

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	25/11/2024 17:48 (SGT)
Reported by	Actual Driver
Date of Accident	22/11/2024 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG ISLAND HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9130H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YSB CONSTRUCTION & TRADING PTE LTD
Company Reg No	200006920M
Email Address	SUPPORT@YSB.COM.SG
Mobile Phone No	(Phone) +65-96878839
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16st
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	153
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVM000003282-00-0

DRIVER

Name of Driver	RADHAKRISHNAN LOGESHKUMAR
Passport No/FIN	G8526369U
Date Of Birth	26/03/1993
Occupation	Indoor
Driving Pass Date	11/10/2022
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83545900
Alt. Phone Number	-
Email Address	LOGESHKUMARRADHA@GMAIL.COM
Address	BLK 251 BANGKIT ROAD
Address complement	#03-376
Postcode	670251
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?	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

REFER TO THE SKETCH PLAN

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	PC5918P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	ZHAO HAOWEI
Contact Number	(Phone) +65-84960735
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	RADHAKRISHNAN LOGESHKUMAR
Gender	Male
Phone No	(Phone) +65-83545900
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH9130H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

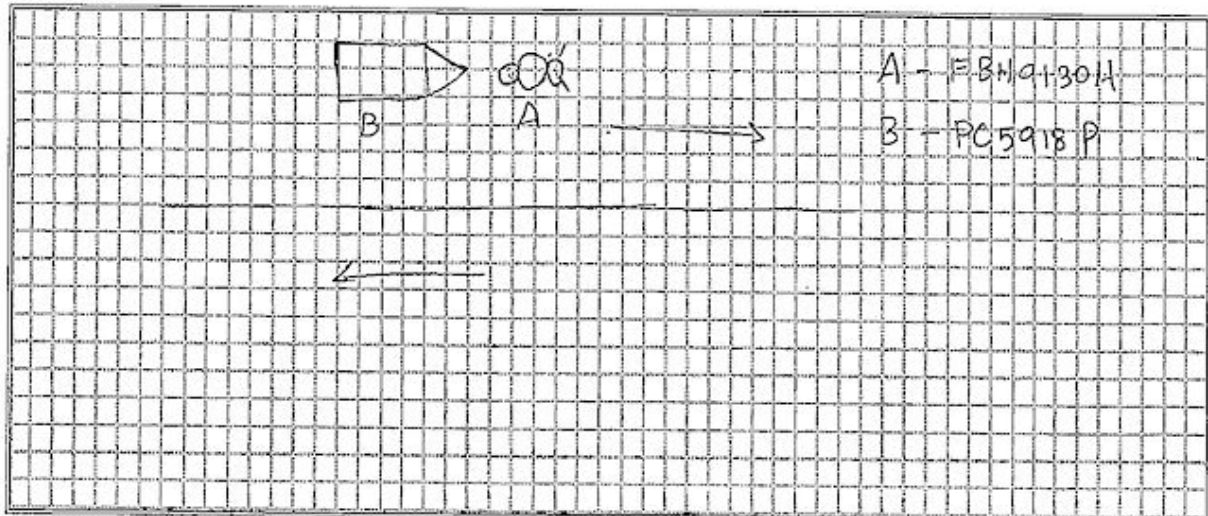
R. Leshkumar

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

VEHICLE NO: FBH9130H ACCIDENT DATE & TIME: 22/11/2024 4:00PM

CONTACT NUMBER: 83545900/96878829 E-MAIL: Support@yab.com.sg

LOCATION: Jurong Island Highway

On 22/11/2024 4:00pm I am riding a bike on the way from Jurong Island during the rain the bus hit my motorcycle from the back.

Kindly refer the police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ CLAIM OD/TP AT OTHER WORKSHOP ☐ REPORTING ONLY

Declaration

14We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

R. Laxshmi

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/20241125/7062

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

1 of 3

Report No. T/20241125/7062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2024 14:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RADHAKRISHNAN LOGESHKUMAR			Address: 251 BANGKIT ROAD #03-376 SINGAPORE 670251		
ID Type / ID No.: FIN NO / G8526369U			Contact No.: Home/Office: Mobile: 83545900		
Nationality: INDIAN			Email: LOGESHKUMARRADHA@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 26/03/1993	Type of Informant: Rider		
Race: Indian			Language: English		
Occupation: Mechanical engineer			Driving Licence Information: Class: 2B,3C Date of Expiry: 10/10/2027		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/11/2024 16:00	Type of Location: Straight Road
Location: JURONG ISLAND HIGHWAY				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9130H	Motorcycle	YAMAHA	FZ16ST	Blue	Slightly Damaged	0
PC5918P	Bus (Passenger)	ISUZU	LT434P 7.8 SMT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBH9130H	GREAT AMERICAN INSURANCE COMPANY			



**SINGAPORE
POLICE FORCE**



T/20241125/7062

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

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Report No. T/20241125/7062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RADHAKRISHNAN LOGESHKUMAR	ID No.	G8526369U
Related Vehicle	FBH9130H (Motorcycle)	Contact No.	83545900
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 10/10/2027
Date Treatment	22/11/2024	Date Discharge	22/11/2024
No. of Days granted Medical Leave (MC)	01	Degree of Injury	Slight
Driver			
Name	ZHAO HAO WEI	ID No.	G877212U
Related Vehicle	PC5918P (Bus (Passenger))	Contact No.	84960735
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 31/01/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was riding my motor on the way back home, when I suddenly felt an impact to my rear and I fell off my motor. I blackout for a while when I woke up and turn around, I saw a COMFORT DELGRO bus behind. I felt body pain went to hospital for treatment and gotten 1 day MC.

My body pain was still around and have back ache, so I went to see a doctor and got 5 days MC from shalom clinic & surgery from 25/11/2024 to 29/11/2024.

My laptop and phone was damaged in this accident.



**SINGAPORE
POLICE FORCE**

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



T/20241125/7062

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Report No. T/20241125/7062

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD RAIMIE BIN ABDUL KARIM
Contact No.: 65476246

NP168

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

Date/Time:
25/11/2024 14:28

Classification Of Case: