

# 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 First Submission .....        | 25/07/2023 16:34 (SGT)        |
| Reported by .....                     | Actual Driver                 |
| Date of Accident .....                | 25/07/2023 02:22 (SGT)        |
| Exact Location of Accident .....      | Boon Lay Way, Singapore       |
| Additional Location Information ..... | JUNCTION WITH YUAN CHING ROAD |
| Country/State of Loss .....           | Singapore                     |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMA5589B |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                          |
|--------------------------------|--------------------------|
| Is company? .....              | Yes                      |
| Name Of Registered Owner ..... | C. S. ONG AUTO PTE. LTD. |
| Company Reg No .....           | 2XXXXX916W               |
| Email Address .....            | junmin147@icloud.com     |
| Mobile Phone No .....          | (Phone) +65-83182839     |
| Alternative Phone No .....     | -                        |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Vitz                      |
| 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 .....         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number ..... | DMHCSNA00000382300                            |

### DRIVER

|                      |                           |
|----------------------|---------------------------|
| Name of Driver ..... | SASIKUMAR S/O PANAYSILVAM |
| NRIC No .....        | SXXXX621I                 |
| Date Of Birth .....  | 03/08/1977                |
| Occupation .....     | Outdoor                   |

|  |                              |
|--|------------------------------|
| Date Of Driving Pass .....   | 22/03/2012                   |
| Driving experience .....   | 11 YEARS AND 4 MONTHS        |
| Gender .....   | Male                         |
| Mobile Number .....  | (Phone) +65-83182839         |
| Alt. Phone Number .....  | -                            |
| Email Address .....  | junmin147@icloud.com         |
| Address .....  | BLK 43 CHAI CHEE ROAD #04-92 |
| Address complement .....   | -                            |
| Postcode .....   | 461043                       |
| 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) .....   | 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 .....   | FAIZUL |
| Gender ..... | Male   |

#### 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/20230725/7045

#### 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 .....             | SGT8088G    |
| Vehicle Manufacturer .....                    | Honda       |
| Vehicle Model .....                           | Vezel       |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| 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 .....                              | SASIKUMAR S/O PANAYSILVAM |
| Gender .....  | Male                      |
| Phone No .....  | (Phone) +65-83182839      |
| Address .....   | -                         |
| Address Complement .....                                  | -                         |
| Post Code .....   | -                         |
| Approximate Age Years Old .....                           | -                         |
| Injuries Sustained .....                                  | SLIGHT INJURY             |
| Injured person in which vehicle? .....                    | SMA5589B                  |
| Were seat belts worn? .....                               | Yes                       |
| Was this injured conveyed to hospital by ambulance? ..... | No                        |

SKETCH PLAN

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  5. Any false reporting may be referred to the Police for investigation.
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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

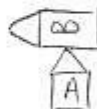
Witnessed by Reporting Centre Personnel

Sketch Plan

JUNCTION OF BOON LAY WAY / YUAN CHENG ROAD

Vehicle A: SMA 5589B

Vehicle B: SG78088G



Describe Circumstances of the Accident

Refer to police report T/20230725/7045

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

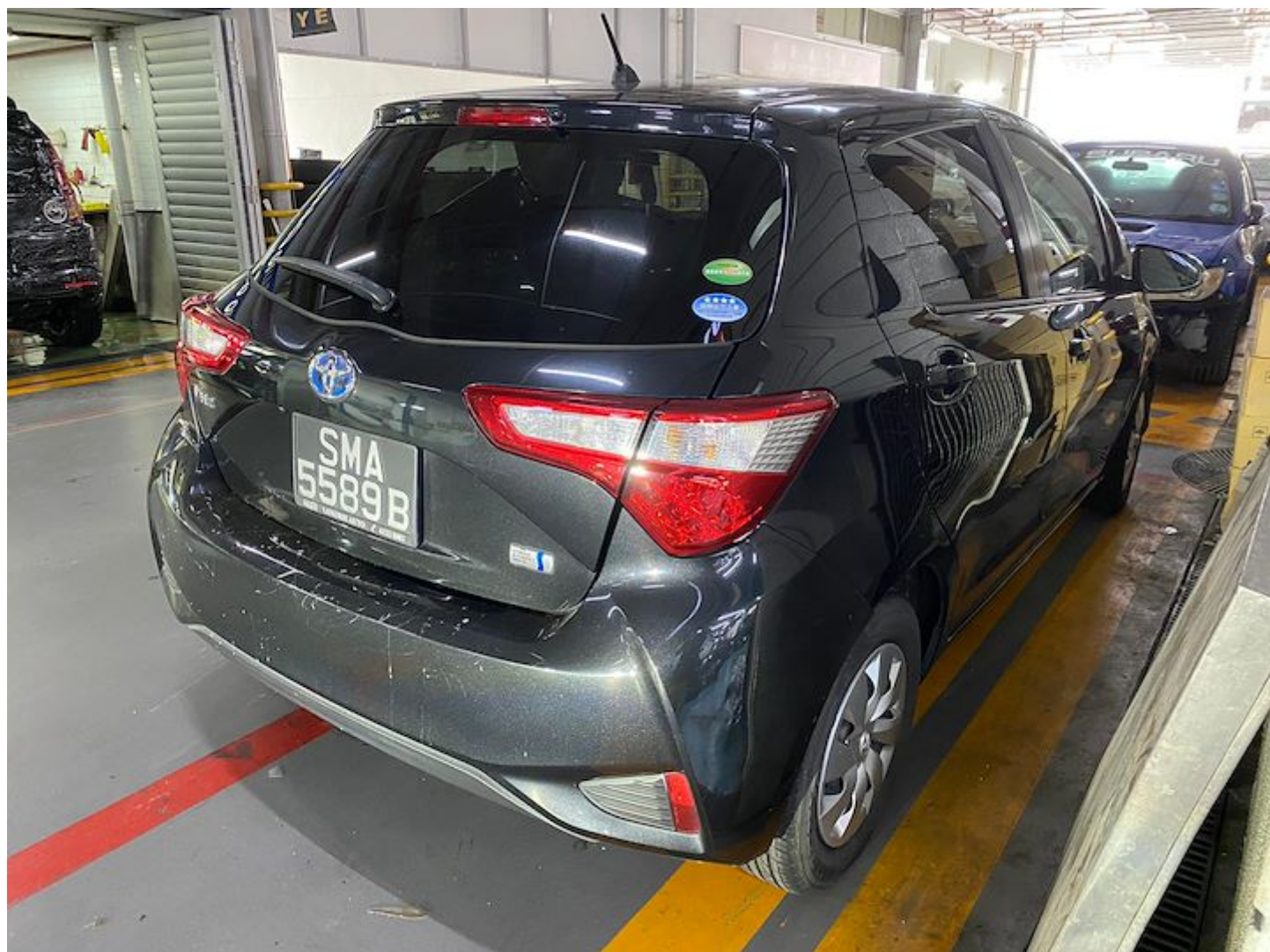
Driver's Signature (if driver is not the policyholder) / Date & Time

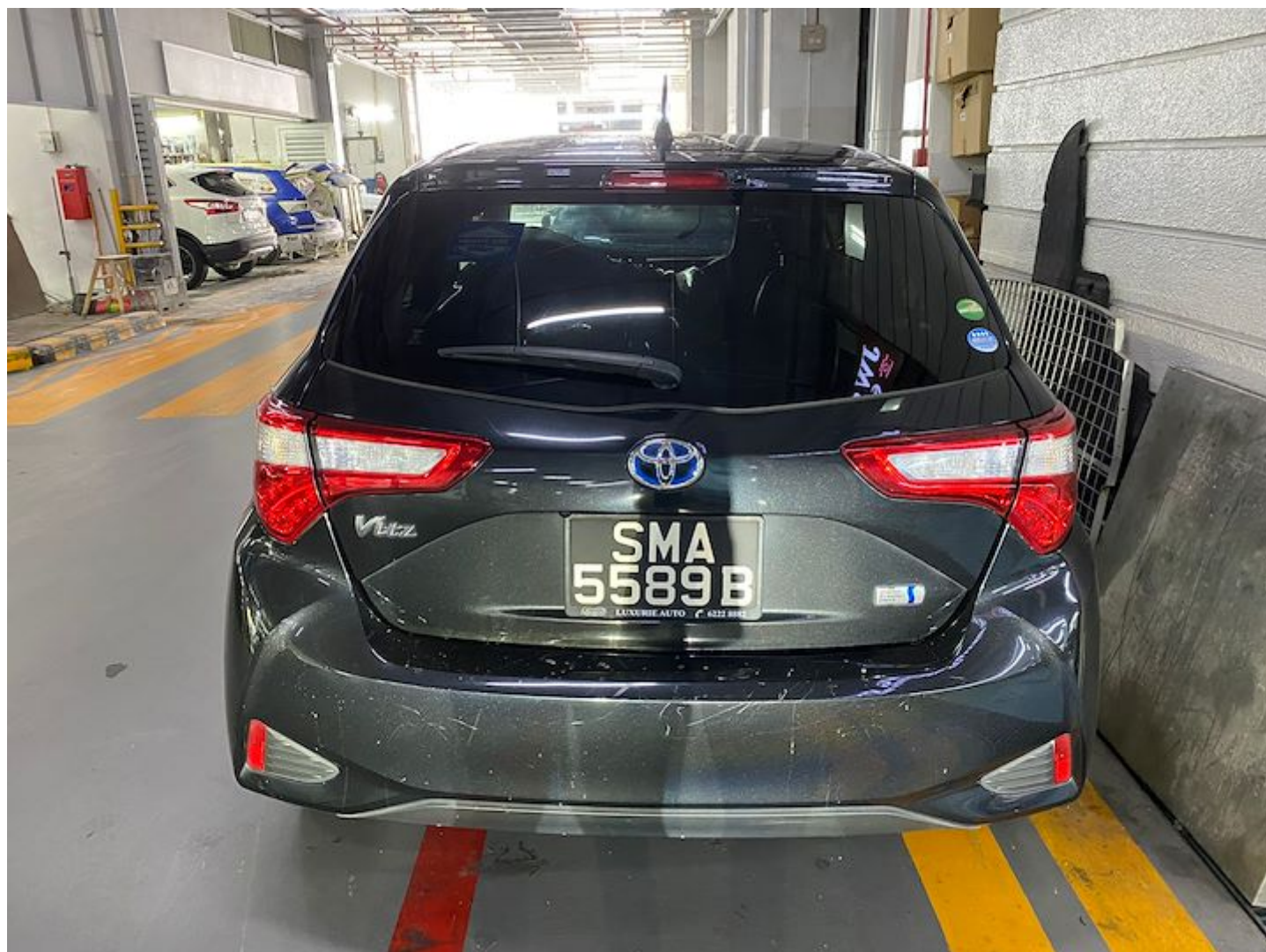
Witnessed by Reporting Centre Personnel

*Signature*

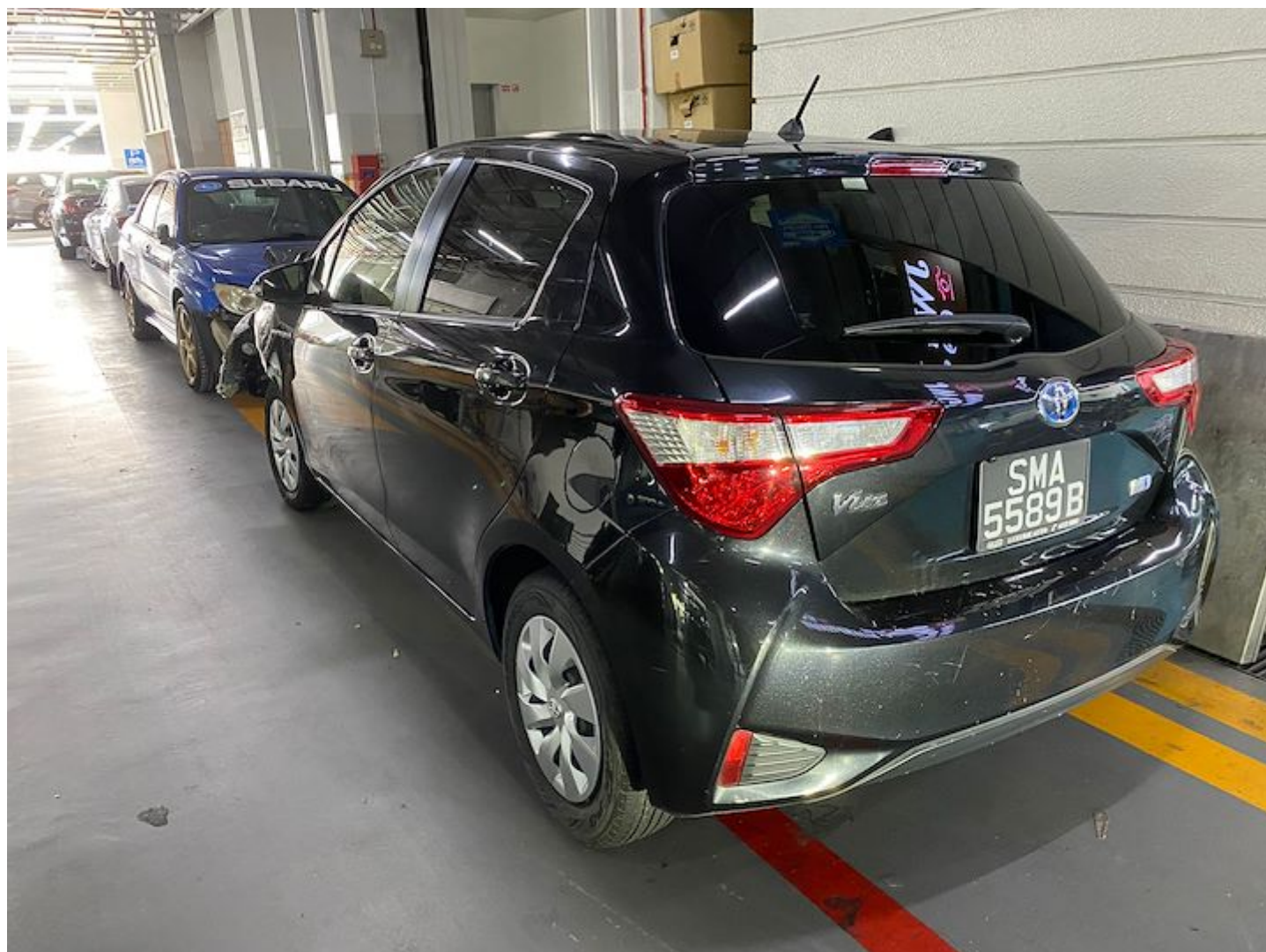
*Signature* 25/07/2023



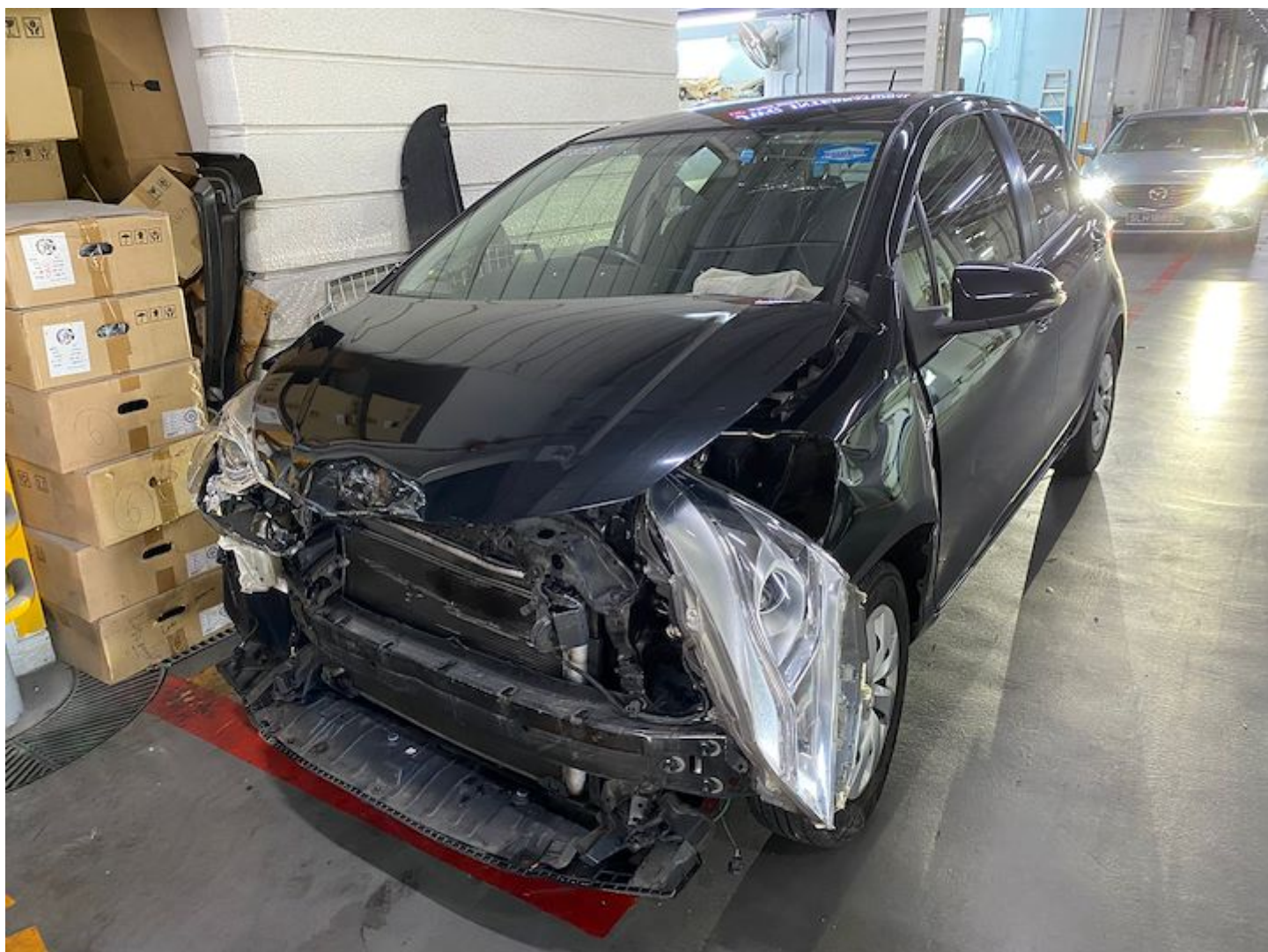


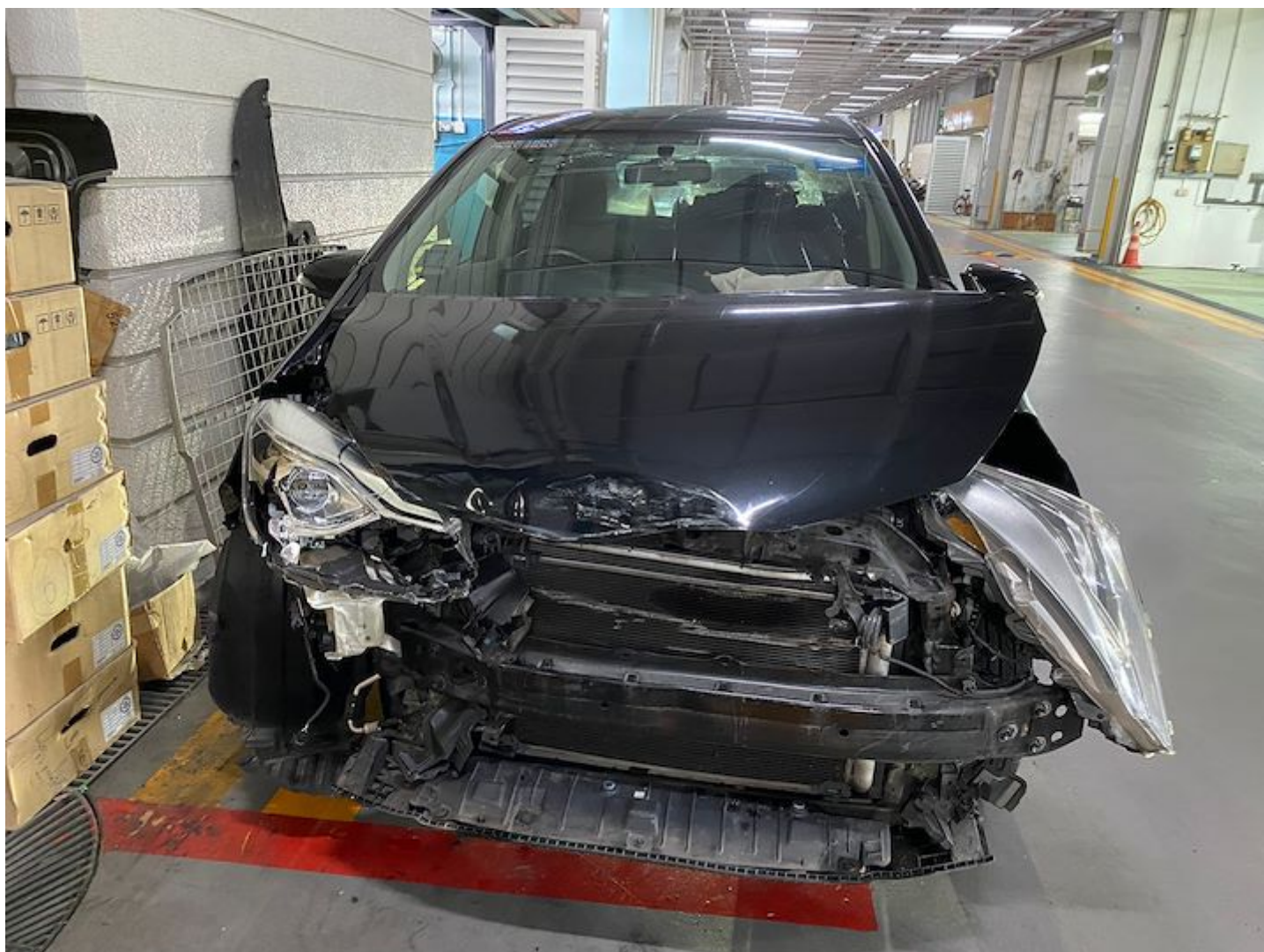




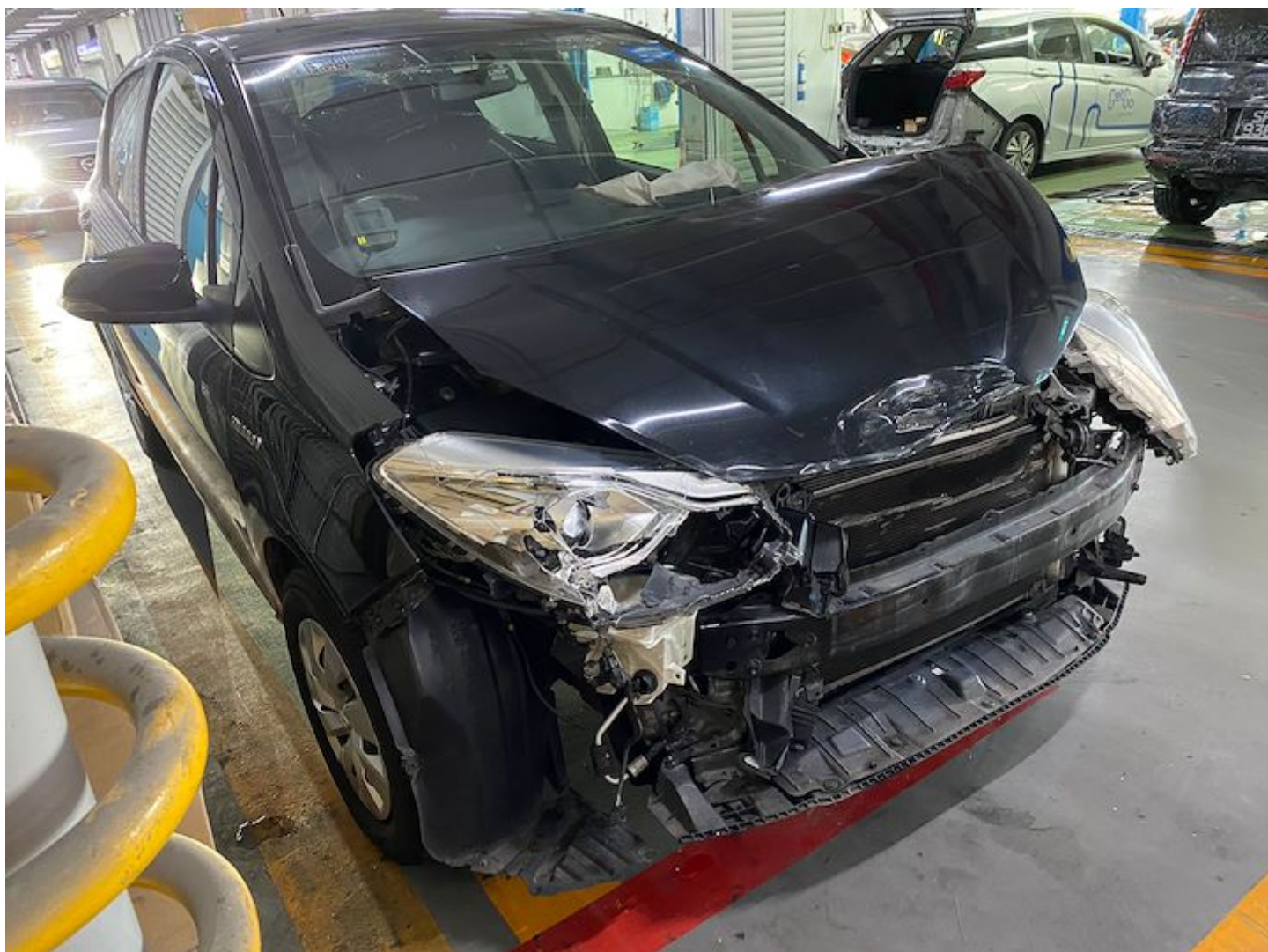


























**SINGAPORE  
POLICE FORCE**



T/20230725/7045

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

1 of 3

Report No: T/20230725/7045

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |   |                              |                    |
|---|------------|---|------------------------------|--------------------|
| Date/Time Report Made:<br>25/07/2023 14:06      |            | Vide Report No.:  |                              | Station Diary No.: |
| <b>Informant's Particulars</b>                  |            |   |                              |                    |
| Name of Informant:<br>SASIKUMAR S/O PANAYSILVAM |            | Address:<br>43 CHAI CHEE STREET #04-92 SINGAPORE 461043 |                              |                    |
