

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 16:56 (SGT)
Reported by	Actual Driver
Date of Accident	04/11/2024 08:55 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7898T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YI WEE POOLS PTE LTD
Company Reg No	199705987Z
Email Address	KELLYSUN@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-94525401
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MX105363

DRIVER

Name of Driver	BALAKRISHNAN SATHIYASEELAN
Passport No/FIN	G2243460N
Date Of Birth	31/08/1991
Occupation	Outdoor
Driving Pass Date	30/10/2018
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90397053
Alt. Phone Number	-
Email Address	KELLYSUN@SINGNET.COM.SG
Address	PPT LODGE 1B
Address complement	#02-225/04
Postcode	797445
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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	SNM3623Z
Vehicle Manufacturer	-
Vehicle Model	-
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

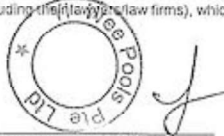
Name of injured person	BALAKRISHNAN SATHIYASEELAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT LEG
Injured person in which vehicle?	FBL7898T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLANIMPORTANT NOTICE

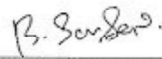
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission 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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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



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

Sketch Plan

Describe Circumstance of the Accident

Date of Accident : 04/11/24 Time : 0555am Location : ~~ATE Exit to Amic Ave 1~~ AMIC Ave 1 to Bishan

My Vehicle A : FB27898T Vehicle B : JNM 3623Z Vehicle C :

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident Report to :

My Workshop : _____

Workshop Email Address : _____

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

Declaration

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



 Policyholder's Signature / Date & Time

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

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









**SINGAPORE
POLICE FORCE**



T/20241105/2111

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20241105/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2024 11:20		Vide Report No.: E/20241104/0036		Station Diary No.: 38
Informant's Particulars				
Name of Informant: BALAKRISHNAN SATHIYASEELAN		Address: 8 Seletar North Link SINGAPORE 797455		
ID Type / ID No.: FIN NO / G2243460N		Contact No.: Home/Office: Mobile: 90397053		
Nationality: INDIAN		Email:		
Sex: Male	Age: 33	Date of Birth: 31/08/1991	Type of Informant: Rider	
Race: Indian		Language:		
Occupation: Maintenance		Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/11/2024 08:55	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 1				
Weather:		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBL7898T	Motorcycle				Slightly Damaged	0
SNM3623Z	Motorcycle					1



**SINGAPORE
POLICE FORCE**



T/20241105/2111

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20241105/2111

CONTINUATION OF REPORT**Brief Details.**

On 04/11/2024 at about 0855hrs, I was riding my company motorbike bearing FBL7898T belonging to Yi Wee Pte Ltd along Ang Mo Kio Avenue 1 towards Bishan. I was travelling along Ang Mo Kio Avenue 1 and had come to a stop after the pedestrian crossing on the lane turning into Bishan Road. I had stopped at the stop line and looking out for oncoming traffic when a car bearing SNM3623Z collided into the rear of my motorbike. Both the motorbike and I fell to the road. Bystanders came and carried me up. The driver assisted to shift the motorbike to the side of the road.

Police and ambulance arrived at scene. I was conveyed to Khoo Teck Puat hospital. I was discharged on the same day and was given 3 days of medical leave from 04/11/2024 to 06/11/2024. I sustained injuries left leg.

No damage to government property.

Damages to the motorbike are to the handle, rear mudguard and attached box at the rear.

There was no pillion onboard my motorbike. SNM3623Z had one female passenger.

There is no recording of the incident.



**SINGAPORE
POLICE FORCE**



T/20241105/2111

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20241105/2111

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SR STAFF SGT SATHYA VANI
D/O PARAMASIVAN RAJU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MUHAMMAD AFIQ BIN OSMAN
Contact No.: 81863537

65470000

NP168

Signature Of Informant:

Date/Time:
05/11/2024 11:20

Classification Of Case:

To Whom It May Concern,

I, YI WEE POOLS PTE. LTD., 199705987Z, owner of the vehicle FBL7898T, aware of the accident of the vehicle on 04/11/2024 driven by BALAKRISHNAN SATHIYASEELAN, G2243460N hereby authorize the driver to lodge for the report.

 
YI WEE POOLS PTE. LTD.
199705987Z

**INTERVIEW FORM**

Name (Driver): Balakrishnan Sathisekaran

Policy No: Mx105363

Vehicle No: FB2798T

Place of Accident: Aroy Aroy Ave 1

Driver's Relationship with insured: Employee

Drink Driving of Insured and/or Driver: -

No of Passenger(s) in Insured Vehicle: 1 pax.

Injury to Insured and/or Driver, Please indicate which hospital:
10 FT 14.

Third Party Vehicle No (if any): SHM36232

No of Passenger(s) in TP Vehicle: 1 pax.

Injuries to Third Party Driver and/or passenger(s), Please indicate which hospital:
-

Type of Collision & the extensiveness of the damages to all vehicle / Third Party property involved:
Head to Rear.

Any witness to the accident (if yes, please indicate Name, Contact No. & a copy of the statement):
-

Traffic Police report (enclosed): ☒ Yes ☐ No

Please obtain a copy of the driving license of Insured driver and/or work permit (where foreign worker is involved)

B. Sathisekaran.
Driver (Name & Signature) / Date
I, affirmed the above information is
given to my best knowledge

2/12
Attended by (Name & Signature) / Date

Workshop Name: Ah Lim Motor Company

eTiqa Insurance Pte Ltd
One Raffles Quay,
#22-01 North Tower,
Singapore 048583

T +65 6336077
F +65 63392109

www.etiqa.com.sg
Company Reg Lic. 201331905K

2/1/24, 10:34 AM

Etika Certificate of Insurance



Arranged by:
ANDA INSURANCE AGENCIES PTE LTD
 1 King George's Avenue #06-00 Rehau Building Singapore 208557
 Tel: 6534 2288 Email: motor@anda.com.sg
 Co. Reg. No.: 197903504K

UNDERWRITTEN BY:
eTiqa

CERTIFICATE OF INSURANCE

* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) * MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 * ROAD TRANSPORT ACT, 1987 (MALAYSIA) * MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. MX105363	
1. Index Mark and Registration Number of Vehicle	F8L7898T
2. Name of Policyholder	YI WEE POOLS PTE LTD
3. Effective Date of Commencement of Insurance for the purposes of the Act	21-03-2024 THIRD PARTY, FIRE & THEFT Excess: As Per Policy Excess
4. Date of Expiry of Insurance	20-03-2025
5. Persons or Classes of Persons entitled to drive	Engine Number : G3E6E0229765 Chassis No : MH3UG0740G0035520 Hire Purchase : N/A
THE POLICYHOLDER YI WEE POOLS PTE LTD Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.	
6. Limitations as to Use: USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION. THE POLICY DOES NOT COVER: (i) USE FOR HIRE OR REWARD. (ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS. (iv) FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.	
Policy Owner's Protection Scheme This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).	
I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	

For and on behalf of Etika Insurance Pte. Ltd.
 Approved Insurer


 Authorised Signatory

<https://www.anda.com.sg/ANDAOld/Motor/PolNo.aspx>

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