

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 19:19
Date Of Accident	07/02/2018 18:30
Exact Location Of Accident	JUNCTION OF HAVELOCK ROAD/CHIN SWEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6019X
Insured/Policyholder	
Name Of Registered Owner	KALAVATHY D/O NADARAJAH
NRIC No	S8918877F
Email Address	MISS.KALAVATHY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88224486
Alternative Phone No	OTHERS-88224486

Vehicle Particulars

Manufacturer	KTM
Model	200 DUKE-200CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	MT2018TR00021

Driver

Name of Driver	KALAVATHY D/O NADARAJAH
NRIC No	S8918877F
Date Of Birth	08/06/1989
Occupation	INDOOR
Date Of Driving Pass	29/12/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88224486
Fax Number	
Contact Number	OTHERS-88224486
Email Address	MISS.KALAVATHY@GMAIL.COM

Address	BLK 330 CLEMENTI AVENUE 2 #09-164
Postcode	120330
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 - HEAD TO REAR
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180208/2079

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	SH6456L
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN YEOW KOON
NRIC/Passport Number	
Contact Number	88698338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name	KALAVATHY D/O NADARAJAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL6019X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

08/08/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

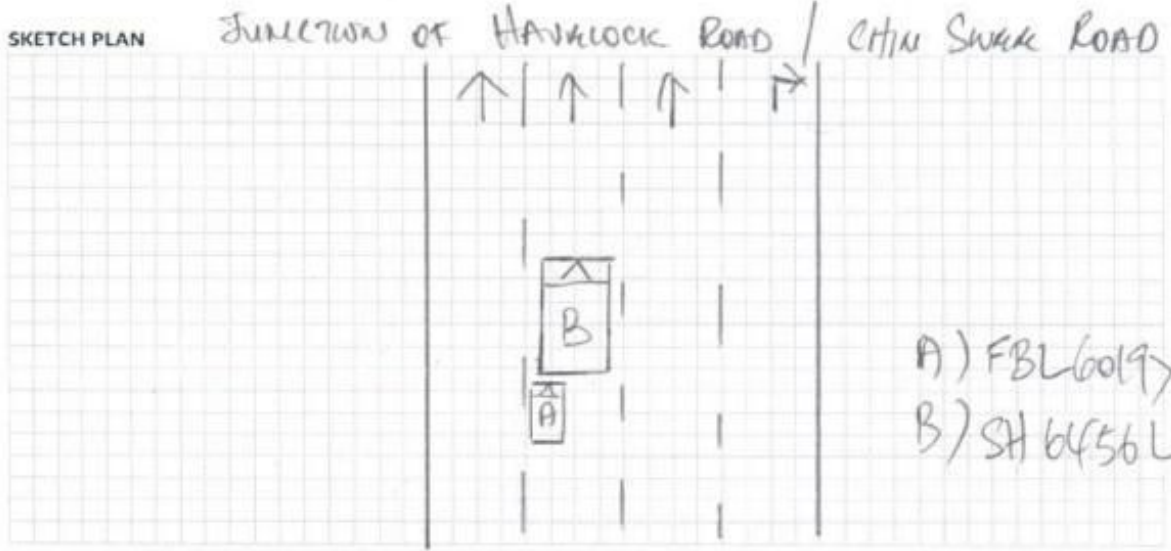
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

08/08/2018
Roshdi W. H. A. B.

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PS REFER TO POLICE REPORT
7/20/2018/2019*

DECLARATION

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

Policyholder's Signature
Date & Time: *20/10/2018*

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

Reporting Centre Personnel's Signature
Name: *Resli W. Arribas*
NRIC/FIN No.:

© JAMAC, Sketch Plan Form, V2

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180208/2079

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20180208/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2018 14:02			Vide Report No.:		Station Diary No.: 80
Informant's Particulars					
Name of Informant: KALAVATHY D/O NADARAJAH			Address: APT BLK 330 CLEMENTI AVENUE 2 #09-164 SINGAPORE 120330		
ID Type / ID No.: NRIC NO / S8918877F			Contact No.: Home/Office: Mobile: 88224486		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 28	Date of Birth: 08/06/1989	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: BAILIFF			Driving Licence Information: Class: 2B,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2018 18:30	Type of Location:
Location: Junction of Road 1 and Road 2 HAVELOCK ROAD CHIN SWEE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6019X	Motorcycle	KTM	200 DUKE	Orange	Slightly Damaged	0
SH6456L	Car	MERCEDES BENZ	E220		Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL6019X	GREAT AMERICAN INSURANCE COMPANY	MT2018TR00021	04/01/2018	03/01/2019

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180208/2079

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20180208/2079

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KALAVATHY D/O NADARAJAH	ID No.	S8918877F
Related Vehicle	FBL6019X (Motorcycle)	Contact No.	88224486
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	07/02/2018	Date Discharge	07/02/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	TAN YEOW KOON	ID No.	NIL
Related Vehicle	SH6456L (Car)	Contact No.	88698338
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 07/02/2018 at about 1830hrs, I riding my motorcycle along Havelock Road and wanted to make a left turn into Chin Swee Road.

As I was about to turn left into Chin Swee Road, I noticed that the traffic was still moving along. As I was checking my blind spot on my left when suddenly I felt that I had collided into the rear of a vehicle. Due to the collision, I landed on my left side.

When I was lying on the road, the driver and passerby came to help me. I then realized that I had collided into the rear of a white colour Mercedes taxi. The taxi driver assisted to push my motorcycle to the side of the road. Someone offered to call for the ambulance but I declined the offer. I then exchanged particulars with the taxi driver.

After I rested for a while, I rode my motorcycle to the nearest carpark and waited for my brother to come. When my brother came, I took his car and went to seek medical treatment at Alexandra Hospital for abrasions on both my knees and right elbow. The doctor took my elbow and informed me that there is no visible fracture. I was given 7 days medical leave by the doctor.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180208/2079

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20180208/2079

CONTINUATION OF REPORT

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20180208/2079

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20180208/2079

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 PAY ZHIQIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/02/2018 14:02

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt STEPHANIE, CHEUNG TSZ YING

Contact No.: 65470000

Classification Of Case:

Authentication Stamp

NP158

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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