| ID Type / ID No.:<br>NRIC NO / S77216211        |            | Contact No.:<br>Home/Office: Mobile: 83182839           |                              |                    |
| Nationality:<br>SINGAPORE CITIZEN               |            | Email:<br>SASI.KUMAR@LIVE.COM.SG                        |                              |                    |
| Sex:<br>Male                                    | Age:<br>45 | Date of Birth:<br>03/08/1977                            | Type of Informant:<br>Driver |                    |
| Race:<br>Indian                                 |            | Language:<br>English                                    |                              |                    |
| Occupation:<br>PHV Driver                       |            | Driving Licence Information:<br>Class: Date of Expiry:  |                              |                    |

|  |                           |                    |  |                                     |
|--|---------------------------|--------------------|--|-------------------------------------|
| <b>General Information of the Accident</b> |                           |                    |  |                                     |
| Type of Accident:                          | Injury Attended by Police | Drink Drive:<br>No | Date/Time of Accident:<br>25/07/2023 02:20 | Type of Location:                   |
| Location:<br><br>BOON LAY WAY              |                           |                    |  |                                     |
| Weather:                                   |                           | Road Surface:      |  |                                     |
| Traffic Flow:                              |                           | Traffic Control:   | Traffic Volume:                            |                                     |
| Type of Collision:                         |                           |                    |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |      |      |       |       |          |       |
|------------------------------------|------|------|-------|-------|----------|-------|
| Vehicle No.                        | Type | Make | Model | Color | Conditio | No of |
| SMA5589B                           | Car  |      |       |       |          | 1     |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20230725/7045

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

2 of 3

Report No. T/20230725/7045

**CONTINUATION OF REPORT**

| Driver                            |                           |                                   |                                   |
|-----------------------------------|---------------------------|-----------------------------------|-----------------------------------|
| Name                              | SASIKUMAR S/O PANAYSILVAM | ID No.                            | S7721621I                         |
| Related Vehicle                   | SMA5589B (Car)            | Contact No.                       | 83182839                          |
| Hospital/Clinic                   | NIL                       | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                       | Date                              | NIL                               |
| No. of Days granted Medical Leave | 05                        | Degree of                         | Serious                           |

Brief Details.

On the stated date and time, I was driving SMA5589B with 1 male passenger Faizul on board.

I was travelling along Boon Lay Way towards Yuan Ching Road junction.

Before the junction, I had slowed down to check that traffic light was in my favour and also noticed that there were no vehicles along the opposite direction of Boon Lay Way.

As such, I continued to travel straight.

As I was passing said junction, SGT8088B suddenly appeared from my right at fast speed.

I immediately jammed on my brakes but it was too late to avoid the collision.

The impact was massive and both my front airbags were deployed.

I checked on my passenger and he was generally fine.

I only felt some pain in my left hand.

Paramedics and traffic police arrived shortly.

Paramedics attended to me and my passenger for minor injuries at that time.

Both vehicles were badly damaged and could not be driven.

The same morning, I woke up and the pain in my left hand had gotten worse.

I was also feeling pain over my neck, shoulders, lower back, left fingers and left elbow as well.

As such, I sought treatment at Lifeplus Medical Grp Bedok and was given 5 days MC.

My passenger suffered some injuries due to the accident but I am unsure if he had seen a doctor.



**SINGAPORE  
POLICE FORCE**



T/20230725/7045

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

3 of 3

Report No. T/20230725/7045

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/07/2023 14:06

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

Classification Of Case:

NP168

