

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	12/06/2018 12:35
Date Of Accident	10/06/2018 15:20
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD9884L
Insured/Policyholder	
Name Of Registered Owner	YANASAKRAN S/O PALAN
NRIC No	S1678242D
Email Address	ZIONEXPREZZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81087565
Alternative Phone No	OTHERS-81087565

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-200CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5046423184-07
Cover Note Number	

Driver

Name of Driver	YANASAKRAN S/O PALAN
NRIC No	S1678242D
Date Of Birth	11/05/1964
Occupation	INDOOR
Date Of Driving Pass	15/02/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81087565
Fax Number	
Contact Number	OTHERS-81087565
EEmail Address	ZIONEXPREZZ@GMAIL.COM

Address	BLK 202 ANG MO KIO AVENUE 3 #03-1664
Postcode	560202
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 - HEAD TO REAR
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

PLEASE REFER TO POLICE REPORT T/20180611/2024

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	SLQ6856B
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN GEOK HEAN
NRIC/Passport Number	S6904221Z
Contact Number	96932374
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	YANASAKRAN S/O PALAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBD9884L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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6. 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.
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:

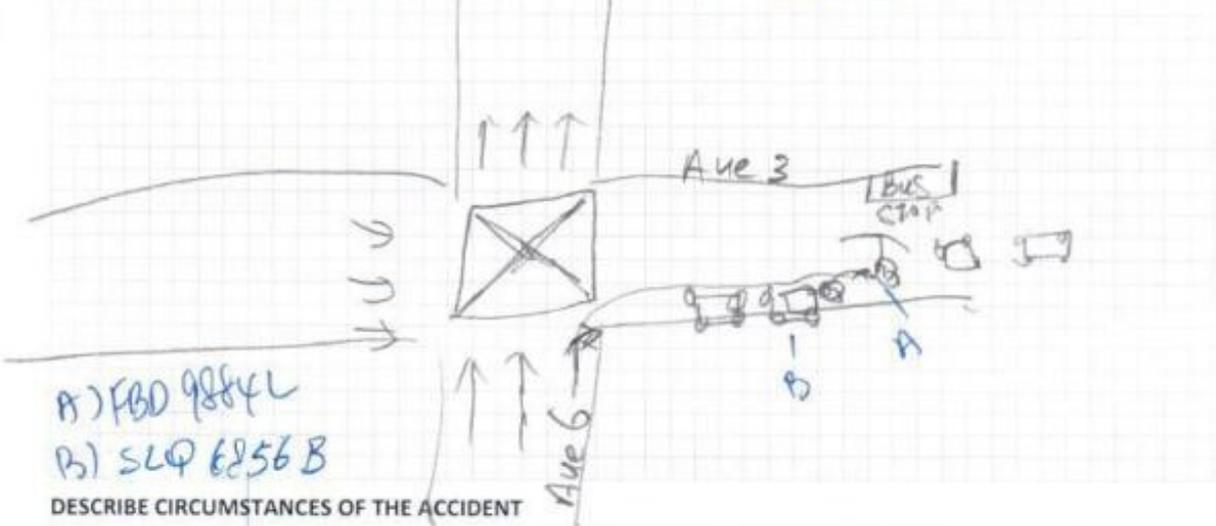


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN

Along One's Mo Kio Avenue 3



A) FBD 9884L
B) SLP 6256 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PS RAFFLE TO POLICE REPORT
17/08/2024*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 12/06/2024
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180611/2024

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/20180611/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2018 10:50		Vide Report No.:	Station Diary No.: 56
Informant's Particulars			
Name of Informant: YANASKRAN S/O PALAN		Address: APT BLK 202 ANG MO KIO AVENUE 3 #03-1664 SINGAPORE 560202	
ID Type / ID No.: NRIC NO / S1678242D		Contact No.: Home/Office: Mobile: 81087565	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 11/05/1964	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/06/2018 15:20	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD9884L	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Black	Seriously Damaged	0
	Car	HONDA	STREAM	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD9884L	NTUC Income Insurance Co-Operative Limited	5046423184-07	15/10/2017	14/10/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180611/2024

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/20180611/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YANASAKRAN S/O PALAN	ID No.	S1678242D
Related Vehicle	FBD9884L (Motorcycle)	Contact No.	81087565
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	10/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAN GEOK HEAN	ID No.	S6904221Z
Related Vehicle	(Car)	Contact No.	96932374
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 10/06/2018 at about 3.20pm, I was riding my motorcycle bearing registration number FBD9884L along Ang Mo Kio ave 3 towards Ang Mo Kio ave 8 on the 2nd lane. Suddenly, a blue Honda Stream collided into the rear of my motorcycle causing me to fall off my bike. We then exchanged particulars and left. No traffic police or ambulance came to scene.

I wish to state that I have a 5 days MC from Tan Tock Seng Hospital from 10/06/2018-14/06/2018. I suffered injuries on both my legs.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180611/2024

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/20180611/2024

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:
F /
Sgt 2 JORY POH SHOU REN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/06/2018 10:50

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168
Singapore Police Force

POLICE REPORT



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No. : T/20180611/2024 Name : YANASAKRAN S/O PALAN

Accident Date/Time : 10/06/2018@15:20 Address : B/202 ANG MO KIO AVE 3 #03-1664 (S) 81087565

Vehicle(s) Involved : FBD9884L NRIC No : S1678242D
SLQ6856B Tel No : 81087565
Date : 12/06/2018

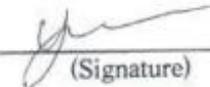
Dear Sir / Madam

Accident involving A motorcycle (FBD9884L) and a car (SLQ6856B)
along Ang Mo Kio Ave 3 on 10/06/2018 at 15:20 hours

With reference to the above, I have on 11/06/2018 (date) 10:50 hours (time) make a
police report at Ang Mo Kio South NPC (Police Station/NPP/NPC)
In NP 168 - T//20180611/2024

On 12/06/2018 (date), 13:05 hours (time) at Ang Mo Kio South NPC
(Police Station/NPP/NPC), I make the following amendments to the above report;
To include the other party vehicle number as SLQ6856B (Blue, Honda Stream)

Yours Faithfully,


(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No : SSgt T100488 Ramdan

Date and Time : 12/6/2018 @ 15:20

Station Dairy No : 77

Signature : 



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 300433
TEL: (65) 6256 6011

MEDICAL CERTIFICATE ORIGINAL TTSH13132504

NAME: YANASAKRAN SIO PALAN NRIC: S16782420

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **4** day(s) from **10-Jun-2018** to **13-Jun-2018** inclusive

The certificate is not valid for absence from court attendance.

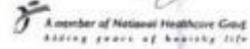
The above named attended for Examination/Treatment from **10-Jun-2018 17:38** to **10-Jun-2018 18:16**

10-Jun-2018
Date

ANGELINE TEY JIE-YIN (63039Z)
Issued by

Emergency Department
Location

[Signature]
Signature



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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