

## 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 ..... 12/11/2024 16:45 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 10/11/2024 02:45 (SGT)  
Exact Location of Accident ..... Near 157A Tamarind Rd, Singapore 806105  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBP3789E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JAICHARAN GOPINATH  
NRIC No ..... TXXXX284D  
Email Address ..... JAICHARAN2012@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-83453996  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... YZF-R155  
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 ..... 155  
Vehicle Fuel ..... Petrol  
First Registration Date ..... 25/03/2019  
Chassis no ..... MH3RG4710KK099452  
Effective Date/Time of Ownership ..... 14/08/2024 10:08 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5148395103

#### DRIVER

Name of Driver .....	JAICHARAN GOPINATH
NRIC No .....	TXXXX284D
Date Of Birth .....	11/10/2003
Occupation .....	Indoor
Driving Pass Date .....	16/07/2024
Driving License Pass Class .....	2B
Driving License Validity .....	Valid
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83453996
Alt. Phone Number .....	-
Email Address .....	JAICHARAN2012@GMAIL.COM
Address .....	BLK 108 ALJUNIED CRESCENT 05-24 SINGAPORE 380108
Address complement .....	-
Postcode .....	-
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 - Head to Rear
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) .....	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 police report no. T/20241111/7151

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

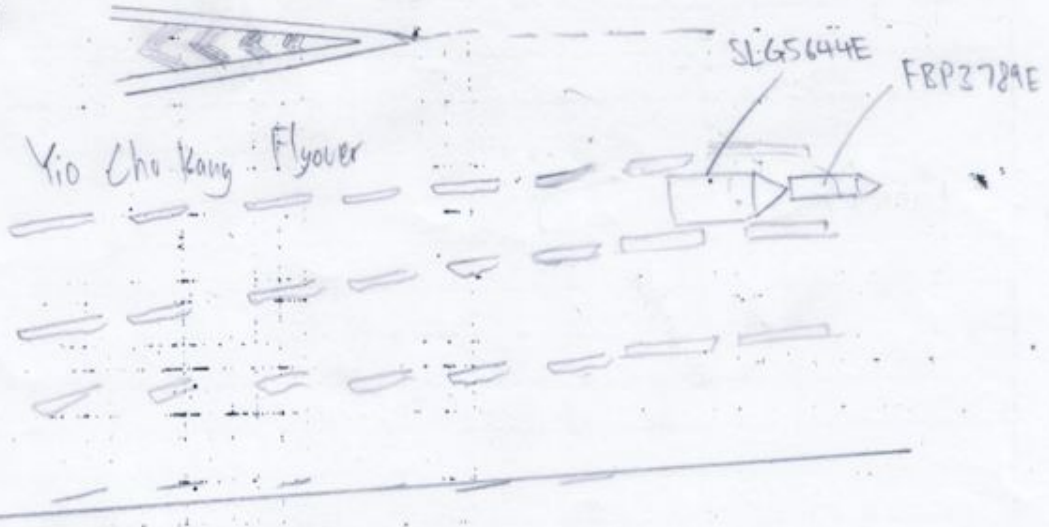
Vehicle Registration Number .....	SLG5644E
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private hire
Name of Driver .....	-
NRIC No .....	SXXXX317A
Contact Number .....	(Phone) +65-89528966
Address .....	-
Address 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 .....	Jaicharan Gopinath
Gender .....	Male
Phone No .....	(Phone) +65-83453996
Address .....	BLK 108 ALJUNIED CRESCENT 05-24 SINGAPORE 380108
Address Complement .....	-
Post Code .....	380108
Approximate Age Years Old .....	21
Injuries Sustained .....	Refer to medical report
Injured person in which vehicle? .....	FBP3789E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report no-T/20241111/7151

DECLARATION

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

Policyholder's Signature  
Date & Time: 12/11/24

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Eddie Tan  
NRIC/PRN No.: 12/11/24

























**SINGAPORE  
POLICE FORCE**



T/20241111/7151

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

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Report No. T/20241111/7151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2024 21:03		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: Jaicharan Gopinath		Address: 108 Aljunied Crescent #05-24 SINGAPORE 380108		
ID Type / ID No.: NRIC NO / T0372284D		Contact No.: Home/Office:                      Mobile: 83453996		
Nationality: INDIAN		Email: jaicharan2012@gmail.com		
Sex: Male	Age: 21	Date of Birth: 11/10/2003	Type of Informant: Rider	
Race: Indian		Language: English		
Occupation: Unemployed		Driving Licence Information: Class:                      Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/11/2024 03:00	Type of Location: Merging Lane (Yio Chu Kang Rd)
Location:  FERNVALE LANE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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
FBP3789E	Motorcycle	YAMAHA	YZF-R155	Black		0
SLG5644E	Motor car	TOYOTA	Wish	Blue	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBP3789E	NTUC Income Insurance Co-Operative Limited	5148395103	15/08/2024	14/08/2025



**SINGAPORE  
POLICE FORCE**



T/20241111/7151

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

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Report No. T/20241111/7151

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	Jaicharan Gopinath	ID No.	T0372284D
Related Vehicle	FBP3789E (Motorcycle)	Contact No.	83453996
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/11/2024	Date Discharge	11/11/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Slight
<b>Driver</b>			
Name	SURENDRAN S/O SUNDAM	ID No.	S8541317A
Related Vehicle	SLG5644E (Motor car)	Contact No.	89528966
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

At Yio Chu Kang Rd, there were 2 roads turning left from Sengkang West Rd. I took the left lane, and the Grab Driver took the right lane. I checked my blind spot but did not see the driver at the time. A few seconds later the driver rear ended me, and I skid across the road. I have pictures of the location.



**SINGAPORE  
POLICE FORCE**

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



T/20241111/7151

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Report No. T/20241111/7151

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FADLI SHAFUDDIN BIN MOHAMED SANI  
Contact No.: 65476845

NP168

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

Date/Time:  
11/11/2024 21:03

Classification Of Case: