

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	22/06/2018 09:15
Date Of Accident	12/06/2018 10:30
Exact Location Of Accident	THOMSON RD TWDS JALAN TODAK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY1376G
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Insured/Policyholder

Name Of Registered Owner	RUJENDAR SINGH S/O UJAGAR SINGH
NRIC No	S0141554I
Email Address	DAVIDSINGH843@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91114159
Alternative Phone No	OTHERS-91114159

Vehicle Particulars

Manufacturer	SUZUKI
Model	GN125
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
Fleet Policy	NO
Policy Number	5085453046-01
Cover Note Number	

Driver

Name of Driver	RUJENDAR SINGH S/O UJAGAR SINGH
NRIC No	S0141554I
Date Of Birth	30/07/1949
Occupation	OUTDOOR
Date Of Driving Pass	13/01/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91114159
Fax Number	
Contact Number	OTHERS-91114159
Email Address	DAVIDSINGH843@GMAIL.COM

Address	BLK 173 LOR 1 TOA PAYOH #09-1280
Postcode	310173
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	SIDE SWIPE
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	TRAFFIC POLICE DIVISION HQ
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

PLS REFER TO THE POLICE REPORT: T/20180619/2053

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	SJN4106K
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)

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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: 19/6/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

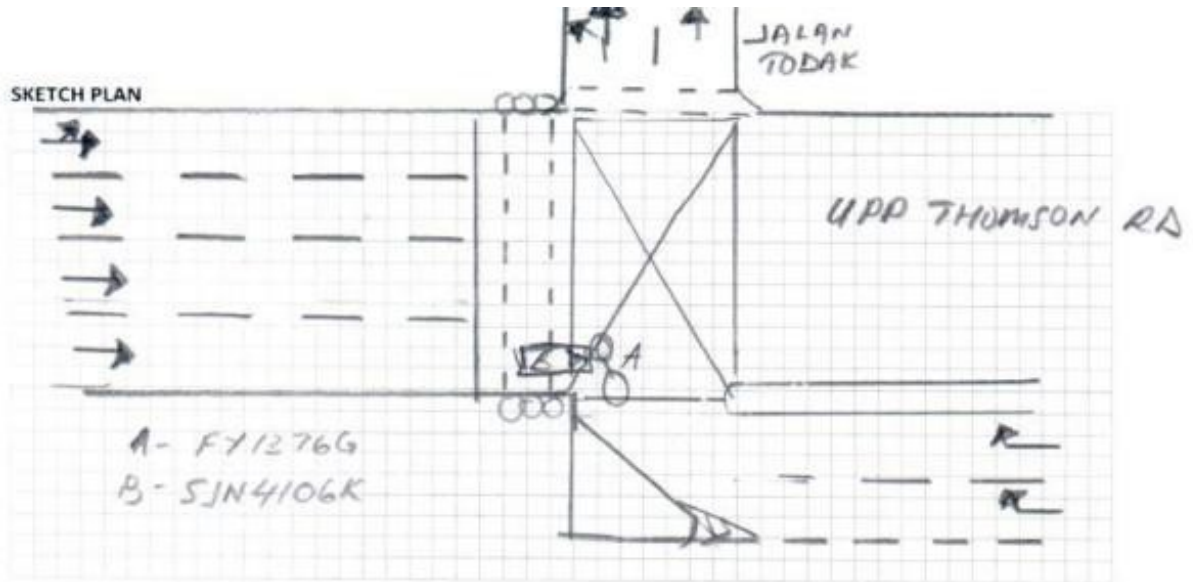
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180619/2053

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: *19/6/18*

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

[Signature] *22/06/18*
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180619/2053

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

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Report No. T/20180619/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY1376G	NTUC Income Insurance Co-Operative Limited	5085453046-01	18/12/2017	17/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RUJENDAR SINGH S/O UJAGAR SINGH	ID No.	S0141554I
Related Vehicle	NIL	Contact No.	91114159
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/06/2018	Date Discharge	14/06/2018
No. of Days granted Medical Leave	18	Degree of Injury	NIL

Brief Details.

ON 12/6/2018 AT 1030HRS AT THOMSON ROAD,

I WAS TRAVELLING ALONG THOMSON ROAD AND WANTED TO TURN RIGHT INTO JALAN TODAK. AS I STOPPED BY THE SMALL POCKET TO TURN, I SAW THAT THE LIGHT WAS RED FOR THE OPPOSITE DIRECTION. I WAS WAITING FOR THE TRAFFIC LIGHT TO BE IN MY FAVOR. THE LIGHT TO ENTER JALAN TODAK WAS GREEN THE ENTIRE TIME. I LOOKED FOR ONCOMING VEHICLES AND SAW A RED MAZDA CAR ON THE RIGHT MOST LANE. HOWEVER, THE CAR WAS NOT MOVING VERY FAST AND THE TRAFFIC LIGHT WAS RED. AS SUCH, I THOUGHT THAT THE CAR WOULD STOP AND I PROCEEDED TO MAKE THE TURN. HOWEVER, JUST AS I MADE THE TURN, THE MAZDA SUDDENLY SURGED FORWARD AND COLLIDED INTO ME. AFTER THAT, SOME PASSER BY HELPED ME UP AND AMBULANCE WAS AT SCENE TO CONVEY ME TO HOSPITAL.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180619/2053

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

1 of 3

Report No: T/20180619/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2018 11:45	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: RUJENDAR SINGH S/O UJAGAR SINGH			Address: APT BLK 173 LOR 1 TOA PAYOH #09-1280 HOB-TOA PAYOH SINGAPORE 310173		
ID Type / ID No.: NRIC NO / S01415541			Contact No.: Home/Office: Mobile: 91114159		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 30/07/1949	Type of Informant: Driver		
Race: Sikh			Language:		Institution / School Name:
Occupation: DISPATCH DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Driver: No	Date/Time of Accident: 12/06/2018 10:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 THOMSON ROAD JALAN TODAK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY1376G	Motorcycle	SUZUKI	GN125	Black		0
SJN4106K	Car	MAZDA	MAZDA2 5-DOOR HATCHBACK 1.5L SP.6EAT	Red		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180619/2053

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180619/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY1376G	NTUC Income Insurance Co-Operative Limited	5085453046-01	18/12/2017	17/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RUJENDAR SINGH S/O UJAGAR SINGH	ID No.	S0141554I
Related Vehicle	NIL	Contact No.	91114159
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/06/2018	Date Discharge	14/06/2018
No. of Days granted Medical Leave	16	Degree of Injury	NIL

Brief Details.

ON 12/6/2018 AT 1030HRS AT THOMSON ROAD,

I WAS TRAVELLING ALONG THOMSON ROAD AND WANTED TO TURN RIGHT INTO JALAN TODAK. AS I STOPPED BY THE SMALL POCKET TO TURN, I SAW THAT THE LIGHT WAS RED FOR THE OPPOSITE DIRECTION. I WAS WAITING FOR THE TRAFFIC LIGHT TO BE IN MY FAVOR. THE LIGHT TO ENTER JALAN TODAK WAS GREEN THE ENTIRE TIME. I LOOKED FOR ONCOMING VEHICLES AND SAW A RED MAZDA CAR ON THE RIGHT MOST LANE. HOWEVER, THE CAR WAS NOT MOVING VERY FAST AND THE TRAFFIC LIGHT WAS RED. AS SUCH, I THOUGHT THAT THE CAR WOULD STOP AND I PROCEEDED TO MAKE THE TURN. HOWEVER, JUST AS I MADE THE TURN, THE MAZDA SUDDENLY SURGED FORWARD AND COLLIDED INTO ME. AFTER THAT, SOME PASSER BY HELPED ME UP AND AMBULANCE WAS AT SCENE TO CONVEY ME TO HOSPITAL.

Police Report



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T/20180619/2053

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Tel No: 65470000

3 of 3

Report No. T/20180619/2053

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:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
19/06/2018 11:45

Classification Of Case: