

# 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 .....	21/07/2023 14:58 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	20/07/2023 00:30 (SGT)
Exact Location of Accident .....	Middle Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMC4501A
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SUPERTEC LIMOUSINE PTE. LTD.
Company Reg No .....	2XXXXX332H
Email Address .....	finofzp@gmail.com
Mobile Phone No .....	(Phone) +65-94244385
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
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 .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MFL0009578

### DRIVER

Name of Driver .....	ANDREW SARAVANAN S/O SHANMUGAM SELVAM
NRIC No .....	SXXXX030Z
Date Of Birth .....	01/05/1978
Occupation .....	Outdoor

Date Of Driving Pass .....	11/10/1999
Driving experience .....	23 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97671042
Alt. Phone Number .....	-
Email Address .....	saran78@yahoo.com
Address .....	BLK 113 BISHAN STREET 12 #03-106
Address complement .....	-
Postcode .....	570113
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 - Cross Junction
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) .....	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 .....	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

PLEASE REFER TO POLICE REPORT T/20230720/7074

#### 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 .....	SHA6965B
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	ANDREW SARAIVANAN S/O SHANMUGAM SELVAM
Gender .....	Male
Phone No .....	(Phone) +65-97671042
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMC4501A
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:

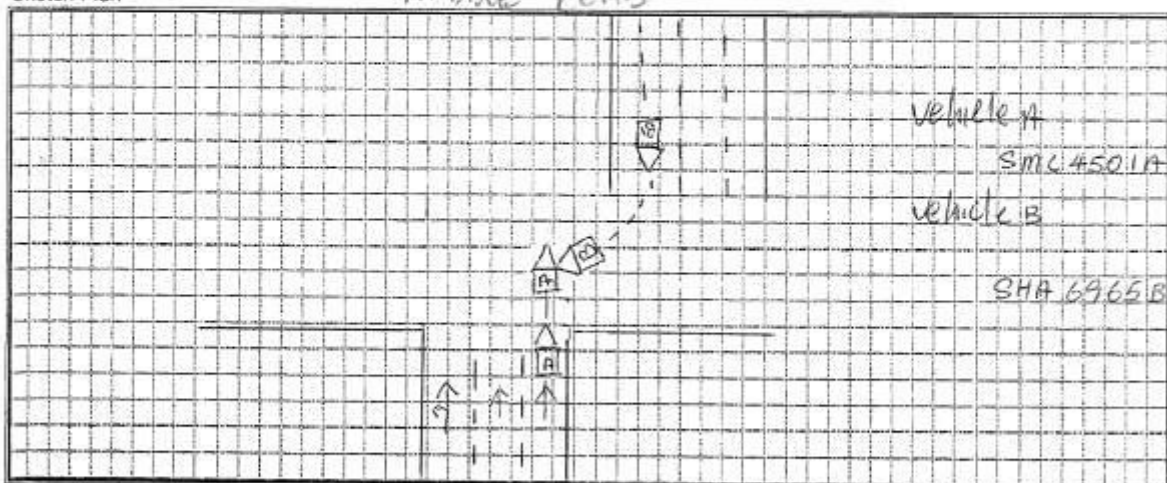
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



Describe Circumstance of the Accident


Refer to Police Report  
1/20230720/7074

Declaration

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

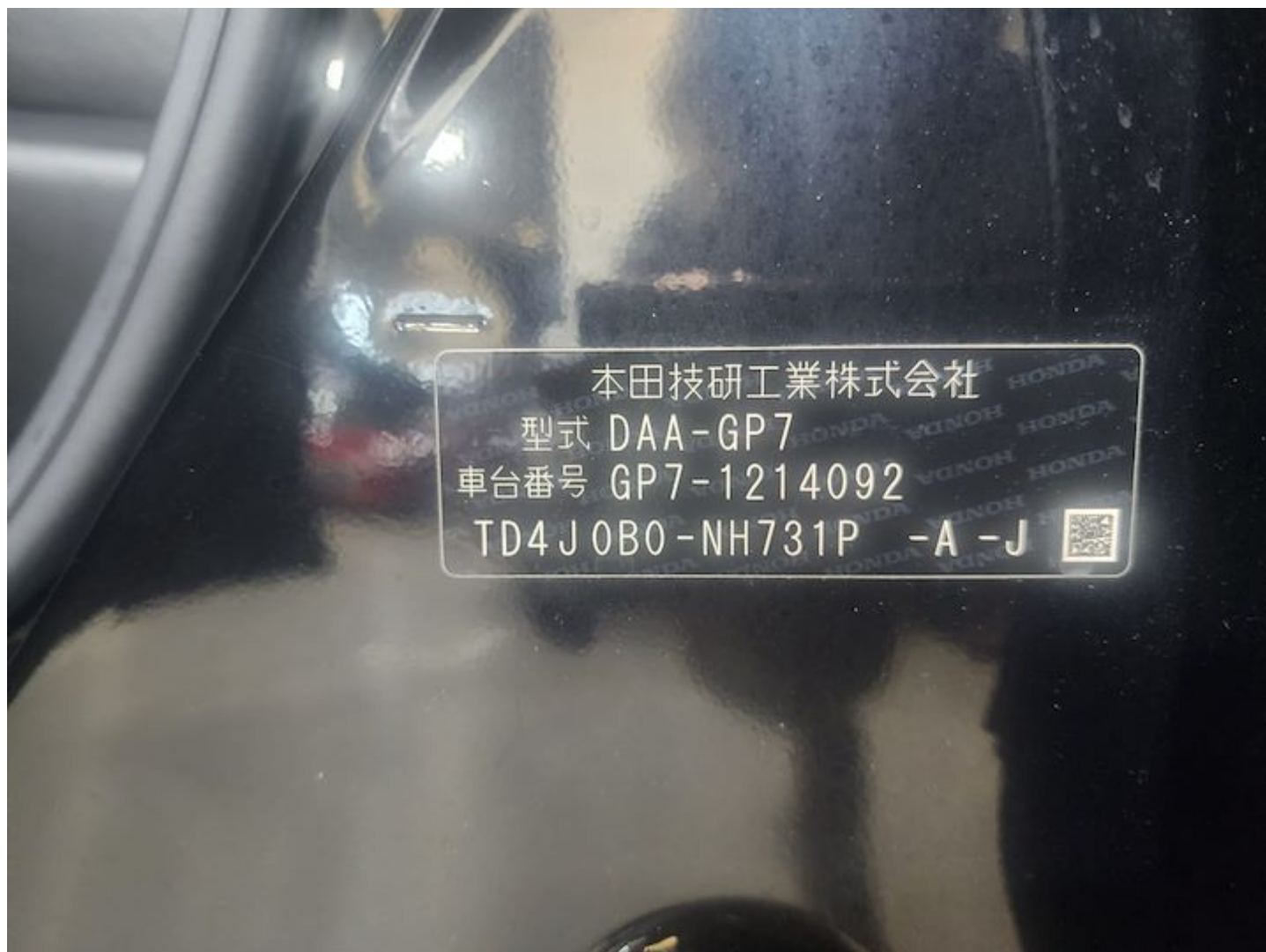
  
 Policyholder's Signature / Date & Time

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

  
 21/07/2023  
 Witnessed by Reporting Centre Personnel  
 (Name as in NR/CID card)

















