

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 Authorised 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 ability.
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 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 Report	23/11/2017 11:37
Date Of Accident	09/09/2017 16:30
Exact Location Of Accident	JUNCTION OF TECK WHYE AVENUE/TECK WHYE LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR8461J
Insured/Policyholder	
Name Of Registered Owner	SARAVANAN S/O KRISHNAN
NRIC No	S8133073E
Email Address	SARAVANAN1981@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97775535
Alternative Phone No	OTHERS-97775535

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFHV-399CC
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	C0067722

Driver

Name of Driver	SARAVANAN S/O KRISHNAN
NRIC No	S8133073E
Date Of Birth	19/10/1981
Occupation	INDOOR
Date Of Driving Pass	04/01/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97775535
Fax Number	
Contact Number	OTHERS-97775535
EEmail Address	SARAVANAN1981@HOTMAIL.COM

Address	BLK 484B CHOA CHU KANG AVENUE 5 #10-36
Postcode	682484
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20170927/2171 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT GIVEN
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5549R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name SARAVANAN S/O KRISHNAN

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FR8461J

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

23/11/17 / 1145 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

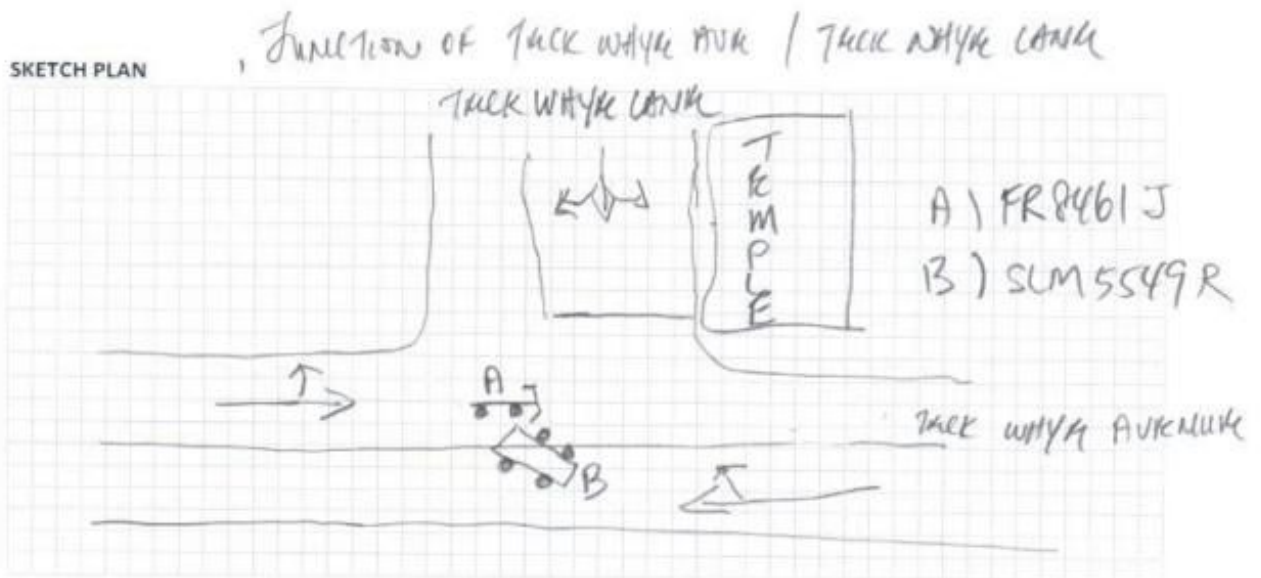
Name:

NRIC/FIN No.:

23/11/2017
Resli W. A. A. B.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/70927/2171

DECLARATION

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

Policyholder's Signature

Date & Time:

23/11/17 / 1145hrs.

Driver's Signature
(If driver is not the policyholder)

Date & Time:

23/11/2017

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

RASHI WAHAB

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20170927/2171

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20170927/2171

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2017 21:00	Vide Report No.:	Station Diary No.: 99
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Informant's Particulars

Name of Informant: SARAVANAN S/O KRISHNAN			Address: APT BLK 484B CHOA CHU KANG AVENUE 5 #10-36 SINGAPORE 682484		
ID Type / ID No.: NRIC NO / S8133073E			Contact No.: Home/Office: Mobile: 97775535		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 19/10/1981	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SAFETY COORDINATOR			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/09/2017 16:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TECK WHYE AVENUE TECK WHYE LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR8461J	Motorcycle				Slightly Damaged	0
SLM5549R	Car				Slightly Damaged	0

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20170927/2171

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Police Station Of Origin:
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20170927/2171

CONTINUATION OF REPORT

Rider			
Name	SARAVANAN S/O KRISHNAN	ID No.	S8133073E
Related Vehicle	FR8461J (Motorcycle)	Contact No.	97775535
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	09/09/2017	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 09/09/2017 at about 1630hrs, I was travelling along Teck Whye Ave towards Choa Chu Kang Drive, when at the T-Junction of Teck Whye Ave and Teck Whye Lane, I was travelling across the junction and out of a sudden, a vehicle, bearing the registration plate number SLM5549R, collided onto the right side of my motorcycle. My motorcycle got flung onto the pavement and I suffered fracture on my right leg and lacerations on both my right and left arm. I was conveyed to National University Hospital, and am currently on home leave and will be admitted back to hospital tomorrow.

I wish to state that I do not have any GoPro camera attached to my helmet or motorcycle when the incident happened.

Sketch Plan #5



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20170927/2171

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Report No. T/20170927/2171

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 3 LAM SIANG LIAN

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

27/09/2017 21:00

Officer In Charge Of Case:

TP / GIT /

Contact No. _____

Signature: _____

Authentication Stamp

NP168

Singapore Police Force

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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