



**SINGAPORE
POLICE FORCE**



T/20180726/2059

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20180726/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2018 12:27		Vide Report No.: T/20180725/7008		Station Diary No.: 114
Informant's Particulars				
Name of Informant: HARIKUMAR S/O KALIPERUMAH		Address: APT BLK 786F WOODLANDS DRIVE 60 #06-03 SINGAPORE 736786		
ID Type / ID No.: NRIC NO / S8214971F		Contact No.: Home/Office: Mobile: 81981954		
Nationality: SINGAPORE CITIZEN		Email: sebastian18@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 28/05/1982	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: SAF WARRANT OFFICER		Driving Licence Information: Class: 2 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2018 17:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 12				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 70 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	Amount of Damage
FBD832X	Motorcycle					0
GBE1915D	Lorry	NISSAN		Silver	No Damage	0

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



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2 of 3

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CONTINUATION OF REPORT

Name	HARIKUMAR S/O KALIPERUMAH		ID No.	S8214971F
Related Vehicle	FBD832X (Motorcycle)		Contact No.	81981954
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	24/07/2018		Date Discharge	24/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

On 24 July 2018 at around 1700hrs, I was travelling back home from Jurong Camp 2 on my CBR 1000 08, FBD 832X on the first lane when I met with an accident along Woodlands Avenue 12 near Woodlands Heights road. A civilian delivery van GBE1915D swerved into my lane suddenly without signal, causing me to brake hard to avoid collision and resulted in me falling off the motorcycle onto the road. The driver of GBE1915D came out to check on me but did not furnish his particulars with me.

I suffered deep lacerations on my left elbow, injury on my left palm, injury on my right palm, swollen left knee and swollen right ankle. My iPhone X, Gucci wallet and bag pack were damaged in the accident and my military driving license was lost in the event. A civilian couple, SLM2684C also stopped to help me. I was assisted by a traffic police who was on off duty and he called the ambulance and traffic police.

I was taken to Khoo Teck Puat Hospital A&E department via ambulance for further checks after the traffic police verified a few details with me.

After the checks ups, I was given outpatient sick leave of 5 days from 250718 till 290718 and was discharged at 2100hrs. I did not suffer any fractures or muscle tears. There was no government property damaged during the incident.



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Report No. T/20180726/2059

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/

MUHAMMAD AMIRRUDDIN BIN ABDULLAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Signature Of Informant:

Date/Time:

26/07/2018 12:27

Classification Of Case:

Authentication Stamp

NP168



SN 130

Signature:

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	27/07/2018 12:24
Date Of Accident	24/07/2018 17:00
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD832X
Insured/Policyholder	
Name Of Registered Owner	MAHENDHIRAN S/O ARUMUGAM
NRIC No	S8221555G
Email Address	SEBASTIAN18@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81981954
Alternative Phone No	OTHERS-81981954

Vehicle Particulars

Manufacturer	HONDA
Model	CBR 1000
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5070691347-03
Cover Note Number	

Driver

Name of Driver	HARIKUMAR S/O KALIPERUMAH
NRIC No	S8214971F
Date Of Birth	28/05/1982
Occupation	INDOOR
Date Of Driving Pass	28/03/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81981954
Fax Number	
Contact Number	OTHERS-81981954
Email Address	SEBASTIAN18@HOTMAIL.COM

Address BLK 786F WOODLANDS DRIVE 60
#06-03
Postcode 736786
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - BROTHER-IN-LAW
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
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 WOODLANDS EAST N.P.C
Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

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 GBE1915D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

Sketch Plan Pg. 1

SKETCH PLAN

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 liability.
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. 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.

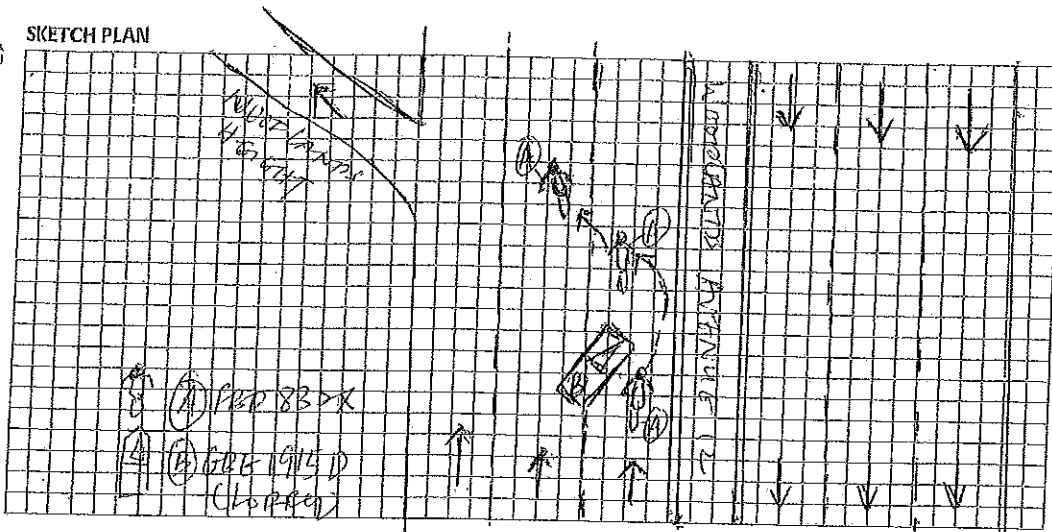
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer. Police Report no: T/20180728/2019

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.: _____