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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	ion to the dronwing of this report at the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/02/2018 18:12
Date Of Accident	26/01/2018 09:40
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVE/HOLLANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FB5501G
Insured/Policyholder	
Name Of Registered Owner	SHEGAR S/O NARAYANASAMY @NARAYANASAMY PERUMAL
NRIC No	S0398477Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85314265
Alternative Phone No	OTHERS-85314265
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXK-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5051673445-06
Cover Note Number	
Driver	
Name of Driver	SHEGAR S/O NARAYANASAMY @NARAYANASAMY PERUMAL
NRIC No	S0398477Z

NRIC No S0398477Z

Date Of Birth 28/01/1948

Occupation INDOOR

Date Of Driving Pass 02/11/1971

Driving Experience 46 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85314265

Fax Number

Contact Number OTHERS-85314265

EMail Address NOEMAIL

Address BLK 156 MEI LING STREET

#06-259

Postcode 140156

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?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ALEXANDRA NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 46-2 COMMONWEALTH DR, POSTCODE: 140462,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4739999 - FAX NO: 64713569

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180126/2104

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 SLU6817T Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name SHEGAR S/O NARAYANASAMY @NARAYANASAMY PERUMAL

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

FB5501G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 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
- 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.

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centry Personnel's Signature
Name:
NRIC/FIN No.: (OSA) AMPROPRI

Accident Sketch Plan

SKETCH PLAN	BUS LOWER	
A) {B5501G	B 1	JULLIUSN OF COMMONWARLTH AVHALLEN / HOLLON BORD
13/SLU 68/77		
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
		Male
	A	W .
	V. Ne	Y
	Mall	
	100	
	P	
0.00	(h)	
- A		
100		
DECLARATION		/
1/We declare the foregoing particul	ars are true in every respect.	Reporting Centre Portonnel' Signature Name: NRIC/FIN No.: NS/-1 WATOS
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reperting Centre Personnel' Signature Name: NRIC/FIN No.: NS/- WITHOUS

POLICE REPORT





1 of 3

Report No. T/20180126/2104

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE

140462 Tel No: 1800-4739999

REPORT OF A TRAFFIC ACCIDENT

The state of the s	
Date/Time Report Made: Vide Report No.:	Station Diary No.:

Informa	nt's Particu	lars			
Name of Informant: SHEGAR S/O NARAYANASAMY			Address: APT BLK 156 MEI LING STREET #06-259 SINGAPORE 140156		
ID Type NRIC NO	/ ID No.: D / S039847	77Z	Contact No.: Home/Office: Mobile: 85314265		
Nationality: SINGAPORE CITIZEN		oncomin	Email:		
Sex: Male	Age:	Date of Birth: 28/01/1948	Type of Informant: Rider		
Race:			Language:	Institution / School Name	
Occupation: Private security officer		cer	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2018 09:40	Type of Location X-Junction	
	EALTH AVENUE	e and Holland Avenue	heading towards Queer	nsway Road Speed Limit:	
Weather: Clear		Road Surface: Dry			
Traffic Flow: One Way	12	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collis	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FB5501G	Motorcycle	YAMAHA	RXK	Black		0
SLU6817T	Car	ТОУОТА	SIENTA HYBRID 1.5G CVT	Blue		0

No Effective	Expiry Date
	No Effective

POLICE REPORT





2 of 3

Report No. T/20180126/2104

Police Station Of Origin:

Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

Tel No: 1800-4739999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	All the later than the		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FB5501G	NTUC Income Insurance Co-Operative Limited	5051673445-06	01/10/2017	30/09/2018

Details of Perso	n Involved		March Co.	THE STATE OF	HAR	NAVI HILLSON GENERALIS
Any Pedestrian In	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Rider		A THE STREET	Name of Street	minima.	er abi	
Name	SHEGAR S/O NARA	AYANASAM	Υ	ID No	07	S0398477Z
Related Vehicle	FB5501G (Motorcycle)			Conta	ict No.	85314265
Hospital/Clinic	NIL			Class Drivin Liceni Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL.	

Brief Details.

On the 26/01/2018 at around 0940hrs, I was riding my motorcycle (FB5501G) at Commonwealth Ave towards Queensway. I was in the middle lane.

I was approaching the cross junction of Commonwealth Avenue and Holland Avenue. I then noticed that there was a car (SLU6817T) infront of me. The car as going on a moderate speed. I then noticed the traffic light change from green to amber. Suddenly, the car infront of my applied sudden brake. I was not able to stop in time and hit onto the rear left side of his car. However, I did not fall.

The driver of the car came out of his car and inspected his damage. He kept telling me that I was to close to his vehicle. He asked if I wanted to go to the hospital but I declined. He then took down my particulars and we left.

The damages were only some scratches on his car. My motorcycle has a long crack on its bearing. I have sustained injuries on my right middle finger and on my right foot. I am going to the doctor after this.

POLICE REPORT





Report No. T/20180126/2104

3 of 3

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE Tel No: 1800-4739999

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 Informant:
Date/Time: 26/01/2018 14:51
Classification Of Case:











