

## 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	29/01/2018 10:49
Date Of Accident	09/01/2018 17:40
Exact Location Of Accident	ALONG LIM CHU KANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX396K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RWAVE MOTOR
Co Reg No	53373424W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83369543

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE
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	5096968941
Cover Note Number	

### Driver

Name of Driver	VIJAYENDRAN S/O GUNASHAGARAN NAIDU
NRIC No	S8205077I
Date Of Birth	27/01/1982
Occupation	INDOOR
Date Of Driving Pass	12/12/2000
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83369543
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 128B CANBERRA STREET #05-544
Postcode	752128
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
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	SKS8161K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	VIJAYENDRAN S/O GUNASHAGARAN NAIDU
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	FX396K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

**RWAVE MOTOR**

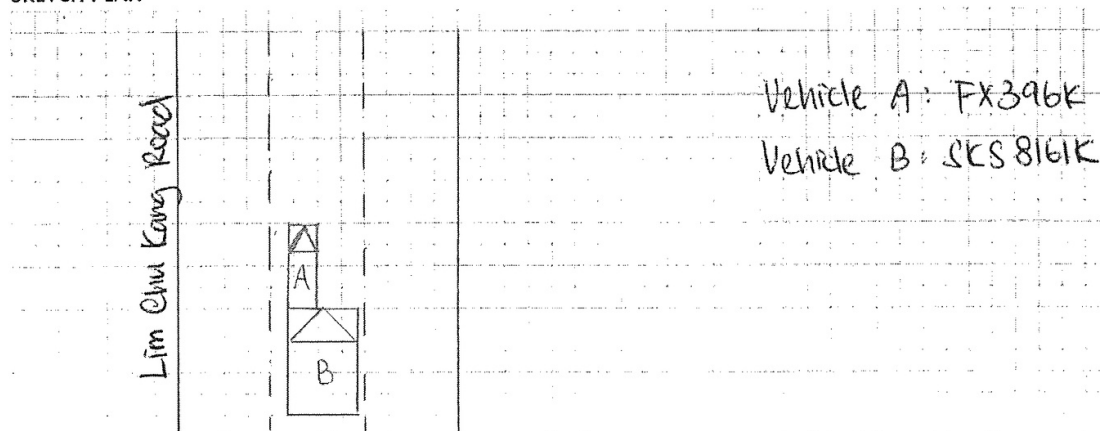
Reg No: 53373424W

Date & Time:

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

Refer Police Report :

Report No : T/20180118/2118

### DECLARATION

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

RWAVE MOTOR

Policyholder's Signature  
Reg. No. 53373424W  
Date & Time:

CuABR46 SketchPlan1.cgm\_V3

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

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



**SINGAPORE  
POLICE FORCE**



T/20180118/2118

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180118/2118

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 16:49		Vide Report No.:		Station Diary No.: 85	
<b>Informant's Particulars</b>					
Name of Informant: VIJAYENDRAN S/O GUNASHAGARAN NAIDU			Address: APT BLK 128B CANBERRA STREET #05-544 SINGAPORE 752128		
ID Type / ID No.: NRIC NO / S82050771			Contact No.: Home/Office: Mobile: 83369543		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 27/01/1982	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Truck Driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/01/2018 17:40	Type of Location: Straight Road
Location: Along Road 1 LIM CHU KANG ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 70 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX396K	Motorcycle	HONDA	Wave	Maroon	Seriously Damaged	0
SKS8161K	Car	HONDA	Stream	Black	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX396K	NTUC Income Insurance Co-Operative Limited	5096968941	22/09/2017	21/09/2018



**SINGAPORE  
POLICE FORCE**



T/20180118/2118

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180118/2118

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	VIJAYENDRAN S/O GUNASHAGARAN NAIDU	ID No.	S82050771
Related Vehicle	FX396K (Motorcycle)	Contact No.	83369543
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	09/01/2018	Date Discharge	13/01/2018
No. of Days granted Medical Leave	21	Degree of Injury	Serious

**Brief Details.**

On 18 Jan 2018 at about 1300hrs, I checked my letter box and received a letter from Traffic Police require me lodge an accident report ref: TP/IP/01767/2018.

On 9 Jan 2018 at about 1741hrs, I was riding with the speed of 60-70km/h along Lim Chu Kang Road, at lane 2 (3-lane road) when all of a sudden there is a saloon car of registration no. 'SKS8161K' collided onto me from the rear of my motorbike reg 'FX396K' which was rented with 'RWAVE MOTOR Bike Rental Service'. Due to the impact, I had flown off from my motorcycle to backwards direction and fall onto the part portion of the car which collided onto me.


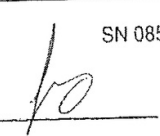
Due to the accident I suffered the following injuries:

- 1.Right leg fractured
- 2.Abrasion on the left side of the face
- 3.Scratches on both hand
- 4.Pain on the neck area

The damages to my motorcycle is serious. I was subsequently being conveyed Ng Teng Fong General Hospital. I was admitted on the 9 Jan 2018 and was discharge on the 13 Jan 2018. I was given a hospitalisation leave from 9 Jan 2018 to 17 Jan 2018 followed by 18 Jan 2018 to 31 Jan 2018.

I was assisted by a passer-by namely Liew Wan Seng, S7530020D, M/42 yrs old, Blk 105 Jalan Bukit Merah #12-1940 S160105, Tel: 82017664, Occ: Tow Truck Driver.

SN 085


 Signature: 

Singapore Police Force



**SINGAPORE  
POLICE FORCE**



T/20180118/2118

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Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999


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Report No. T/20180118/2118

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: F / Sgt 2 KOH JIN BAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2018 16:49
Officer In Charge Of Case: TP / GIT / SI NG CHWEE THENG Contact No.: 65476397	Classification Of Case:
Authentication Stamp NP168	SN 085
 Signature: _____ Singapore Police Force	



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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