

## 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 .....	20/08/2024 22:25 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/08/2024 18:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BRADDELL ROAD / BISHAN INTERSECTION
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBE5816E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Kishen S/O Siva Kumar
NRIC No .....	T0426795D
Email Address .....	kishenkumar237@gmail.com
Mobile Phone No .....	(Phone) +65-96247344
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	YZF-R15
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 .....	Motorcycle
Transmission .....	Manual
CC .....	150
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5148280965

#### DRIVER

Name of Driver .....	Kishen S/O Siva Kumar
NRIC No .....	T0426795D
Date Of Birth .....	29/08/2004
Occupation .....	Indoor
Driving Pass Date .....	08/04/2024
Driving License Pass Class .....	2B
Driving License Validity .....	Valid
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96247344
Alt. Phone Number .....	-
Email Address .....	kishenkumar237@gmail.com
Address .....	BLK 230 CHOA CHU KANG CENTRAL
Address complement .....	#02-165
Postcode .....	680230
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	SHERMAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	ADVICE OI TO SUBMIT VIDEO TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGN2727S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN SEE KHIAN
NRIC No .....	S1124254E
Contact Number .....	(Phone) +65-97918813
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	Kishen S/O Siva Kumar
Gender .....	Male
Phone No .....	(Phone) +65-96247344
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SCRAPES AND BRUISES
Injured person in which vehicle? .....	FBE5816E
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	SHERMAN JESHURUN
Gender .....	Male
Phone No .....	(Phone) +65-83563823
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBE5816E
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**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)**

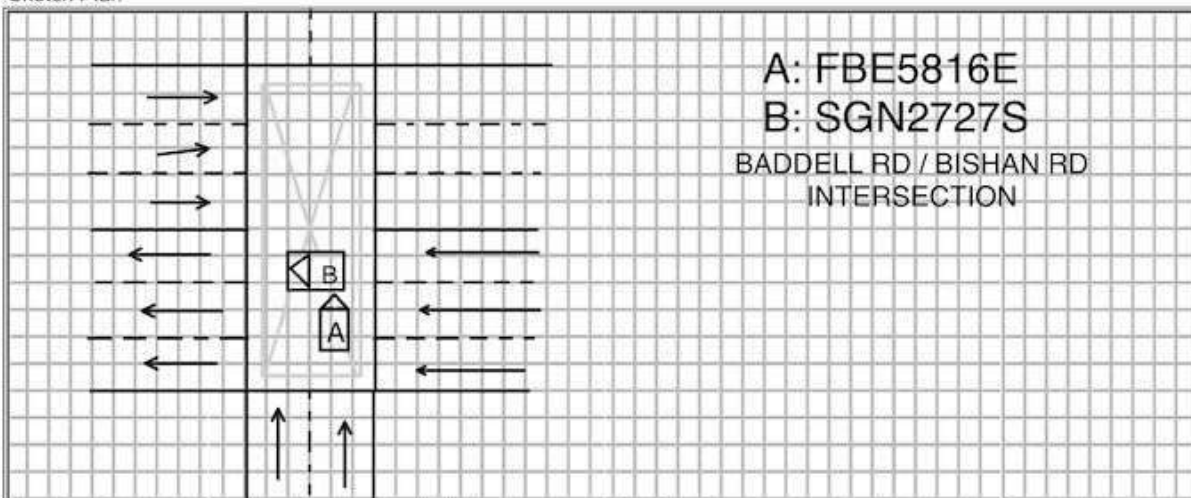
I understand, acknowledge, agree and consent that:

- (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.

  
20/08/2024  
1330HRS  
Policyholder's Signature / Date & Time

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

  
NUR ASYRAF BIN ZAINAL  
S997042  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**

Describe Circumstance of the Accident

REFER TO GEARS

**Declaration**

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



20/08/2024  
1330HRS

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)  
NUR ASYRAF BIN ZAINAL  
S997042

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**SINGAPORE  
POLICE FORCE**


T/20240818/2013

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Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20240818/2013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/08/2024 04:21	Vide Report No.:	Station Diary No.: 23
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**Informant's Particulars**

Name of Informant: KISHEN S/O SIVA KUMAR		Address: 230 CHOA CHU KANG CENTRAL #02-165 SINGAPORE 680230	
ID Type / ID No.: NRIC NO / T0426795D		Contact No.:	Mobile: 96247344
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 19	Date of Birth: 29/08/2004	
Race: Indian		Type of Informant: Rider	
Occupation: Student		Language:	
		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2024 18:30	Type of Location: T-Junction
Location:  BISHAN ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5816E	Motorcycle	YAMAHA	YZF-R15	Blue	Seriously Damaged	1
SGN2727S	Motor car	MERCEDES BENZ	S300L	Black	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20240818/2013

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Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20240818/2013

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	KISHEN S/O SIVA KUMAR	ID No.	T0426795D
Related Vehicle	FBE5816E (Motorcycle)	Contact No.	96247344
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	17/08/2024	Date Discharge	18/08/2024
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Driver</b>			
Name	TAN SEE KHIAN	ID No.	S1124254E
Related Vehicle	SGN2727S (Motor car)	Contact No.	97918813
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On the 17/08/2024 at about 1831hrs, I was riding my vehicle (FBE5816E) along the junction of Braddell Road and Bishan Road. As the traffic light was green in my favour, I proceeded to ride straight and suddenly, a car (SGN2727S) came from the right. I am very sure it was the car (SGN2727S) ran a red light. I did not manage to avoid the car (SGN2727S) in time hence I collided onto the edge of the left side of the car (SGN2727S) but he managed to avoid me. After which both my pillion and I fell. The other driver then parked on the side and alighted his vehicle (SGN2727S) and came back to check on the accident.

My vehicle (FBE5816S) sustained major damages to the extent that it was unable to ride anymore hence I had contacted my tow truck immediately as it was in the middle of the junction. I suffered some injuries on my right arm, left knee and lower back. The other driver did not suffer any injuries, and his vehicle had minor damages. We both exchanged our particulars and contact number and he suggested for private settlement and he can only afford S\$1000. I informed him that I will claim insurance on this and to proceed with the necessary.

I then proceeded to Raffles Medical to get myself checked. The doctor then referred me to NUH for further checks on the injuries on my left knee and the pain on my lower back. I went to NUH immediately after being discharged from Raffles Medical and the National University Hospital doctor checked on me and gave me a 5-days Medical Certificate from 18/08/2024 to 22/08/2024. There was no Traffic Police at the scene.

I wish to add that my vehicle does possess an in-car camera but I am unsure whether I am able to retrieve the footage. However, I managed to take a footage from an in-car camera from a



**SINGAPORE  
POLICE FORCE**



T/20240818/2013

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Report No. T/20240818/2013

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**CONTINUATION OF REPORT**

vehicle who managed to capture the accident as it was a distance behind me at the point of accident.