

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	22/05/2018 16:26
Date Of Accident	20/05/2018 20:10
Exact Location Of Accident	JUNC OF ENG NEO AVE & DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	F8288C
Insured/Policyholder	
Name Of Registered Owner	BALAMUGUNTHAN S/O RAMALINGAM
NRIC No	S8402559C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97727720
Alternative Phone No	OFFICE-97727720

Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZR1000E
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	5076805578-02
Cover Note Number	-

Driver

Name of Driver	RAJKUMAR S/O KRISHNAN
NRIC No	S8440893Z
Date Of Birth	17/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88238842
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 130A LORONG 1 TOA PAYOH #34-504
Postcode	311130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

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	SJY4081P
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	RAJKUMAR S/O KRISHNAN
Approximate Age	
Injuries Sustain	ARMS, NECK, RIGHT ANKLE/HEELS
Injured person in which vehicle?	F8288C
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.

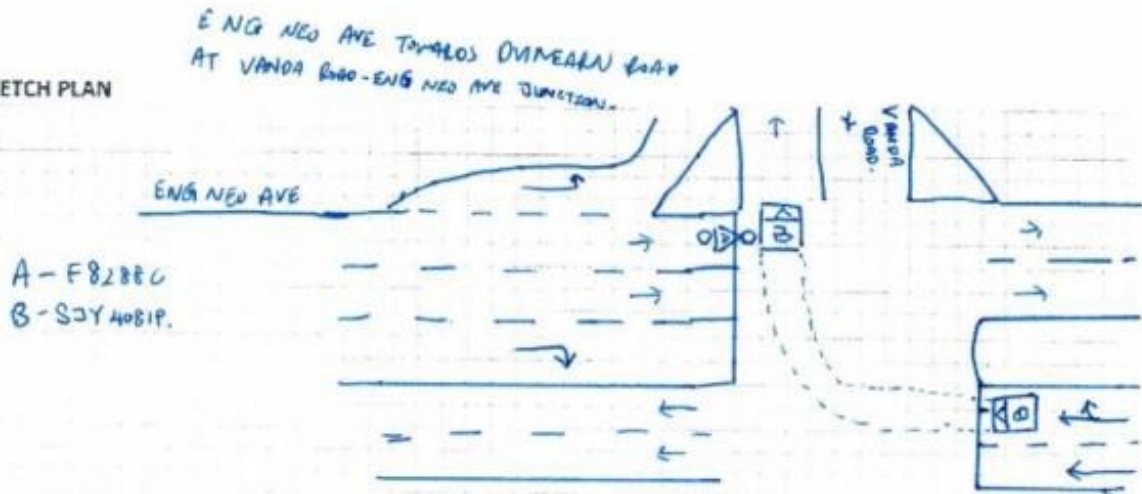
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20180521/2115.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180521/2115

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20180521/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2018 15:22	Vide Report No.: E/20180520/0155	Station Diary No.: 127
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Informant's Particulars

Name of Informant: RAJKUMAR S/O KRISHNAN			Address: APT BLK 130A LORONG 1 TOA PAYOH #34-504 SINGAPORE 311130	
ID Type / ID No.: NRIC NO / S8440893Z			Contact No.: Home/Office: Mobile: 88238842	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 17/12/1984	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/05/2018 20:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ENG NEO AVENUE DUNEARN ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume:		
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
F8288C	Motorcycle					0
SJY4081P	Car					0

Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180521/2115

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20180521/2115

CONTINUATION OF REPORT

Rider			
Name	RAJKUMAR S/O KRISHNAN	ID No.	S8440893Z
Related Vehicle	F8288C (Motorcycle)	Contact No.	88238842
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	20/05/2018	Date Discharge	21/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 20/05/2018 at about 8:10pm, I was riding my motorbike (F8288C) along Eng Neo Avenue towards Dunearn Road. At the point of time, I was riding along the left lane.

As I was approaching the X-Junction, I could see that there are stationary vehicles on the opposite road. As the traffic light is green and in my favour, I proceed to ride straight slowly pass the traffic light junction. Just when I was about to cross the traffic light, one Grey/Black car (SJY4081P) drove across very fast towards Vanda Link, which was on my left side. I tried to stepped on my brakes but it was already too near before I crashed straight into the left side of the car. The next thing I knew, I was fell on my back and lied on the floor.

Subsequently, I was assisted by a man and a lady, who made a check if I had any injuries before they assisted me to stand up and walk toward the side of the road. The driver of vehicle SJY4081P, a male Caucasian, had also assisted me. The Ambulance was then called and I was subsequently conveyed to Ng Teng Fong Hospital. Traffic Police was also at scene. I spoke to the officers before I got conveyed.

Before I was conveyed, I could see that my bike suffered serious damages. My bike was also unable to be pushed. I am unsure of the cost of damage.

I wish to inform that I do not have any cameras installed on my bike or my helmet that could capture the incident.

I suffered slight abrasions on my arms, pain on my neck and right ankle/heels. I was also instructed to proceed back to the hospital to check on my injured leg.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180521/2115

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3
Report No. T/20180521/2115

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: E / Staff Sgt MUHAMMAD SYAHID BIN MOHAMED RAMLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2018 15:22
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367	Classification Of Case:
Authentication Stamp NP158	<div style="border: 1px solid black; padding: 5px; text-align: center;">SINGAPORE POLICE FORCE SIGNATURE</div>

SN 168

Accident Photo



Accident Photo



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