#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	30/04/2018 14:54
Date Of Accident	21/04/2018 07:45
Exact Location Of Accident	T JUNC OF MANDAI RD AND MANDAI LAKE RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF3280H
Insured/Policyholder	
Name Of Registered Owner	SURAJ DUBEY S/O HRIDAI NARAIN DUBEY
NRIC No	S9000857I
Email Address	SURAJ15_5@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92381215
Alternative Phone No	OFFICE-92381215
Vehicle Particulars	
Manufacturer	SUZUKI
Model	GSX1300RL0
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	5083277708-01
Cover Note Number	-
Driver	
Name of Driver	SURAJ DUBEY S/O HRIDAI NARAIN DUBEY
NRIC No	S9000857I
Date Of Birth	15/01/1990
Occupation	INDOOR
Date Of Driving Pass	21/06/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92381215
Fax Number	

OFFICE-92381215

SURAJ15\_5@HOTMAIL.COM

Address BLK 832 YISHUN ST 81 #02-448

Postcode 760832

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 NO COLLISION

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

NO 1

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

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT.

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 SHB532B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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**DETAILS OF INJURED PERSON 1** 

SURAJ DUBEY S/O HRIDAI NARAIN DUBEY Name

Approximate Age

FRACTURE RIGHT PINKY FINGER AND ABRASION RIGHT SHOULDER, Injuries Sustain

RIGHT FOREARM, RIGHT HIP, RH KNEE, RH ANKLE

Injured person in which vehicle? FBF3280H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode YES

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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 "...
  - 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, involces, 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.
- (c) the information so collected under (d) above may be shared / disclosed:
  - 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		John Marie		
	Manda			
	0 2	Shop	A = 0 =	FBF 32801 SHB 532 B
	A	HO 100 HO	3	2) Ap. 18 7 45am
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	· · · · · · · · · · · · · · · · · · ·		
Please	Refer to	Police	Report	
DECLARATION  I/We declare the foregoing par	ticulars are true in every respect.		de	170 b
Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policy	(holder)	leporting Centre Per Jame: JRIC/FIN No.:	sonnel's Signature

#### POLICE REPORT





1 of 3

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

Report No. T/20180422/2107

Station Diary No.:

#### REPORT OF A TRAFFIC ACCIDENT

AEROSPACE TECHNICIAN

Date/Time Report Made:

22/04/2018 21:57	J/20180421/0093	128
Informant's Particulars		
Name of Informant: SURAJ DUBEY S/O HRIDAI NARA DUBEY	Address: N APT BLK 832 YISHUN 760832	N STREET 81 #02-448 SINGAPORE
ID Type / ID No.: NRIC NO / S9000857I	Contact No.: Home/Office:	Mobile: 92381215

Vide Report No .:

Email: Nationality: SINGAPORE CITIZEN

Date of Birth: Type of Informant: Sex: Age: Rider Male 28 15/01/1990 Institution / School Name: Language: Race:

English Indian Driving Licence Information: Occupation: Date of Expiry: Class: 2B,2A,2,3

General Information of the Accident Date/Time of Type of Location: Drink Injury Type of T-Junction Drive: Accident: Conveyed By Ambulance Accident: 21/04/2018 07:45 No Location: Junction of Road 1 and Road 2 MANDAI ROAD

MANDAI LAKE ROAD T- junction of Mandai Road and Mandai Lake Road

Road Speed Limit: Road Surface: Weather: Clear Traffic Volume: Traffic Control: Traffic Flow: Traffic Light - Working Light

Anyone conveyed by Type of Collision: ambulance: Between Moving Vehicles - Head To Rear Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBF3280H	Motorcycle	SUZUKI	GSX1300RL 0	Blue	Slightly Damaged	0
SHB532B	Car	тоуота	PRIUS TAXI (SMRT)	Maroon	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company .	Insurance No	Effective	Expiry Date
FBF3280H	NTUC Income Insurance Co-Operative Limited	5083277708-01	23/11/2017	22/11/2018

#### POLICE REPORT





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Report No. T/20180422/2107

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian Ir			tice of E	Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL		Use of F	edestrian	Cross		
Rider		of the life				000000571
Name	SURAJ DUBEY S/O DUBEY	HRIDAI NA	RAIN	ID No.		S9000857I
Related Vehicle	FBF3280H (Motorcycle)		Conta	ct No.	92381215	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Driving Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	21/04/2018			scharge	-	1/2018
No. of Days gran	ted Medical Leave	14	Degree	of Injury	Sligh	t

On 21/04/2018 at about 0745hrs, I was travelling on my motorbike (FBF3280H, blue Suzuki) along Mandai road towards BKE on the most right lane. There is a taxi (SHB532B, Maroon Toyota, SMRT taxi) in front of me. When travelling near the T- Junction of Mandai Road and Mandai Lake Road, the taxi had accelerated. When the taxi was near the traffic junction, the traffic light turned amber and the taxi did a sudden brake. I also immediately applied brake however I did not stop in time. My motorbike then skidded and I fell to the right. My motorbike then continue to skidded forward and hit the rear of the taxi.

I stood up immediately stood up and the taxi driver had also alighted from his car. As I am in a daze, I am unsure what he was saying. I then took some photos of the damages on my motorbike and the taxi. One of the passerby then informed to call traffic police. I then contacted my friend and told him about the accident. When my friend arrived, the taxi driver informed that he had called traffic police.

The damages of my motorbike are scratches and cracks on the head light and head fairing, the odometer was dislodged, the key that was in the ignition was bended, there are scratches on the right fairing and dent on the exhaust. The damage of the taxi is dent and scratches on the left rear bumper.

Ambulance had attended to the accident and I was conveyed to Khoo Teck Puat Hospital. I was given 14 days of Hospitalization leave. I had a fracture on my right pinky finger and abrasion on my right shoulder, right forearm, right hip, right knee and right ankle. I did not take down the particulars of the taxi driver as I was being conveyed. My friend had stayed at the scene. He informed that traffic police had attended the accident. The Traffic police Investigation officer for the case is Rashida.

#### **POLICE REPORT**





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 3 of 3 Report No. T/20180422/2107

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: 22/04/2018 21:57
Classification Of Case:





























