

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 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	25/01/2018 16:46
Date Of Accident	11/01/2018 14:35
Exact Location Of Accident	CLAYMORE HILL (CONTROLLED ZEBRA CROSSING)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2635A
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO SECURITY PTE LTD
Co Reg No	-
Email Address	YONG_KAI_KEAT@CERTISSECURITY.COM
Mobile Phone No	(FOREIGN) 601-27665044
Alternative Phone No	OFFICE-67472888

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
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	VELA PALANI
Passport No/FIN	G8517584Q
Date Of Birth	10/02/1995
Occupation	OUTDOOR
Date Of Driving Pass	15/02/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(FOREIGN) 601-27665044
Fax Number	
Contact Number	OFFICE-67472888
EEmail Address	YONG_KAI_KEAT@CERTISSECURITY.COM

Address	C/O 20 JALAN AFIFI CISCO CENTRE SINGAPORE 409179
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	DRIZZLING
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	ORCHARD
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180111/2166

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9863B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG HAN BOON
NRIC/Passport Number	S1176159C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	VELA PALANI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBF2635A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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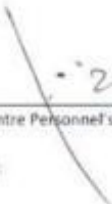
8. Consent under the Personal Data Protection Act (PDPA)

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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/1/18 1451


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

Sketch Plan #2

SKETCH PLAN

A - FBF2635A
B - SHD9863B

CLAY MORE HILL
Controlled Zebra
Crossing.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report. T/20180111/2166

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 26/1/15 14:51

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180111/2166

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 4

Report No. T/20180111/2166

CONTINUATION OF REPORT

Rider			
Name	VELA PALANI	ID No.	G8517584Q
Related Vehicle	FBF2635A (Motorcycle)	Contact No.	67472888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ONG HAN BOON	ID No.	S1176159C
Related Vehicle	SHD9863B (Car)	Contact No.	SHD9863B
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 the 11/01/2018 at about 1435hrs, while I was doing my LTA enforcement rounds on my LTA motorcycle (Reg. Plate No.: FBF2635A) at the vicinity of Claymore Hill towards the junction of Claymore Road, I spotted a red Transcab taxi (Reg. Plate No.: SHD9863B) parked after the zebra crossing in a controlled zebra crossing area. The taxi's hazard light was not switched on.

While approaching the taxi from the rear on the driver's side, the driver drove off. I could not stop my motorcycle in time and the taxi's front right bumper hit the left side of my motorcycle. I lost my control and balance as such, I fell on my right side. The taxi driver, a male Chinese in his 50s immediately stop his taxi and alighted. He helped me to get up and brought me to the side of the road.

I then called my supervisor and he instructed me to lodge a Traffic Accident Report. After which, my colleague came to assist me. The taxi driver and I then exchanged our contact details and he left. There were no visible injuries on the taxi driver. There were some scratches on the taxi's front right bumper. I then waited for the towing truck to come to tow away my motorcycle. I consulted my supervisor again and he told me to inform the taxi driver that he too has to lodge a Traffic Accident Report.

My motorcycle's headlight cover is broken and there are scratches on the brake lever. I do feel some pain on my right shoulder and right leg and will get myself checked at a clinic later. I have an on board camera on my motorcycle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



