

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	24/04/2018 11:53
Date Of Accident	27/03/2018 08:25
Exact Location Of Accident	ALONG WEST COAST RD AFTER JUNC PANDAN GARDENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF639C
Insured/Policyholder	
Name Of Registered Owner	SELLAMUTHU SELVAKUMAR
NRIC No	S7064741I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81838247
Alternative Phone No	OFFICE-81838247

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR DTS-I 180 MANUAL
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5057676682-05
Cover Note Number	

Driver

Name of Driver	SELLAMUTHU SELVAKUMAR
NRIC No	S7064741I
Date Of Birth	05/07/1970
Occupation	INDOOR
Date Of Driving Pass	14/05/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81838247
Fax Number	
Contact Number	OFFICE-81838247
EEmail Address	NOEMAIL

Address	BLK 825 JURONG WEST STREET 81 #05-410
Postcode	640825
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180412/7006.

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	SLP3915P
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)

1

DETAILS OF INJURED PERSON 1

Name	SELLAMUTHU SELVAKUMAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBF639C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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:

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180412/3006.

DECLARATION

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

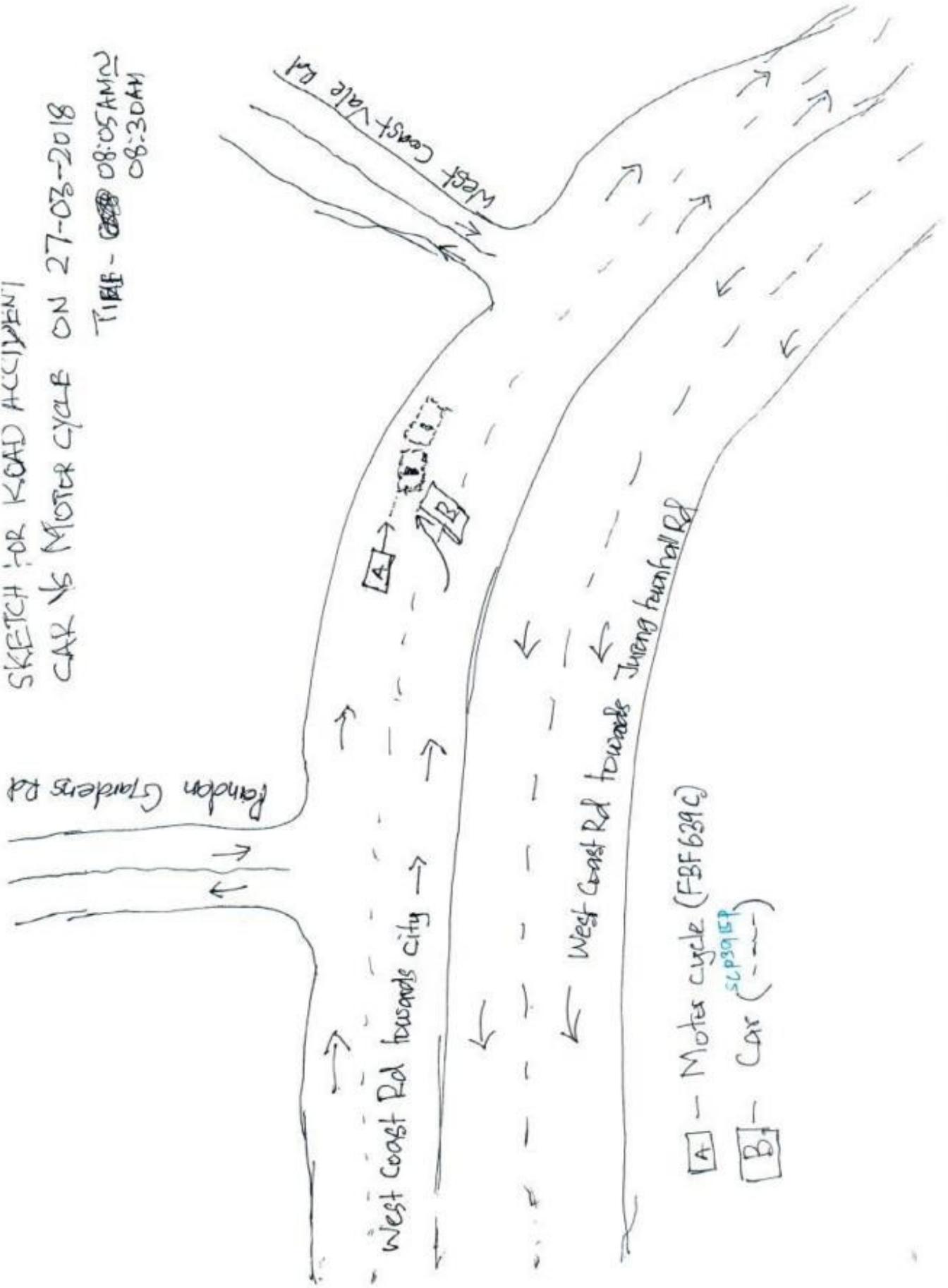

Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH FOR ROAD ACCIDENT
CAR VS MOTOR CYCLE ON 27-03-2018
TIME - 08:05AM
08:30AM



Police Report



**SINGAPORE
POLICE FORCE**



T/20180412/7006

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180412/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2018 15:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SELLAMUTHU SELVAKUMAR		Address: APT BLK 825 JURONG WEST STREET 81 #05-410 SINGAPORE 640825	
ID Type / ID No.: NRIC NO / S7064741I		Contact No.:	Mobile: 81838247
Nationality: SINGAPORE CITIZEN		Email: naachiyaar2013@gmail.com	
Sex: Male	Age: 47	Date of Birth: 05/07/1970	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: Electrical engineer (general)		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2018 08:25	Type of Location: Straight Road
Location: WEST COAST ROAD WEST COAST ROAD TOWARDS CITY AFTER PANDAN GARDENS ROAD TRAFFIC SIGNAL AND BEFORE WEST COAST VALE ROAD TRAFFIC SIGNAL				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF639C	Motorcycle	BAJAJ CHETAK	PULSAR DTS-I 180 MANUAL	Red		1
	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180412/7006

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Report No. T/20180412/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF639C	NTUC Income Insurance Co-Operative Limited	5057676682-05	05/01/2018	04/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SELLAMUTHU SELVAKUMAR		ID No.	S70647411
Related Vehicle	FBF639C (Motorcycle)		Contact No.	81838247
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/03/2018	Date Discharge	29/03/2018	
No. of Days granted Medical Leave	66	Degree of Injury	Fatal	
Rider				
Name	SELLAMUTHU SELVAKUMAR		ID No.	S70647411
Related Vehicle	FBF639C (Motorcycle)		Contact No.	81838247
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/03/2018	Date Discharge	30/03/2018	
No. of Days granted Medical Leave	66	Degree of Injury	Fatal	

Brief Details.

I WAS TRAVALLING TO OFFICE FROM HOME VIA WEST COAST ROAD, THE ROAD WAS WET AND DRIZZLING.
I AM A RIDER (VEHICLE NO. FBF639C) AND NO PILLION. THE TIME WAS BETWEEN 08:10AM TO 08:30AM AND LOCATION WAS AFTER TRAFFIC SIGNAL AT WEST COAST ROAD AND PANDAN GARDENS ROAD JUNCTION, BEFORE TRAFFIC SIGNAL AT WEST COAST ROAD AND WEST COAST VALE ROAD JUNCTION.
I WAS RIDING AT SPEED OF 40KM/H TO 50KM/H ON THE LEFT LANE (TWO LANE ROAD) AND NO VEHICLES INFRONT OF MY LANE, ON THE RIGHT LANE VEHICLES WERE MOVING SLOWLY AND CLOSELY.
SUDDENLY A CAR (COULD NOT REMEMBER VEHICLE NO.) WAS TURN IN TO MY LANE WITHOUT ANY INDICATION THE DISTANCE BETWEEN MY VEHICLE AND CAR IS ABOUT A CAR LENGTH, IMMEDIATELY I APPLIED EMERGENCY BRAKE, DUE TO WET ROAD AND DRIZZLING MY VEHICLE WAS SKIDDING AND FELL DOWN ON

Police Report



SINGAPORE
POLICE FORCE



T/20180412/7006

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Police Station Of Origin:
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Report No. T/20180412/7006

CONTINUATION OF REPORT

RIGHT SIDE.
I COULD REMEMBER THIS MUCH ONLY BECAUSE I WAS FAINTED IMMEDIATELY AFTER FELL
DOWN AND I WAKE UP IN THE
AMBULANCE (I COULDN'T REMEMBER THE WORDS AFTER FELL DOWN).

PLEASE KINDLY TAKE NOTE ON FOLLOWING STATEMENTS:

1. I COULDN'T REMEMBER WHETHER THE CAR WAS STOPPED AFTER I SKIDDING AND FELL
DOWN.
2. I COULDN'T REMEMBER WHETHER MY VEHICLE WAS HIT THE CAR.
3. I COULDN'T REMEMBER WHETHER POLICE CAME TO ACCIDENT LOCATION.

Police Report



SINGAPORE
POLICE FORCE



T/20180412/7006

4 of 4

Report No. T/20180412/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
KAMALIAH BINTE KAMIS
Contact No.: 65476435

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/04/2018 15:41

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

