

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	05/07/2018 10:27
Date Of Accident	30/06/2018 07:15
Exact Location Of Accident	JUNCTION OF CORPORATION RD TOWARDS JURONG PORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8014H
Insured/Policyholder	
Name Of Registered Owner	NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER
Passport No/FIN	G6016370M
Email Address	RAMRAMNADHNS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98313051
Alternative Phone No	OTHERS-98313051

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200-199CC DTS-I
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5055637301-05
Cover Note Number	

Driver

Name of Driver	NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER
Passport No/FIN	G6016370M
Date Of Birth	07/05/1983
Occupation	INDOOR
Date Of Driving Pass	07/06/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98313051
Fax Number	
Contact Number	OTHERS-98313051
Email Address	RAMRAMNADHNS@GMAIL.COM

Address	BLK 209 BOON LAY PLACE #04-245
Postcode	640209
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 - 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	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)	2
Passenger 1	NAME: : FRIEND GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180703/2156 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SHB7654L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG HUNG TIONG
NRIC/Passport Number	S1244183E
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name DILIP BALAKRISHNAN KANJANIYIL
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBE8014H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBE8014H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

04/03/18
1500 hrs

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 Attachment 7

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report
7/70/80708/2156

DECLARATION

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

Ramaneelb

Policyholder's Signature

Date & Time: 04/07/18
1500 Hrs

CHARGE: Under Investigation

Driver's Signature

(If driver is not the policyholder)

Date & Time:

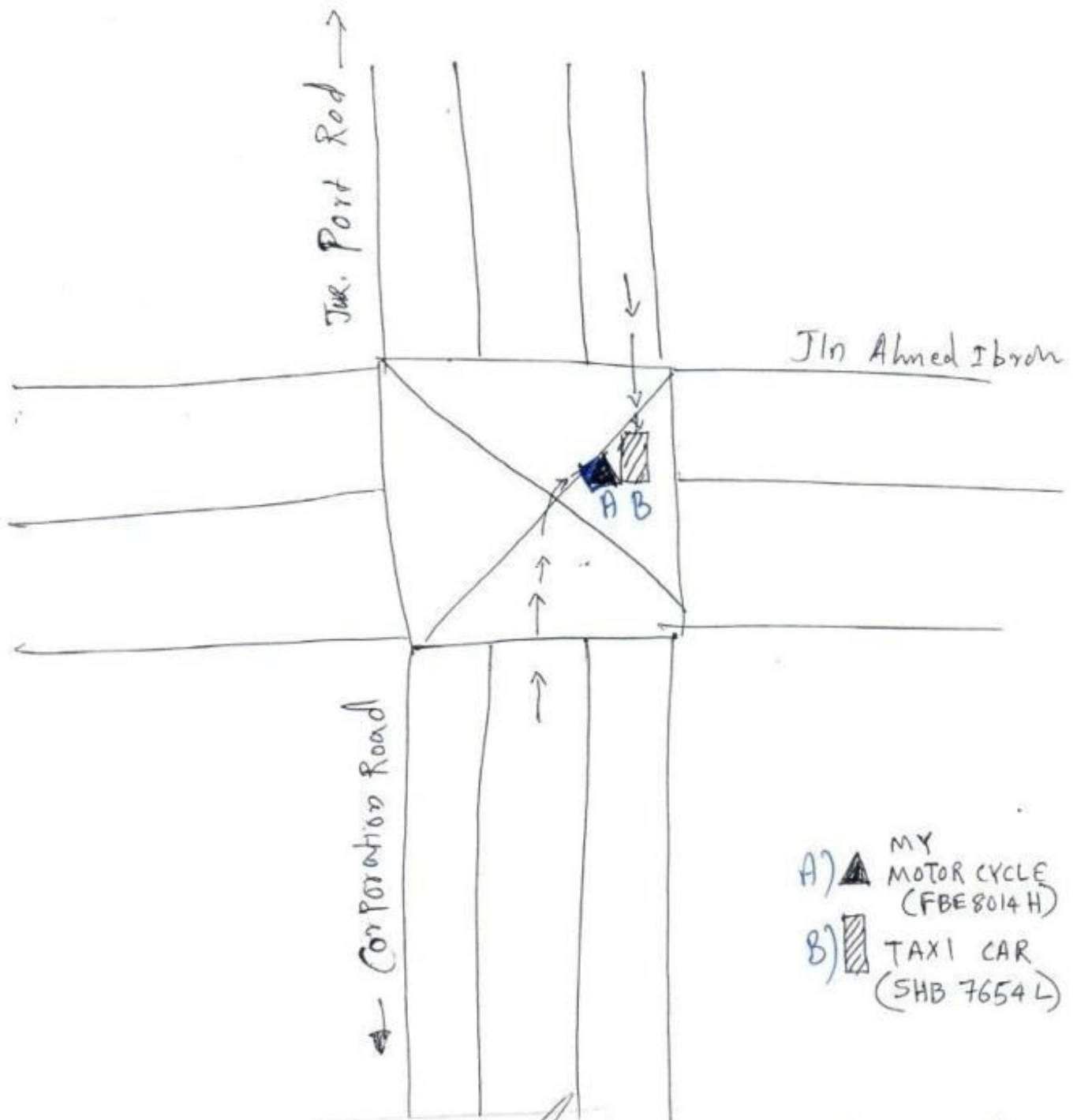
05/07/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan



- A)  MY MOTOR CYCLE (FBE8014 H)
- B)  TAXI CAR (SHB 7654 L)

Ramand
03/07/2018

an 05/07/2018
Ratli waaAB

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180703/2156

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180703/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2018 20:21	Vide Report No.:	Station Diary No.: 166
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Informant's Particulars

Name of Informant: NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER			Address: APT BLK 521 JURONG WEST STREET 52 #10-207 SINGAPORE 640521		
ID Type / ID No.: FIN NO / G6016370M			Contact No.: Home/Office: Mobile: 98313051		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 07/05/1983	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION SUPERINTENDENT			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/06/2018 07:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CORPORATION ROAD JALAN AHMAD IBRAHIM Corporation Road Towards Jurong Port Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8014H	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Red	Slightly Damaged	1
SHB7654L	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE8014H	NTUC Income Insurance Co-Operative Limited	5055637301-05	23/09/2017	22/09/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180703/2156

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	DILIP BALAKRISHNAN KANJANIYIL	ID No.	NIL
Related Vehicle	FBE8014H (Motorcycle)	Contact No.	98361196
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
Rider			
Name	NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER	ID No.	G6016370M
Related Vehicle	FBE8014H (Motorcycle)	Contact No.	98313051
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/06/2018	Date Discharge	30/06/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Driver			
Name	NG HUNG TIONG	ID No.	S1244183E
Related Vehicle	SHB7654L (Car)	Contact No.	NIL
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 the 30/06/2018 at around 0715hrs, I was travelling along Corporation Rd towards Jurong Port Rd in my vehicle FBE8014H. There was a pillion rider on my bike. At the Junction of Jurong Port Rd, I was turning right into Jalan Ahmad Ibrahim and the yellow box at the said junction was empty. The Traffic was congested. I then started turning right into Jalan Ahmad Ibrahim. All of a sudden a vehicle SHB7654L came out from first lane out of Jurong Port Rd and I hit onto the right side of the vehicle.

I then fell on the road together with my bike and pillion rider. There were some damages on the right front side of the taxi. There were some damages at the front of my bike and the storage box was broken. I

POLICE REPORT



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
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Report No. T/20180703/2156

CONTINUATION OF REPORT

suffered pain at my back. My pillion rider suffered some pain on his left leg.

After that I went to seek medical treatment at west point hospital and was referred to Ng Teng Fong Hospital where I received 14 days Hospitalization Leave. My Pillion rider received one day MC. There was no in car cameras in both my vehicles.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180703/2156

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180703/2156

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:

J /

SI SARAVANAN S/O BALA SUPURU MANIAM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Ramadas
03/07/18

Date/Time:

03/07/2018 20:21

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



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