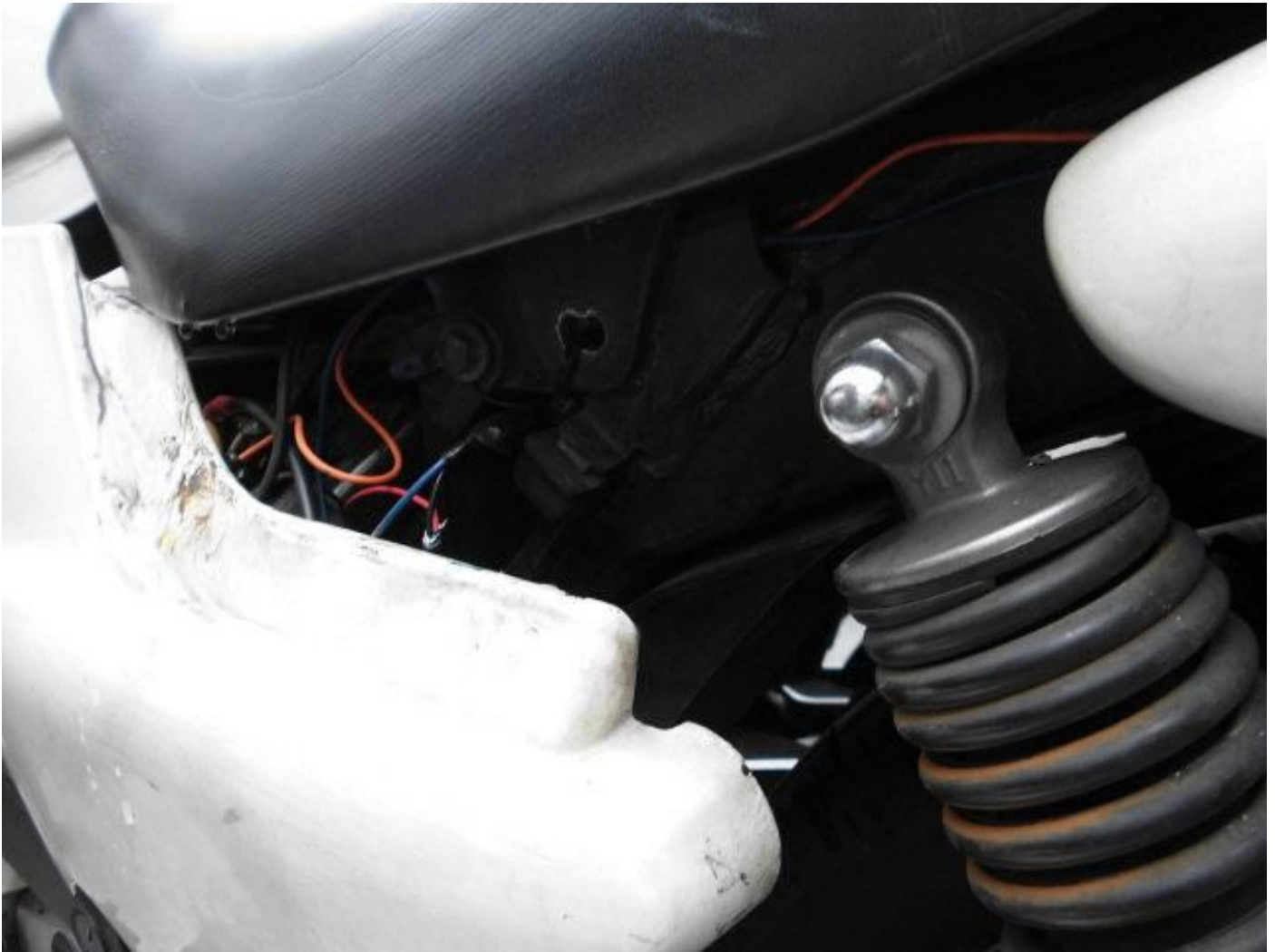
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180111/2166

1 of 4

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180111/2166

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2018 17:23	Vide Report No.:	Station Diary No.: 162
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Informant's Particulars

Name of Informant: VELA PALANI			Address: C/O 20 Jalan Afifi Cisco Centre SINGAPORE 409179		
ID Type / ID No.: FIN NO / G8517584Q			Contact No.: Home/Office: 67472888 Mobile: 60127665044		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 22	Date of Birth: 10/02/1995	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: COMPLIANCE OFFICER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/01/2018 14:35	Type of Location: Straight Road
Location: Along Road 1 CLAYMORE HILL				
Controlled Zebra Crossing				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2635A	Motorcycle				Slightly Damaged	0
SHD9863B	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180111/2166

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 4

Report No. T/20180111/2166

CONTINUATION OF REPORT

Rider			
Name	VELA PALANI	ID No.	G8517584Q
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No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
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Related Vehicle	SHD9863B (Car)	Contact No.	SHD9863B
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Police Report



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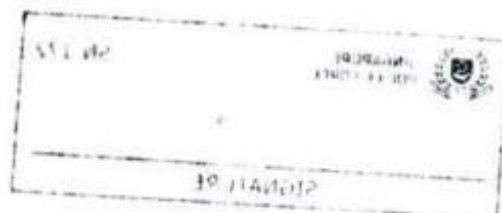
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3 of 4

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180111/2166

4 of 4

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Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180111/2166

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:

E /

Staff Sgt KAMISAH BINTE HANAFI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/01/2018 17:23

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

SN 172

Authentication Stamp
NP166

