

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	04/07/2023 16:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/07/2023 18:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST PARKWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4438X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SELLAMUTHU MARAN
NRIC No	SXXXX621G
Email Address	maranboobeshwar@gmail.com
Mobile Phone No	(Phone) +65-80309411
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Crossroad
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	1799

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0009931

DRIVER

Name of Driver	MARAN BOOBESHWAR
NRIC No	TXXXX140D
Date Of Birth	06/01/2000
Occupation	Indoor

Date Of Driving Pass	09/11/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80309411
Alt. Phone Number	-
Email Address	maranboobeshwar@gmail.com
Address	APT BLK 183 BEDOK NORTH ROAD
Address complement	# 02-60
Postcode	460183
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230704/2011

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TP OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD487M
Vehicle Manufacturer	Renault
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	LATIFF
Contact Number	(Phone) +65-87426710
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP1714D
Vehicle Manufacturer	Kia
Vehicle Model	Forte
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	KELVIN
Contact Number	(Phone) +65-81132151
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	MARAN BOOBESHWAR
Gender	Male
Phone No	(Phone) +65-80309411
Address	APT BLK 183 BEDOK NORTH ROAD
Address Complement	# 02-60
Post Code	460183
Approximate Age Years Old	-
Injuries Sustained	LEFT LEG IN PAIN
Injured person in which vehicle?	SMR4438X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email:
Email: huameng@live.com.sg

IMPORTANT NOTICE

Signature: fa X

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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.

X

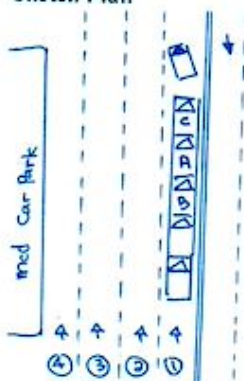
[Signature]
Policyholder's Signature / Date & Time

X

[Signature]
Driver's Signature (If driver is not the policyholder) / Date & Time
East Coast Parkway

[Signature] 4/11/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMR 1438 X

B: SHD 484 M

C: SMP 1714 D

Refer to Police Report : T/20230704/2011

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



**SINGAPORE
POLICE FORCE**



T/20230704/2011

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 4
Report No. T/20230704/2011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	LATIFF	ID No.	NIL
Related Vehicle	SHD487M (Car)	Contact No.	87426710
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
Name	KELVIN	ID No.	NIL
Related Vehicle	SMP1714D (Car)	Contact No.	81132151
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
Driver			
Name	MARAN BOOBESHWAR	ID No.	T0070140D
Related Vehicle	SMR4438X (Car)	Contact No.	80309411
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 03/07/23 at about 1835hrs, I was driving my vehicle bearing registration number SMR4438X along ECP towards city. I had no passengers with me at that point of time.

While I was travelling on the lane 1, directly beside the Marine Cove (McDonalds), I noticed a vehicle about 2 vehicles ahead of me, weaving in and out of the lane, in an attempt to switch lanes. At one point, the said vehicle was about to switch onto lane 2, when it suddenly braked, causing all the vehicles at the rear to apply their brakes.



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Report No. T/20230704/2011

CONTINUATION OF REPORT

I was able to stop in time to avoid a collision. Likewise, the vehicle in front of me SMP1714D (V1) was also able to do so. However, almost immediately, I suddenly felt an impact coming from the rear. A taxi SHD487M (V2) who was travelling behind me, was unable to stop in time and collided onto my vehicle.

As a result, my vehicle jerked forward and collided onto V1, causing a chain collision thereafter.

The police and ambulance later arrived at scene. I have an in-car camera (front and back) which captured the said incident. I have since handed over the SD card to the police at scene.

Due to the impact of the collision, my left leg is in pain. I will be seeking medical consultation after lodging the report.

The vehicle, which belongs to my father, sustained damages on both the front and rear due to the collision.







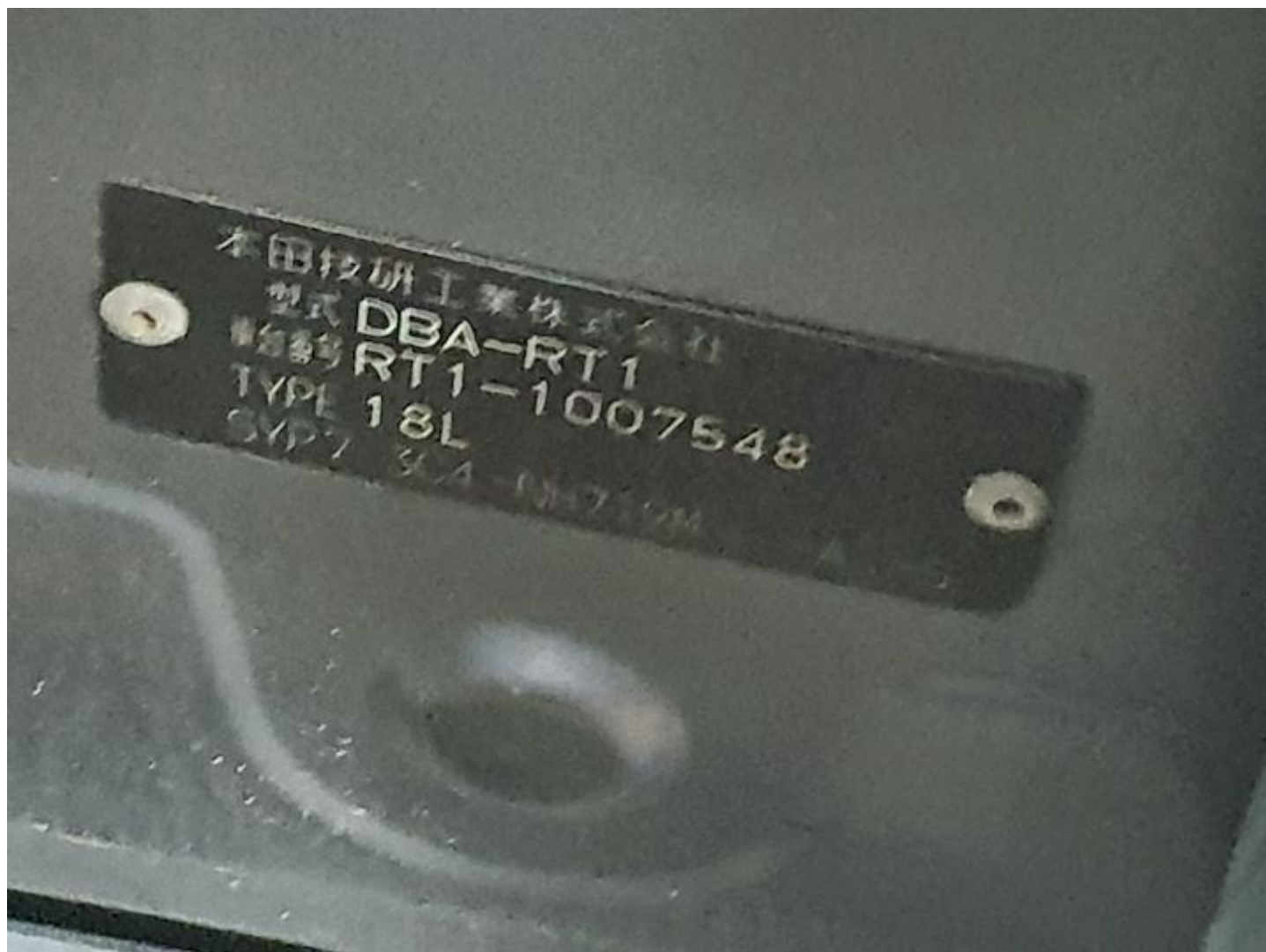
















**SINGAPORE
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T/20230704/2011

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20230704/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2023 01:30		Vide Report No.:		Station Diary No.: 24
Informant's Particulars				
Name of Informant: MARAN BOOBESHWAR		Address: APT BLK 183 BEDOK NORTH ROAD #02-60 SINGAPORE 460183		
ID Type / ID No.: NRIC NO / T0070140D		Contact No.: Home/Office: Mobile: 80309411		
Nationality: SINGAPORE CITIZEN		Email: maranboobeshwar@gmail.com		
Sex: Male	Age: 23	Date of Birth: 06/01/2000	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: Auxiliary police officer		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/07/2023 18:35	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD487M	Car	RENAULT		Red		0
SMP1714D	Car	KIA	FORTE	Black		0
SMR4438X	Car	HONDA	CROSSROAD	Grey	Seriously Damaged	0



**SINGAPORE
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T/20230704/2011

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2 of 4
Report No. T/20230704/2011

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Related Vehicle	SHD487M (Car)	Contact No.	87426710
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
Name	KELVIN	ID No.	NIL
Related Vehicle	SMP1714D (Car)	Contact No.	81132151
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
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T/20230704/2011

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20230704/2011

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SR STAFF SGT MUHAMMAD
AZHAR BIN MISSUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Signature Of Informant:

Date/Time:
04/07/2023 01:30

Classification Of Case:

NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No:

G/20230703/0185

I,

SI T09038 Hakim.

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of

TPHQ.

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

one SanDisk 32GB micro SD card.

from

Maran Boobeshwar, TCO70 140D.

(Name, NRIC or Passport No. / Rank and No.)

of

B/183 Bedok North Rd #02-60 S(460183).

(Address / Police Station / NPC / NPP)

on

03/07/23

(Date)

at

2055hrs.

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

Received by:

Maran Boobeshwar

(Signature)

Maran Boobeshwar TCO70 140D

(Name, NRIC or Passport No. / Rank and No.)

SI T09038 Hakim

(Signature)

SI T09038 Hakim

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: