

## 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	23/07/2018 09:26
Date Of Accident	18/07/2018 11:55
Exact Location Of Accident	ALONG COLLEGE ROAD (SGH)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH915U
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#### Insured/Policyholder

Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86612615
Alternative Phone No	OFFICE-86612615

#### Vehicle Particulars

Manufacturer	HONDA
Model	GLH125-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20171663

#### Driver

Name of Driver	RAVI SOMULOO
NRIC No	G2198825T
Date Of Birth	15/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86612615
Fax Number	
Contact Number	OTHERS-86612615
Email Address	NOEMAIL

Address	-
	-
Postcode	-
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180718/2167

#### 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	SLP5195L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SELVA KUMAR S/O SINNAPAN
NRIC/Passport Number	S1522407Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RAVI SOMULOO
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH915U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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.

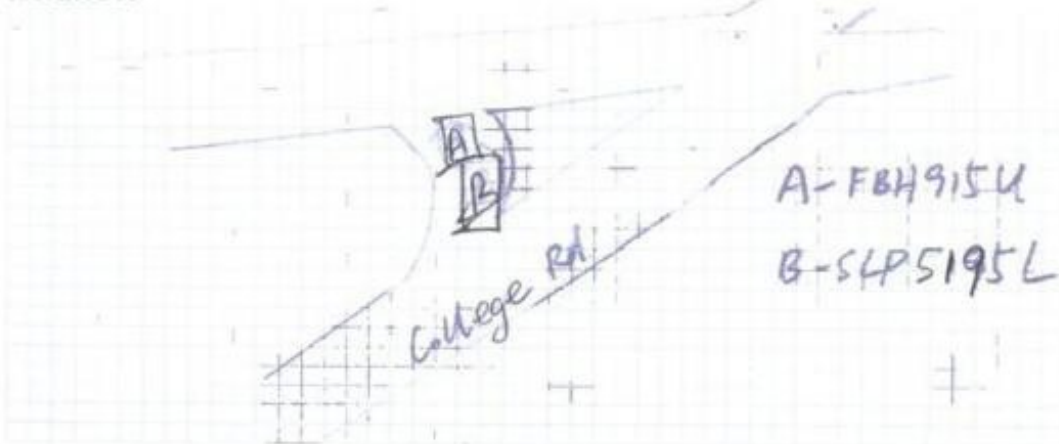
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/07/2018 17:48 Hrs

Reporting Centre Personnel's Signature  
Name: JOSHUA WONG  
NRIC/FIN No.: 1748 Hrs

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.07.2018 (Wednesday) at 1158 hrs, I Ravisamudra (LCP 61354) was proceed to J26 building for take over duty. While I'm at Junction of College road to slip road to CR (AYE) of motorcar from behind hit my motorbike. Both vehicle was damaged. Traffic police was activated. The case hand over to TP Investigation officer.

Centric Motorbike:

- FBH 915 U
- Ravisamudra (LCP 61354)
- G-2198825-7
- Commercial Division

Motor car:

- SLP 5195 L
- Selva Kumar s/o Srinathan
- 315224072
- Apt 816 147 Pasir Ris
- ST 13 # 05-16

Case No:- 9/20180718/0067

Case Classified as Major Accident

JO:- Kent Lee

TBL:- 6547 6138

(SSGT Andrew Ang)

Police Report T/20180718/2167

## 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: 18/7/2018 1748hrs

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

# POLICE REPORT

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3  
Report No. T/20180718/2167

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 21:35		Vide Report No.: A/20180718/0067		Station Diary No.: 85
<b>Informant's Particulars</b>				
Name of Informant: RAVI SOMULOO		Address:		
ID Type / ID No.: FIN NO / G2198825T		Contact No.: Home/Office:		Mobile: 86612615
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 25	Date of Birth: 15/01/1993	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Auxiliary police officer		Driving Licence Information: Class: 2B,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2018 12:00	Type of Location: Bend
Location: Along Road 1 COLLEGE ROAD				
SLIP ROAD OF CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBH915U	Motorcycle	HONDA		White	Slightly Damaged	0
SLP5195L	Car	MITSUBISHI		Grey	Totally Damaged	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/20180718/2167

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Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180718/2167

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	RAVI SOMULOO	ID No.	G2198825T
Related Vehicle	FBH915U (Motorcycle)	Contact No.	86612615
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/07/2018	Date Discharge	18/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	SELVA KUMAR S/O SINNAPAM	ID No.	S1522407Z
Related Vehicle	SLP5195L (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 18.07.2018 at about 1200hrs, I was riding at a bend to enter CTE from College Road when a car collided into my rear and caused me to lose my balance and fell off from my motorcycle. I was on duty, riding a Cisco motorcycle and was in uniform. The fall causes me to have some pain at my back area. Traffic police came down to scene. I then exchanged particulars with the driver and he told me that he did not see my motorcycle hence he collided into me.

POLICE REPORT

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180718/2161

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:

G /

Staff Sgt RUZIANA BINTE MUHAMMAD RUOY

Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2018 21:35

Officer In Charge Of Case:

TP / GIT /

SI NORASHIKIN BINTE DAUD

Contact No.: 65476439

Classification Of Case:

Authentication Stamp

NP188





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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