

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	11/01/2018 14:39
Date Of Accident	08/01/2018 11:50
Exact Location Of Accident	FINLAYSON GREEN / RAFFLES QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5412S
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO SECURITY PTE LTD
Co Reg No	-
Email Address	YONG_KAI_KEAT@CERTISSECURITY.COM
Mobile Phone No	(LOCAL) +65-91232761
Alternative Phone No	OFFICE-91232761

Vehicle Particulars

Manufacturer	YAMAHA
Model	125
Exact Purpose for which vehicle was being used at time of accident	WORK
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000001676-00-000
Cover Note Number	

Driver

Name of Driver	GOVIN PILLAY T P CHANDRAN
Passport No/FIN	G8568277L
Date Of Birth	11/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91232761
Fax Number	
Contact Number	OTHERS-91232761
Email Address	YONG_KAI_KEAT@CERTISSECURITY.COM

Address	NO 11 JALAN ZAHIR 24 / TAMAN MALIM JAYA / 75250 BANDAR MELAKA MELAKA
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180108/2149

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	SLA9682A
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHNG SIANG LENG
NRIC/Passport Number	S7139837D
Contact Number	+6596311358
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	GOVIN PILLAY T P CHANDRAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD5412S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

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

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

Sketch Plan #2

SKETCH PLAN

FINLAYSON GREEN
RAFFLES QUAY

A- FBD54125
B- SLA9682A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See attached police report : T/20180108/2149

DECLARATION

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

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

11/1/2018 11:45 am

NRC/FIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180108/2149

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20180108/2149

CONTINUATION OF REPORT

Brief Details.

On 8/1/2018 at about 1150 hrs , I was travelling along 1 Finlayson Green towards Chai Chee Street to attend an incident. When I was making a right turn with my company (LTA)'s motorbike license plate FBD5412S behind the blue vehicle bearing license plate: SLA9682A. However, during the turn I made an emergency brake as the other driver's car was too close to my motorbike. The left front side of my motorbike then collided with her right rear side and I had toppled down from the motorbike and sustained abrasions on both my right elbow and right knee. I was then picked up by my supervisor and headed to Summit Medical Clinic and received 2 days of medical leave.

I would like to add that my company required me to make a police report for this traffic incident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



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T/20180108/2149

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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20180108/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2018 17:37		Vide Report No.:		Station Diary No.: 55	
Informant's Particulars					
Name of Informant: GOVIN PILLAY T P CHANDRAN			Address: APT BLK 554 Bedok North Street 3 #05-245 SINGAPORE 460554		
ID Type / ID No.: NRIC NO / G8568277L			Contact No.: Home/Office: Mobile: 91232761		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 11/09/1992	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 08/01/2018 11:50	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 FINLAYSON GREEN RAFFLES QUAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5412S	Motorcycle				Seriously Damaged	0
SLA9682A	Car			Blue	Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20180108/2149

Police Station Of Origin:
Jurong East N.P.C
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Police Report



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POLICE FORCE**



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Tel No: 1800-8999999

3 of 3

Report No. T/20180108/2149

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:

D /

Sgt 2 LOW SI JIA, AMANDA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

08/01/2018 17:37

Classification Of Case:

Authentication Stamp



NP168
SINGAPORE
POLICE FORCE

SN 34

SIGNATURE