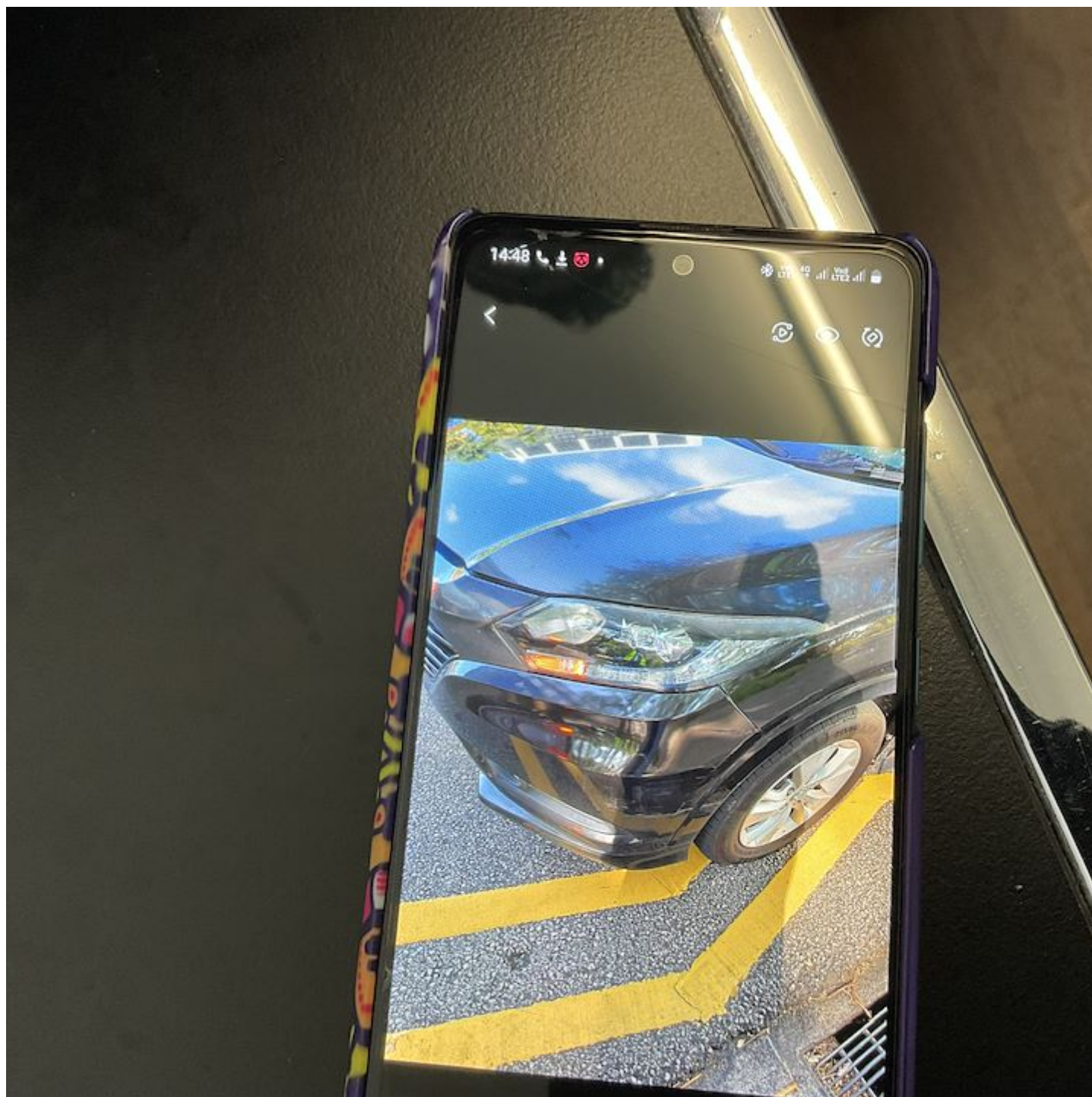


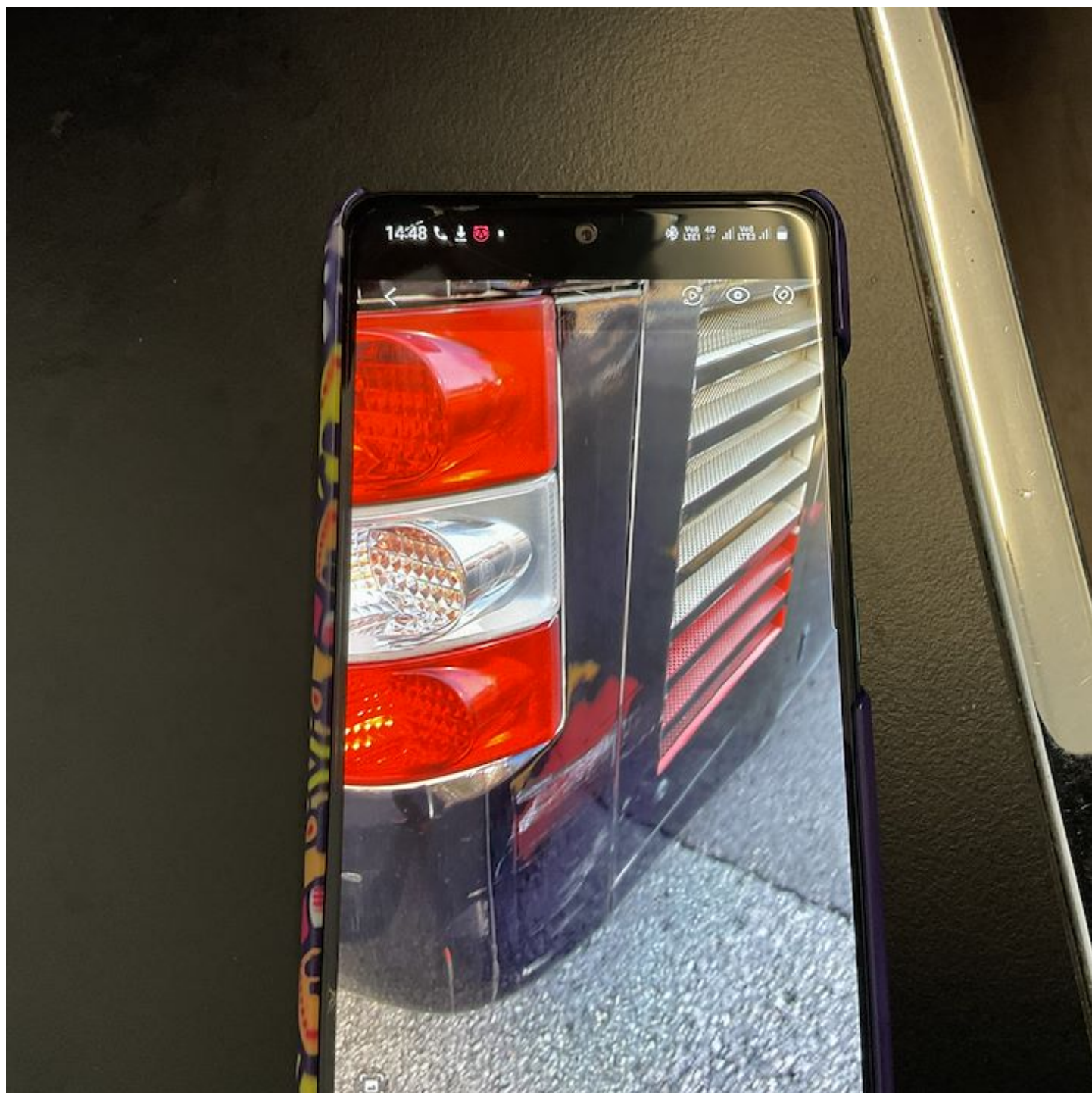














**SINGAPORE
POLICE FORCE**

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



T/20230622/7070

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Report No. T/20230622/7070

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

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

Date/Time:
22/06/2023 18:50

Classification Of Case:

NP168



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**SINGAPORE
POLICE FORCE**



T/20230622/7070

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

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Report No: T/20230622/7070

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNK2549Y	NTUC Income Insurance Co-Operative Limited	5135590890	14/04/2023	24/04/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PETER MATHAN S/O MANIAM		ID No. S8215008J
Related Vehicle	SNK2549Y (Car)		Contact No. 93867906
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.

I was waiting at the traffic light junction at Orchard Road , before the yellow box, between Cavenaugh Road and Buyong Road. Upon picking passengers at the bus-stop in front of Concord hotel and mall (shopping center) , the driver of SMB230M, moved right from his lane to the front of my lane in which I was waiting and proceeded to wait at the yellow box, diagonally, in front of my car's position. When the light turned green. He moved off. I was waiting for the bus to fully return to a straight position before moving off. As he was returning to a straight position, his moving bus at the rear right collided on my stationary car on the front left. He moved off without stopping. I had to continuously horn him for at least 10 seconds before he kept left and stopped after Buyong Road Junction. We both came down to take pictures of the damages on both vehicles. He apologised for what happened, took down my name and contact number and said his company will contact me. Before i can ask for his particulars, he quickly moved on to his bus to carry on with journey. I could