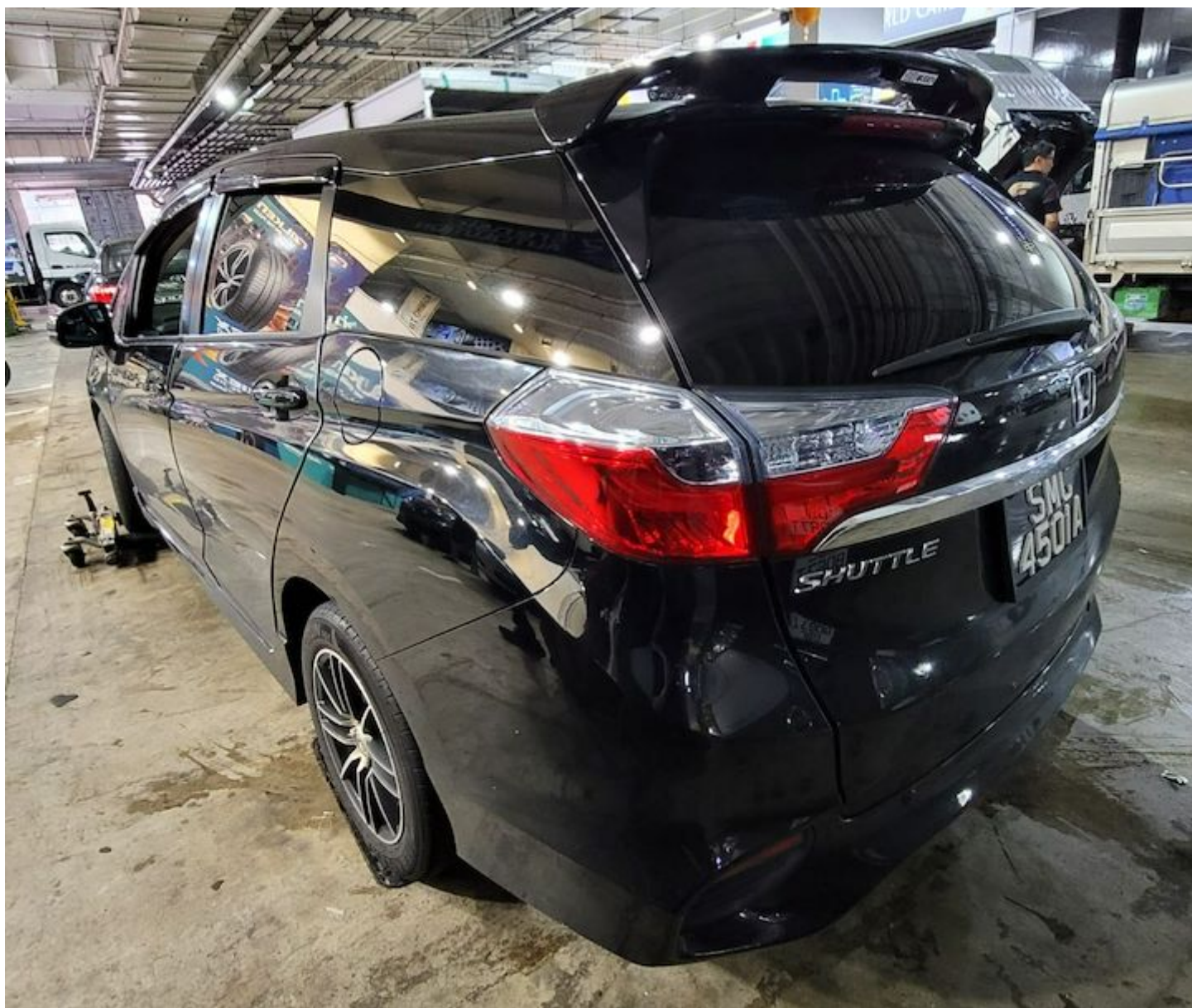






















**SINGAPORE  
POLICE FORCE**



T/20230720/7074

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

1 of 3  
Report No. T/20230720/7074

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/07/2023 21:45		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANDREW SARAVANAN S/O SHANMUGAM SELVAM			Address: 113 BISHAN STREET 12 #03-106 SINGAPORE 570113		
ID Type / ID No.: NRIC NO / S7813030Z			Contact No.: Home/Office: Mobile: 97671042		
Nationality: SINGAPORE CITIZEN			Email: SARAN78@YAHOO.COM		
Sex: Male	Age: 45	Date of Birth: 01/05/1978	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2023 00:30	Type of Location:
Location:  MIDDLE ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMC4501A	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/20230720/7074

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

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Report No. T/20230720/7074

**CONTINUATION OF REPORT**

Driver			
Name	ANDREW SARAVANAN S/O SHANMUGAM SELVAM		ID No. S7813030Z
Related Vehicle	SMC4501A (Car)		Contact No. 97671042
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

On the stated date and time, I was driving SMC4501A along Middle Road towards Selegie Road direction.

Before the junction of North Bridge Road, I checked and confirmed that the lights were in my favour and as such, continued to proceed straight.

Just as I had entered the junction, SHA6965B, which was initially still only approaching the junction from the opposite direction when I last checked, abruptly turned right without stopping at the stop line to give way.

I was caught off guard by this and could only desperately swerve to my left in a bid to avoid the collision but to no avail.

SHA6965B still slammed into the right portion of my vehicle.

The impact was huge as my vehicle jerked sideways violently.

Fortunately, I did not lose control of my vehicle and managed to come to a stop.

I could not get out from the driver's door due to the damage and managed to exit my vehicle via the front passenger door.

I was still in a state of shock and called for tow before leaving the scene.

It was only after I reached home that I realised I had knocked both my knees against the inside of my vehicle during the accident.

The same morning, I woke up with soreness and aches over my neck, shoulders, lower back, left forearm, left wrist, left shin and calf areas as well.

The pain got worse and I decided to seek treatment at 1 Toa Payoh Medical near my place in the evening.

I was given 3 days MC for injuries caused by the accident.



**SINGAPORE  
POLICE FORCE**



T/20230720/7074

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

3 of 3  
Report No. T/20230720/7074

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
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:  
20/07/2023 21:45

Classification Of Case:

NP168

