

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	26/02/2018 16:47
Date Of Accident	25/02/2018 06:30
Exact Location Of Accident	BOON LAY PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX9001R
Insured/Policyholder	
Name Of Registered Owner	CHINNAIYAN VEERACHAMY
NRIC No	S74638271
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90500275
Alternative Phone No	OTHERS-90500275

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125
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	5049549783-06
Cover Note Number	

Driver

Name of Driver	CHINNAKKANNU PRAKASH
NRIC No	G7333244W
Date Of Birth	02/12/1981
Occupation	INDOOR
Date Of Driving Pass	04/04/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90500275
Fax Number	
Contact Number	OTHERS-90500275
Email Address	NOEMAIL

Address	BLK 540 JURONG WEST AVENUE 1 #02-1100
Postcode	640540
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
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?	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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
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	SH7378Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH KWEE SENG
NRIC/Passport Number	
Contact Number	81445005
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Sketch Plan Pg. 1

SKETCH PLAN

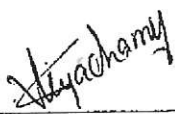
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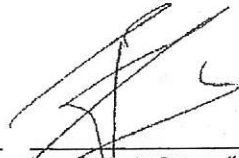
8. Consent under the Personal Data Protection Act (PDPA)

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.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report n: 7/20180226/2028

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: 4

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180226/2028

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180226/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2018 10:50		Vide Report No.: J/20180225/0103		Station Diary No.: 48	
Informant's Particulars					
Name of Informant: CHINNAKKANNU PRAKASH			Address: APT BLK 540 JURONG WEST AVENUE 1 #02-1100 SINGAPORE 640540		
ID Type / ID No.: FIN NO / G7333244W			Contact No.: Home/Office:		Mobile: 90500275
Nationality: INDIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 02/12/1981	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: LOGISTIC SUPERVISOR			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2018 06:30	Type of Location: Straight Road
Location: Along Road 1 BOON LAY PLACE				
Along Boon Lay Place.		Road Surface: Dry	Road Speed Limit:	
Weather: Clear		Traffic Control: Not Controlled	Traffic Volume: Light	
Traffic Flow: One Way		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
FX9001R	Motorcycle	HONDA	ANF125	Red	Slightly Damaged	0
SH7378Y	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0



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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180226/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHINNAKKANNU PRAKASH	ID No.	G7333244W
Related Vehicle	FX9001R (Motorcycle)	Contact No.	90500275
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	25/02/2018	Date Discharge	26/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Koh Kwee Seng	ID No.	S2135948C
Related Vehicle	SH7378Y (Car)	Contact No.	81445005
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 25/02/2018 at about 0630hrs, I was riding my motorbike V1)FB9001R along Boon Lay Place on the extreme right lane at 25-30KM/H.

Out of a sudden, I lost control and fell onto the road and realized that a Comfort Delgro Taxi had collided onto my vehicle V1's rear. I then help myself and the said driver of V2 came down.

At about 15 minutes later, Ambulance and Traffic Police was at scene to assist and paramedics assist to put bandages on my hands and legs as I suffered abrasions as a result of the fall. I then went off after exchanging particulars with the said driver of V2 and was given J/20180225/0103 and asked to lodge a accident report.

I later then went to Ng Teng Fong general hospital and got myself checked and was given 03 days of medical certificate from 26/02/2018 - 28/02/2018. My motorcycle V1 could not be started as a result of the collision and the vehicle V2 suffered slight scratches to its front right side.



SINGAPORE
POLICE FORCE



T/20180226/2028

3 of 3

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Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180226/2028

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:

J/

Sgt 2 GOH WEI JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

SN 126

Authentication Stamp

NR168

Singapore Police Force

Signature Of Informant:

Date/Time:

26/02/2018 10:50

Classification Of Case: