

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	03/01/2018 17:24
Date Of Accident	30/12/2017 22:20
Exact Location Of Accident	JUNCTION OF BALESTIER ROAD & JALAN RAJAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD7454H
Insured/Policyholder	
Name Of Registered Owner	VIKNESWARAN S/O SHEEKAR
NRIC No	S8431555I
Email Address	VIKNESHISOBAD@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93352445
Alternative Phone No	OTHERS-93352445

Vehicle Particulars

Manufacturer	APRILIA
Model	RS125
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087142420-01
Cover Note Number	

Driver

Name of Driver	VIKNESWARAN S/O SHEEKAR
NRIC No	S8431555I
Date Of Birth	06/10/1984
Occupation	INDOOR
Date Of Driving Pass	14/04/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93352445
Fax Number	
Contact Number	OTHERS 93352445

Address	90 YIO CHU KANG GARDENS
Postcode	568137
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4589999 - FAX NO: 64574454
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8157D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW SING HUAT
NRIC/Passport Number	S6912451H
Contact Number	87987209
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name VIKNESWARAN S/O SHEEKAR

Approximate Age

Injuries Sustain REFER POLICE REPORT

Injured person in which vehicle? FBD7454H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

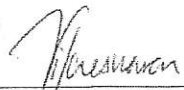
SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

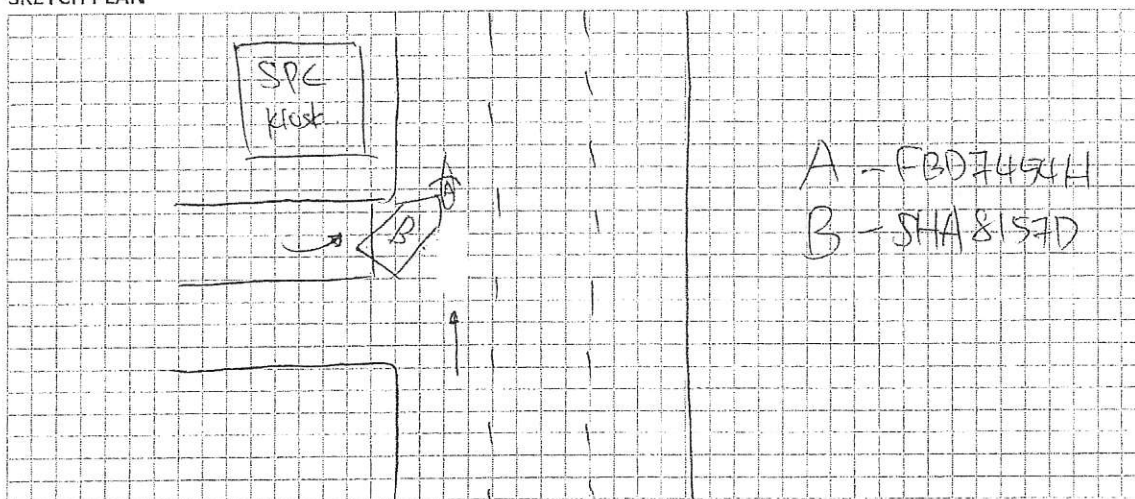
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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: 03/04/18 0920

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the material day, I was riding along Balestier Road. I was slowing down as I was approaching the SPC Kiosk after Jalan Rajah as I wanted to enter the kiosk. My left signal was on.

I noticed a comfort taxi (SHA8157D) at Jalan Rajah inching out behind the stop line. When I rode past the taxi, he suddenly dashed out and impacted on the rear of my motorcycle.

I fell with my motorcycle on the right side. There was damage to the motorcycle's head and right side while I was in pain from the fall. I called the police to notify them of the accident as well as to retrieve the camera footage from the taxi but they did not assist. I exchanged particulars with the driver and made a police report the following day.

DECLARATION

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

Vijayaraman 03/01/18
Policyholder's Signature
Date & Time: 0920

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

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



F/20171231/2054

1 of 2

POLICE REPORT (NP299)

Report No. F/20171231/2054

Police Station Of Origin
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Date/Time Report Made 31/12/2017 14:32	Vide Report No.	Station Diary No. 5
Name Of Informant VIKNESWARAN S/O SHEEKAR	Address 90 YIO CHU KANG GARDENS SINGAPORE 568137	
ID Type / ID No. NRIC NO / S84315551	Contact No. Home/Office	Mobile 93352445
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Loss Adjuster	Sex Male	Age 33
Institution/School Name	Date of Birth 06/10/1984	Race Indian
Date/Time Of Incident 30/12/2017 22:20	Location Of Incident BALESTIER ROAD SINGAPORE Along Balestier Road near to the junction of Balestier Road and Jalan Rajah	

Brief details.

On the 30/12/2017 at about 2220hrs, I was riding my motorcycle bearing the registration plate number of FBD7454H along Balestier Road and was slowing down and signaling left as I wanted to turn into the nearby SPC petrol kiosk.

I noticed that there was a comfort taxi bearing the registration plate number of SHA8157D was inching out beyond the stop line of Jalan Rajah. When I rode past the taxi, it dashed out and it's front left bumper

Signature Of Officer Recording The Report: F / Sgt 1 YEO JUN BIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2017 14:32
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Staff Sgt MUHAMMAD AZRI BIN MASRAN Contact No.: 64849999	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20171231/2054

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171231/2054

collided onto the rear bumper of my motorcycle. I fell down and the taxi driver came out of his vehicle. We exchanged particulars and left subsequently. I did call for the police but the police told me that for this case, the traffic police would not be coming down.

My right knee had abrasions, neck and back was in pain and I had a general body ache. My motorcycle's right side tail piece was scratched, right side fairing damaged, right side foot rest damaged, right side handle bar damaged and both sides of the head fairing was cracked. The taxi's front left bumper had a small scratch. The taxi driver had a front facing in car camera which I believed is working due to the blinking lights. I called for the police as I am concerned that the taxi driver might erase the footages.

No ambulance nor police came to scene and no government property was damaged. I am lodging this report for record purposes.

Signature Of Officer Recording The Report:

F / Sgt 1 YEO JUN BIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Staff Sgt MUHAMMAD AZRI BIN MASRAN
Contact No.: 64849999

Authentication Stamp

Signature Of Informant:

Date/Time:
31/12/2017 14:32

Classification Of Case: