

## 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	08/02/2018 10:09
Date Of Accident	19/01/2018 20:10
Exact Location Of Accident	ALONG AYE TOWARDS CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8708Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90523978
Alternative Phone No	OFFICE-90523978

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20171648

### Driver

Name of Driver	DHENESH RAJ SIVA
Passport No/FIN	F2661180Q
Date Of Birth	23/10/1996
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90523978
Fax Number	
Contact Number	OFFICE-90523978
Email Address	NOEMAIL

Address	NO 12752 JALAN NILAM 17/2 TAMAN BUNGA RAYA,ULU TIRAM
Postcode	81800
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	NO COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	BUONA VISTA NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 13 HOLLAND DRIVE , <b>POSTCODE:</b> 271013 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7779999 - <b>FAX NO:</b> 67765857
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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 INJURED PERSON 1

Name	DHENESH RAJ SIVA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH8708Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

Reporting Centre Personnel's Signature

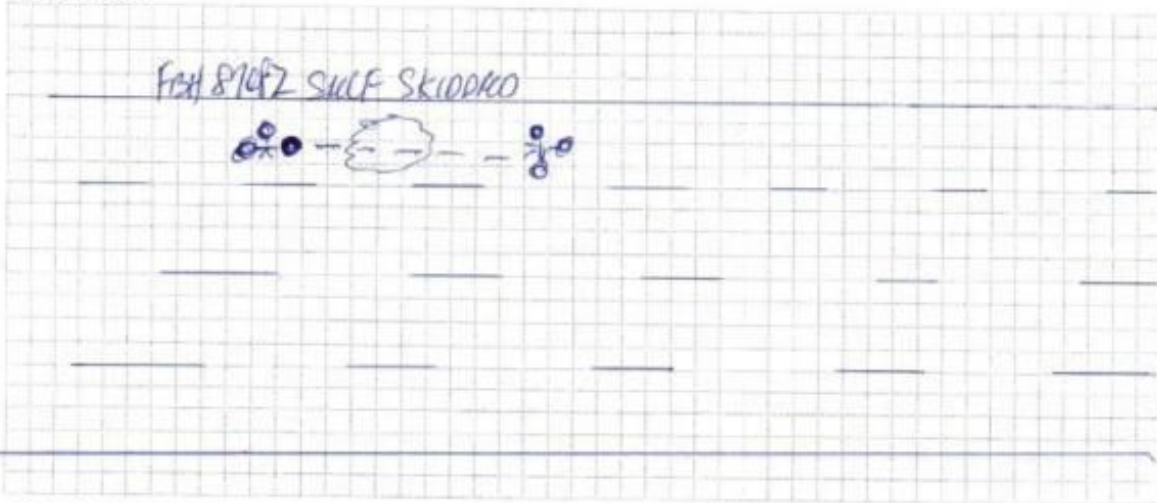
Name:

NRIC/FIN No.:

28/02/2014  
Roshni Kumar

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT 7/20/18 0129/2122

## 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:

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

# Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180129/2122

1 of 3

Report No: T/20180129/2122

Police Station Of Origin:  
Buona Vista NPP  
13 Holland Drive #01-38/40 SINGAPORE  
271013  
Tel No: 1800-7779999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
29/01/2018 17:39

Vide Report No.:

Station Diary No.:  
31

### Informant's Particulars

Name of Informant: DHENESH RAJ SIVA		Address: APT BLK 111 MCNAIR ROAD #02-239 SINGAPORE 320111	
ID Type / ID No.: FIN NO / F2661180Q		Contact No.: Home/Office: Mobile: 90523978	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 21	Date of Birth: 23/10/1996	Type of Informant: Rider
Race: Indian	Language:		Institution / School Name:
Occupation: Auxiliary police officer	Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No.	Date/Time of Accident: 19 01/2018 20:10	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				

towards Clementi Avenue 6

Weather: Drizzling	Road Surface: Wet	Road Speed Limit:
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Light
Type of Collision:	Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8708Z	Motorcycle				Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No  
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180129/2122

2 of 3

Police Station Of Origin:  
Buona Vista NPP  
13 Holland Drive #01-38/40 SINGAPORE  
271013  
Tel No: 1800-7779999

Report No. T/20180129/2122

## CONTINUATION OF REPORT

Rider Name	DHENESH RAJ SIVA	ID No.	F2661180Q
Related Vehicle	FBH8708Z (Motorcycle)	Contact No.	80523978
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 19/01/2018
Date Treatment	19/01/2018	Date Discharge	19/01/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

### Brief Details:

On 19/01/2018 at 2010hrs along Ayer Rajah Expressway I was riding my motorcycle registration number: FBH8708Z. I have self skidded and I manage to pick up my bike and I then ride slowly back towards Jurong East and then proceeded to Ng Teng Fong General Hospital and was given 4 days mc due to some injuries on my right hand and elbow.  
My Motorcycle's rear is damaged in the process.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180129/2122

Police Station Of Origin:  
Buona Vista NPP  
13 Holland Drive #01-38/40 SINGAPORE  
271013  
Tel No: 1800-7779999

3 of 3

Report No. T/20180129/2122

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 GOH SHAO ZHANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/01/2018 17:39

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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