

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	05/11/2024 15:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/11/2024 09:00 (SGT)
Exact Location of Accident	151 Boon Lay Wy, Singapore 609959
Additional Location Information	CHINESE GARDEN MRT STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5460K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PANDIYAN DAYANIDHI
Passport No/FIN	GXXXX664T
Email Address	dayanidhi001@gmail.com
Mobile Phone No	(Phone) +65-96559845
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	FZN150
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	149
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	5118443589-04

DRIVER

Name of Driver	PANDIYAN DAYANIDHI
Passport No/FIN	GXXXX664T
Date Of Birth	22/07/1984
Occupation	Outdoor
Driving Pass Date	15/02/2020
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96559845
Alt. Phone Number	-
Email Address	dayanidhi001@gmail.com
Address	16 AYER RAJAH CRESCENT
Address complement	-
Postcode	139965
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED SKETCH PLANS

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	SHA8771E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Yellow
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	PANDIYAN DAYANIDHI
Gender	Male
Phone No	(Phone) +65-96559845
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	FBL5460K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

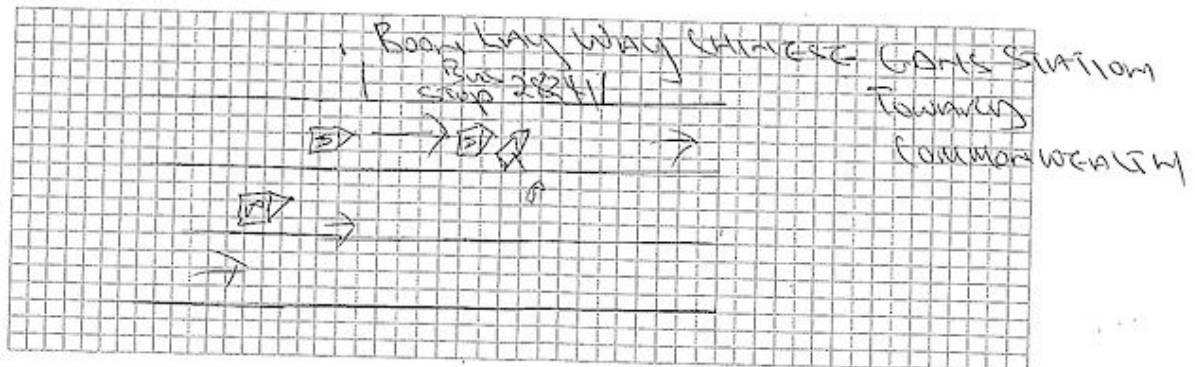
1. Please report correctly the details of the accident to speed up the claims process.
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 5. Any false reporting may be referred to the Police for investigation.
 6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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.
 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' law yers/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' law yers/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/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



Describe Circumstances of the Accident

As Police Report ATTACHED

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

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



























SINGAPORE
POLICE FORCE



0/20241104/7086

1 of 2

POLICE REPORT (NP299)

Report No. D/2024/1104/7086

Police Station Of Origin
Clementi Division HQ
6 Lempeng Drive SINGAPORE 128496
Tel No:1800-7740000

Date/Time Report Made 04/11/2024 19:54		Vide Report No.		Station Diary No.	
Name Of Informant PANDIYAN DAYANIDHIP		Address 16 AYER RAJAH CRESCENT SINGAPORE 139965			
ID Type / ID No.		Contact No.			
FIN NO / G3416664T		Home/Office:		Mobile: 96559845	
Nationality INDIAN		Email Address DAYANIDHI001@GMAIL.COM			
Occupation Civil engineer		Sex Male	Age 40	Date of Birth 22/07/1984	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 04/11/2024 09:00 - 04/11/2024 09:30		Location Of Incident 151 BOON LAY WAY CHINESE GARDEN MRT STATION (EW25) SINGAPORE 609959			

Brief details:

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: 04/11/2024 19:54
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	

This report is lodged at Jurong East NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



D/20241104/7086

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20241104/7086

I was going to work on my motorbike (FBL5460K) alone, on Boon Lay Way towards Commonwealth at lane 1, past Chinese Gdn station bus stop 28341, before the next bus stop. There was a traffic jam along the lanes in the right while lane 1 was free. Subsequently, while I was riding, a yellow taxi (SHA8771E), had changed lane to lane 1 by turning left, without turning on the indicator, even though I had sounded my horn while the taxi was trying to change lane. Thereafter, the front of the car's left side had hit me at the right footrest area of my bike, injuring my ankle area, as my leg was caught up between the car and bike, causing bleeding at the ankle area. The disk brake of my front bike wheel had stopped working afterwards, and the front shock absorber had stopped working. The tank of my bike above the footrest was also dented. I am unaware of any further damages yet. Afterwards, I did not fall off my bike, but slowly drove off my motorbike to the side, where the taxi had also followed and stopped the vehicle. Both of us got out of the vehicle and talked, and taxi driver had apologized, but I did not speak since I was in pain. My leg was bleeding a lot so I called for police, gave facts to police and was conveyed by ambulance. I was asked by the police officer to lodge a report. I am unaware of any witnesses.

Subjects Involved			
Victim			
Person Name	PANDIYAN DAYANIDHIP		
ID Type	FIN NO	ID No	G3416664T
Sex	Male	Age	40
Nationality	INDIAN	Race	Indian
Language	English	Occupation	Civil engineer
Address	16 AYER RAJAH CRESCENT SINGAPORE 139965	Mobile No	96559845
Email Address	DAYANIDHI001@GMAIL.COM	Is Informant A Victim?	Yes
Person Name	PANDIYAN DAYANIDHIP (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Contact No.:

Signature Of Informant:

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

Date/Time:
04/11/2024 19:54

Classification Of Case:

This report is lodged at Jurong East NPC Kiosk 1