



Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20171212/2156

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2017 18:53	Vide Report No.:	Station Diary No.: 20
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**Informant's Particulars**

Name of Informant: SIVASHANKAR GOVINDARAJ			Address: APT BLK 151 SERANGOON NORTH AVENUE 2 #04-49 SINGAPORE 550151		
ID Type / ID No.: NRIC NO / S9040765A			Contact No.: Home/Office: Mobile: 90725977		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 16/10/1990	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: PETROLEUM SURVEYOR			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2017 21:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SERANGOON NORTH AVENUE 1 YIO CHU KANG ROAD ALONG SERANGOON NORTH AVENUE 1 TOWARDS YIO CHU KANG ROAD, NEAR HINDU TEMPLE				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD6967B	Motorcycle	YAMAHA	NOUVO ELEGANCE	Blue	Seriously Damaged	0
SHC8867C	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD6967B	NTUC Income Insurance Co-Operative Limited	5091675101	12/06/2017	11/06/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SIVASHANKAR GOVINDARAJ	ID No.	S9040765A
Related Vehicle	FBD6967B (Motorcycle)	Contact No.	90725977
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	12/12/2017	Date Discharge	12/12/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	SOO TIAN HOCK	ID No.	S2207855J
Related Vehicle	SHC8867C (Car)	Contact No.	96351679
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/12/2017 at about 2155hrs, I was riding my bike FBD6967B travelling along Serangoon North Avenue 1 towards the direction of Yio Chu Kang Road. The road was wet after the rain.

While near to B/113-114 Serangoon North Avenue 1, one taxi exited the open space carpark without stopping at the stop line. I applied emergency brake immediately however skidded, resulting in collided with the said taxi head on.

I was conscious after the collision, I gave a call to 999 for assistance. Ambulance arrived shortly after and treated injuries on my right shoulder, right arms and right leg. I refused to be conveyed by the ambulance. Traffic police arrived slightly later and interview me and the taxi driver. Traffic police officer advised me to seek medical treatment at clinic or hospital, and if I was certified more than 3 days MC, I would need to lodge a traffic police report for investigation purpose.

With the assistance of my friend, I was taken to Singapore General Hospital on 12/12/2017 midnight and

# SKETCH PLAN

## 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 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. 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' 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

17:43

Sketch Plan

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

Witnessed by Reporting Centre  
Personnel

CAR PARK LOTS									
SERANGOON NORTH AVE 1									
									