

### 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	07/08/2018 14:46
Date Of Accident	02/08/2018 17:00
Exact Location Of Accident	JUNCT RD OF TANJONG KATONG RD & WILKINSON RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FE3333Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAVINDREN S/O PT UTHIRAPATHI
NRIC No	S1743171D
Email Address	RAVI1966@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96418446
Alternative Phone No	OFFICE-96418446

#### Vehicle Particulars

Manufacturer	TRIUMPH
Model	TIGER EXPLORER XC-1.2
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00214471/03
Cover Note Number	

#### Driver

Name of Driver	RAVINDREN S/O PT UTHIRAPATHI
NRIC No	S1743171D
Date Of Birth	11/12/1960
Occupation	INDOOR
Date Of Driving Pass	26/11/1988
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96418446
Fax Number	
Contact Number	OFFICE-96418446
Email Address	RAVI1966@YAHOO.COM

Address BLK 6 HAIG ROAD  
#11-453

Postcode 430006

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 - MAJOR/MINOR RD

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? 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 MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address **ROAD:** BLK 54 PIPIT ROAD #01-82/84 , **POSTCODE:** 370054 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-7449999 - **FAX NO:** 65476366

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT NO: T/20180803/2099. STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

**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 SHA7316T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name RAVINDREN S/O PT UTHIRAPATHI

Approximate Age

Injuries Sustain SLIGHT INJURIES

Injured person in which vehicle? FE3333Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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3. Information provided must be as **truthful and accurate as possible**. Any willful 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 insured's company.
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 printing 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 elsewhere.
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 collected by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicles involved in the accident (all insurer(s) who have insured vehicles) 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 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 vehicles) involved in this accident and the Insurers' lawyer/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 also be disclosed by any of the Insurers and/or GIA to their third party service providers or agent(s) (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 (b) 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/IN No.:



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180803/2099

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Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20180803/2099

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2018 16:27	Vide Report No.: G/20180802/0156	Station Diary No.: 18
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Informant's Particulars			
Name of Informant: RAVINDREN S/O P T UTHIRAPATHI		Address: APT BLK 6 HAIG ROAD #11-453 SINGAPORE 430006	
ID Type / ID No.: NRIC NO / S1743171D		Contact No.: Home/Office: Mobile: 96418446	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 11/12/1966	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: SAFETY OFFICER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/08/2018 17:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TANJONG KATONG ROAD WILKINSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FE3333Y	Motorcycle	TRIUMPH	TIGER EXPLORER XC	Green	Seriously Damaged	0
SHA7316T	TAXI				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FE3333Y	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00214471/03	08/11/2014	24/01/2019



**SINGAPORE  
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370054  
Tel No: 1800-7449999

Report No. T/20180803/2099

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAVINDREN S/O P T UTHIRAPATHI	ID No.	S1743171D
Related Vehicle	FE3333Y (Motorcycle)	Contact No.	96418446
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/08/2018	Date Discharge	02/08/2018
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	TECK	ID No.	NIL
Related Vehicle	SHA7316T (TAXI)	Contact No.	98007874
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 2nd August 2018 at about 5pm, I was riding home on my motorcycle FE3333Y on the second lane of Tanjong Katong Rd towards Geylang Rd. When I was approaching Wilkinson Road at about 10m away, I saw a blue colour taxi drove out from the road, the driver then stopped his taxi halfway out of the stop line. I managed to slow down, signal right, moved aside to avoid the collision. After I drove past the Taxi, suddenly, I felt an impact coming from my rear left storage box. The impact caused me to toppled to my left and I landed on my left shoulder in between the two lanes.

I was still conscious at that time and saw the taxi had already stopped inside the second lane with scratches on the front right bumper area. I only manage to secure the contact number of the taxi driver and shortly after Traffic Police and Ambulance arrived. I was conveyed to Tan Tock Seng Hospital for treatment and the X-ray result shows that I sustained a left clavicle fracture and was schedule for surgical fixation on 7th August 2018. I was also given 14 days of MC till 15th August 2018 by Dr A Aravin Kumar from A&E department.

My motorcycle were towed away by TP and I was told by the Investigation Officer that my motorcycle are badly damaged and advised me to lodge a Traffic Accident Report.



**SINGAPORE  
POLICE FORCE**

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CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180803/2099

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Police Station Of Origin:  
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54 Phippi Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No: T/20180803/2099

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 / Sgt 2 NG KA WAI	Signature Of Informant 
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2018 16:27
Officer In-Charge Of Case TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No : 65476202	Classification Of Case
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE