

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	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
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?	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	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	

No. Of Passenger (Including Driver)

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	


SKETCH PLAN

IMPORTANT NOTICE

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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:

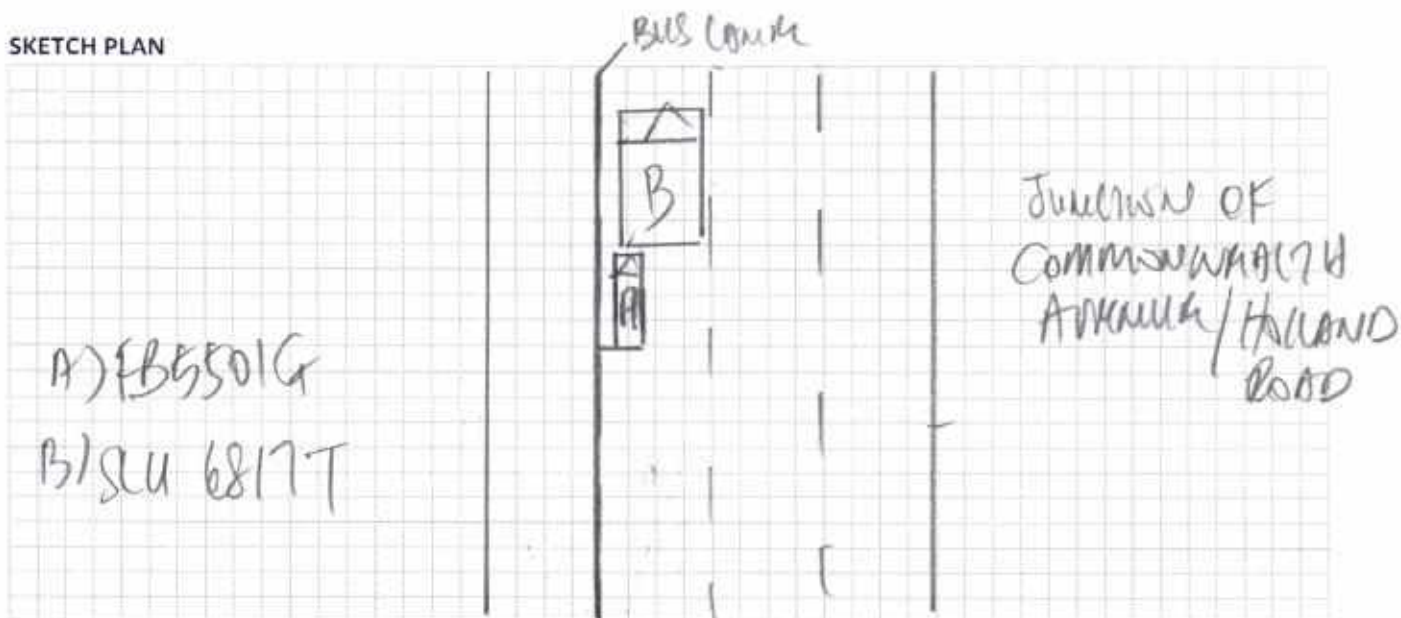
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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.: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT

DECLARATION

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

[Signature] 8/2/18
Policyholder's Signature
Date & Time:

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

[Signature] 08/02/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180126/2104

1 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20180126/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2018 14:51	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: SHEGAR S/O NARAYANASAMY			Address: APT BLK 156 MEI LING STREET #06-259 SINGAPORE 140156		
ID Type / ID No.: NRIC NO / S0398477Z			Contact No.: Home/Office: Mobile: 85314265		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 28/01/1948	Type of Informant: Rider		
Race: Indian			Language:	Institution / School Name:	
Occupation: Private security officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2018 09:40	Type of Location: X-Junction
Location: Along Road 1 COMMONWEALTH AVENUE				
Junction of Commonwealth Avenue and Holland Avenue heading towards Queensway				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FB5501G	Motorcycle	YAMAHA	RXK	Black		0
SLU6817T	Car	TOYOTA	SIENTA HYBRID 1.5G CVT	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180126/2104

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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Report No. T/20180126/2104

CONTINUATION OF REPORT

Details of Vehicle Insurance				
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 Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHEGAR S/O NARAYANASAMY		ID No. S0398477Z
Related Vehicle	FB5501G (Motorcycle)		Contact No. 85314265
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 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) in front of me. The car was going on a moderate speed. I then noticed the traffic light change from green to amber. Suddenly, the car in front of me 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 too 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.



**SINGAPORE
POLICE FORCE**



T/20180126/2104

3 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20180126/2104

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 1 SURENDDHARAN S/O PURANA
CHANDRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/01/2018 14:51

Classification Of Case:

Claim Handling

Accident MT/0979780

Policy No.	5051673445-06	Vehicle No.	FB5501G	GST Registration No.	
Policyholder Name	SHEGAR S/D NARAYANASAMY @NARAYANASAMY PERUMAL			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available

➤ **Accident Details**

Report Date	29/01/2018 10:19	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	26/01/2018	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG COMMONWEALTH AVE & HOLLAND AVE X-JUNCTION				

➤ **Benefits**

➤ **Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

➤ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

➤ **Policyholder Mailing Address**

Address 1	BLK 156 W06-259	Address 2	MEI LING STREET	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	Q7-629	Related Policy Number	5051673445-06		

➤ **OI Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	SHEGAR S/D NARAYANASAMY @	Insured NRIC		
Contact No.(Mobile)	85314265	Contact No.(Home)	64721757	Contact No.(Office)		
Email Address		OI Vehicle Number	FB5501G	TP Vehicle Number		
Claim Description	FB5501G / SLU6817T ON 26 Jan 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report		
Date Registered	09/02/2018 18:24	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB					

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0979780	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/02/2018 18:25
Path *		Category *	
		Browse... Clear	Please Select
		Browse... Clear	Please Select
		Browse... Clear	Please Select
		Browse... Clear	Please Select

Confidential	Urgency
<input checked="" type="radio"/> NO	Normal
<input type="radio"/> YES	Normal
<input type="radio"/> ALL	Normal
<input type="radio"/> ALL	Normal

Please Select

10









Normal

Please Select

10

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800076(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Feb 2018 18:25	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Feb 2018 18:25	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Feb 2018 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Feb 2018 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Feb 2018 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Feb 2018 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Feb 2018 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Feb 2018 18:24	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
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ACCIDENT STATEMENT

ACCIDENT DATE: 26/01/2018 (DD/MM/YYYY), TIME: 0940 (HH:MM)

LOCATION: Commonwealth Av and Holland Av

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB 5501.6
 b) INSURANCE COMPANY: N TUL
 c) POLICY NUMBER: 5051673445-06
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: RSK
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going home
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Shahar Khan Khanzademy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5059847712 CONTACT: 85014265
 c) ADDRESS: Bk 156 # 66-259, Ho, Ring St.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER As above
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 28/1/48 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 21/1/1971
 f) DATE OF DRIVING PASS: 21/1/1971

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLY 6817 T MODEL: Toyota
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE


- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

V1090

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0398477Z




Name
SHEGAR S/O NARAYANASAMY
@NARAYANASAMY PERUMAL

Race
INDIAN

Date of birth
28-01-1948

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0398477Z

Name
SHEGAR S/O NARAYANASAMY
@ NARAYANASAMY PERUMAL

Birth Date: 28 Jan 1948

Issue Date: 23 Apr 2011




472288



NRIC No: S0398477Z



Date of issue
21-05-2011

APT BLK 156 MEI LING STREET #06-259
SINGAPORE 140156

NRIC No: S0398477Z Date: 18/06/2012 No: 7063637

NOT LICENSED TO DRIVE VEHICLES IN THE EFFECT

02 Nov 1971
02 Nov 1971
02 Nov 1971

2B Motorcycles < 200 cc
2A Motorcycles between 201 cc and 400 cc
2 Motorcycles > 400 cc
3 Motor Cars < 3000kg with not passengers, excluding of 2nd hand and other motor vehicles < 3500kg

Licence No: S0398477Z



NP 478A

Our Ref: MT/CA/TP/001/0979780-001/SL/VU

29 Jan 2018

SHEGAR S/O NARAYANASAMY @NARAYANASAMY PERUMAL
BLK 156 #06-259
MEI LING STREET
SINGAPORE 140156

Dear Policyholder

CLAIM NUMBER: MT/0979780-001
ACCIDENT INVOLVING FB5501G / SLU6817T on 26 Jan 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_B00676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5051673445-06	SHEGAR S/O NARAYANASAMY @NARAYANASAMY PERUMAL	S0398477Z	GMC	Third Party	FB5501G	FB5501G	01/10/2017	30/09/2018