not pursue him any further as I had passengers, waiting to be sent to their destination, in my car. I was on route from Leonie Hill to Jalan Besar. The impact caused a jolt in me and i am feeling back and neck pain after dropping of my passengers. I intend to seek medical attention. This incident happened on the 22nd of June 2023 at approximately 0910hrs


**SINGAPORE
POLICE FORCE**


T/20230622/7070

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

1 of 3

Report No. T/20230622/7070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2023 18:50	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: PETER MATHAN S/O MANIAM			Address: 330 TAH CHING ROAD #03-88 SINGAPORE 610330	
ID Type / ID No.: NRIC NO / S8215008J			Contact No.:	
			Home/Office:	Mobile: 93867906
Nationality: SINGAPORE CITIZEN			Email:	Peter_mathan@yahoo.com.sg
Sex: Male	Age: 41	Date of Birth: 11/05/1982	Type of Informant: Driver	
Race: Indian			Language: English	
Occupation: Private-hire car driver			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2023 09:10	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Clear	Road Surface: Dry			
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving bus and stationery car waiting at traffic light junction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMB230M	Car					0
SNK2549Y	Car	HONDA	Vezel	Gold	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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FAMILY POINT CLINIC & SURGERY

Blk 399, Yung Sheng Road, #01-55,
Singapore 610399. Tel/Fax: 6268 0232

MEDICAL CERTIFICATE

No. **181730**

This is to certify that

Mr./Mrs./Ms. Peter Andrew Silverson

NRIC No. 82180583

was seen to-day and found to be:

- ☒ fit for duty/school. Time in am/pm. Time out am/pm.
- ☒ unfit for duty/school for three days, from 24/6/09
to 24/6/09 inclusive.
- ☐ unfit for physical exercise for 1 week / 2 weeks / 3 weeks.

Comments: RTA - Back Strain

DR YANG TUCK FOOK

MBBS (S'PORE)

MCR 05182

Date 22/6/09

* This certificate is not valid for absence from court or
other judicial proceedings unless specifically stated.