

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	02/04/2018 15:57
Date Of Accident	29/03/2018 20:45
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 10 & AMK ST 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4796K
Insured/Policyholder	
Name Of Registered Owner	MAGESHWARAN S/O V SIVASAMY
NRIC No	S8946569I
Email Address	ALPHA_00@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91801455
Alternative Phone No	OTHERS-91801455

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	PTE 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059876340-04
Cover Note Number	15/05/2017 - 14/05/2018

Driver

Name of Driver	MAGESHWARAN S/O V SIVASAMY
NRIC No	S8946569I
Date Of Birth	29/12/1989
Occupation	INDOOR
Date Of Driving Pass	03/03/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91801455
Fax Number	
Contact Number	OTHERS-91801455
EEmail Address	ALPHA_00@HOTMAIL.COM

Address	BLK 503 ANG MO KIO AVE 5 #06-3762
Postcode	560503
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 - CROSS JUNCTION
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20180330/2116.

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	SKT4945L
Vehicle Make/Model/Colour	
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	MAGESHWARAN S/O V SIVASAMY
Approximate Age	
Injuries Sustain	LEFT HIP & LEFT KNEE CONTUSION
Injured person in which vehicle?	FBE4796K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: FBE 4796K
INSURER : NTUC
DATE & TIME: 29/03/18 @ 2045

IMPORTANT NOTICE

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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.

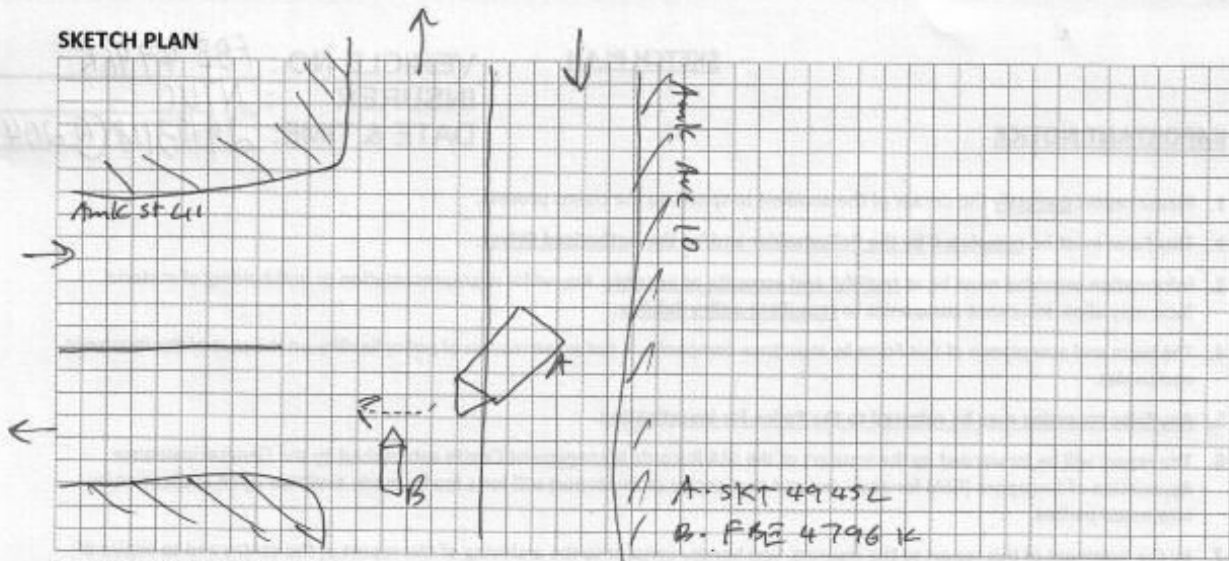
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Danyn (AWK) 02/04/18
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: FBE 4796K (NTUC)
Date & Time: 29/03/18 @ 2045 (clear day)
refer to police report no: T/20180330/2116.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: (AMK)
NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
(x) Claim ODTP at other workshop (Kim Kiat)

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180330/2116

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20180330/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2018 21:33	Vide Report No.: F/20180329/0195	Station Diary No.: 109
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Informant's Particulars

Name of Informant: MAGESHWARAN S/O V SIVASAMY			Address: APT BLK 503 ANG MO KIO AVENUE 5 #06-3762 SINGAPORE 560503		
ID Type / ID No.: NRIC NO / S8946569I			Contact No.: Home/Office: Mobile: 91801455		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 29/12/1989	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2018 20:45	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 10 ANG MO KIO STREET 41 T junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4796K	Motorcycle	YAMAHA	YZF-R15	Yellow	Seriously Damaged	0
SKT4945L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE4796K	NTUC Income Insurance Co-Operative Limited	5059876340-04	15/05/2017	14/05/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180330/2116

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20180330/2116

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MAGESHWARAN S/O V SIVASAMY	ID No.	S8946569I
Related Vehicle	FBE4796K (Motorcycle)	Contact No.	91801455
Hospital/Clinic	AMK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/03/2018	Date Discharge	30/03/2018
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 29/03/2018 at about 2045hrs, I was riding my motorbike FBE 4796L along Ang Mo Kio Ave 10 towards Ang Mo Kio Ave 3. I was going straight when suddenly a car SKT 4945L from the opposite direction along Ang Mo Kio Ave 10, without stopping to give way to me, made a right turn into Ang Mo Kio St 41. I could not stop in time because the car made an abrupt turn and thus my motorbike collided on the left front side of the car.

Due to the collision impact, I fall on the bonnet of the car. The Police and Ambulance attended to me but I refused conveyance. On 30/03/2018 I went to the clinic AMK Family Clinic Pte Ltd because I felt an extreme pain on my left leg. The doctor gave me 7 days MC and he diagnosed that I suffer left hip and left knee contusion.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180330/2116

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20180330/2116

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Name of Informant MAGESHWARAN S/O V SIVASAMY		Address APT BLK 803 ANG MO KIO AVENUE 3-03-03 SINGAPORE 569929	
ID Type / ID No. NRIC NO: 82405521		Contact No. Mobile: 97801455	
Nationality SINGAPORE CITIZEN		Email	
Sex Male	Age 28	Date of Birth 29/12/1989	Type of Informant Rider
Race Indian		Language	
Occupation SELF EMPLOYED		Driving Licence Information Class: 2B 2A 3 Date of Expiry	

Type of Accident Accident	Injury Assessed by Police	Date 30/03/2018 21:33	Type of Location T-Junction
Location Junction of Road 1 and Road 2 ANG MO KIO AVENUE 10 ANG MO KIO STREET 4			

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:
F /
Sr Staff Sgt SITTI QAMARIYAH BINTE MOHD
NAJIB

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/03/2018 21:33

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force