

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	15/08/2018 10:29
Date Of Accident	08/07/2018 07:50
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3503R
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Insured/Policyholder

Name Of Registered Owner	SHARAN VIKASH
NRIC No	S7865504F
Email Address	VICKY2103@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87255621
Alternative Phone No	OTHERS-87255621

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200-199CC DTS-I
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	REPORTING ONLY
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	5100631655
Cover Note Number	

Driver

Name of Driver	SHARAN VIKASH
NRIC No	S7865504F
Date Of Birth	20/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87255621
Fax Number	
Contact Number	OTHERS-87255621
Email Address	VICKY2103@GMAIL.COM

Address	BLK 442 CHOA CHU KANG AVENUE 4 #04-359
Postcode	680442
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	COLLIDED INTO BICYCLIST
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20180717/7006

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	
Vehicle Make/Model/Colour	CYCLIST
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SHARAN VIKASH
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBF3503R
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:

15/8/17

10:50 am

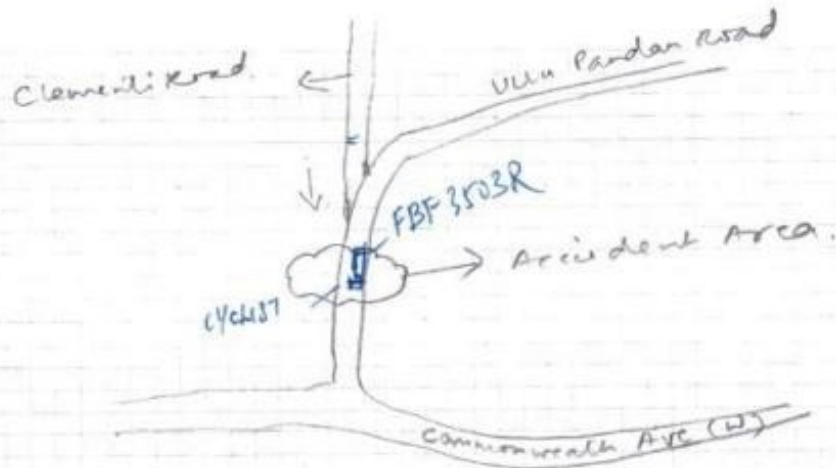
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form: *PLS REFER TO POLICE REPORT 1/20180717/2006*

DECLARATION

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

Vann

Policyholder's Signature

Date & Time:

15/8/18
10:00 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/8/2018
KEELI WATTS

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180717/7006

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

1 of 3

Report No. T/20180717/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 11:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHARAN VIKASH			Address: APT BLK 442 CHOA CHU KANG AVENUE 4 #04-359 SINGAPORE 680442		
ID Type / ID No.: NRIC NO / S7865504F			Contact No.: Home/Office: Mobile: 87255621		
Nationality: INDIAN			Email: vicky2103@gmail.com		
Sex: Male	Age: 40	Date of Birth: 18/01/1978	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Mechanical engineer (general)			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: 08/07/2018 19:50	Type of Location:
Location: CLEMENTI ROAD				
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
FBF3503R	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3503R	NTUC Income Insurance Co-Operative Limited	5100631655	10/05/2018	19/05/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180717/7006

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

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Report No. T/20180717/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHARAN VIKASH	ID No.	S7865504F
Related Vehicle	FBF3503R (Motorcycle)	Contact No.	87255621
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	20	Degree of Injury	Serious
Cyclist			
Name	Unknown Cyclist	ID No.	NIL
Related Vehicle	NIL	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.

Dear SIR, i would like to highlight that, i was coming from the upper bukit timah road towards clementi road. I had to turn left towards commonwealth ave west. Accident happened around 100 mtr before the junction. All i remember traffic light was in my favour. I dont remember myself hitting someone. I may be hit from behind , but i am not sure. When i came in senses, i saw ambulance coming and pick me and other person injured. Ambulance people said- other person injured is cyclist.

i dont remember how this accident happened. i fully trust country police/ traffic system. Would appreciate you would let me know the findings.

Regards,
Sharan Vikash

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180717/7006

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

3 of 3

Report No. T/20180717/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/07/2018 11:06

Classification Of Case:

SALES AGREEMENT

SALES AGREEMENT OF MOTORCYCLE

VEHICLE REGISTRATION NUMBER: FBF350312
 MAKE: Bajaj MODEL: Pulsar 2w DTS-1
 CHASSIS NO: MD2DHJC22SCE45051 ENGINE NO: JC6BSE74873
 YEAR OF MANUFACTURE: 2009 TEL NO: 8725 56 21
 EMAIL: _____

I/WE Sharan Vikash BEARING NRIC / PASSPORT NO: S7865504F OF 442 Choa Chu Kang Ave 4 #04-359 S(680442)
 BEING THE OWNER OF THE MOTORCYCLE MENTIONED ABOVE SOLD THE MOTORCYCLE FREE FROM ANY ENCUMBRANCE TO UNIVERSAL MOTORS PTE LTD OF BLK 1006 BUKIT MERAH LANE 2 #01-04 SINGAPORE 159762. TEL 62782029 EMAIL: enquiry@umpl.com.sg

ON DATE: 15-8-2018 TIME: 0931
 THE SALE OF THIS MOTORCYCLE WILL INCLUDE EXISTING INSURANCE, ROAD TAX AND C.O.E IF ANY

MUTUALLY AGREED PRICE-----\$ 611.00
 LESS: OWINGS TO HIRE PURCHASE / FINANCE COMPANY (IF ANY). \$ -
 LESS (OTHERS)-----\$ -
 BALANCE PAID TO ME-----\$ 611.00

UPON SIGNING THIS SALES AGREEMENT I DECLARE I HAVE COLLECTED THE FULL AMOUNT (I.E. THE AGREED PRICE OR BALANCE AFTER DEDUCTING SUM OWING TO HIRE PURCHASE COMPANY OR OTHERS) FROM THE PURCHASER.

*BY SIGNING THIS SALES AGREEMENT MEANS THAT YOU HAD AGREE TO HAVE THE BIKE TRANSFER TO UNIVERSAL MOTORS PTE LTD WITH IMMEDIATE EFFECT AND YOU ACKNOWLEDGE THAT YOU ARE NOT ALLOWED TO CLAIM BACK THE MOTORCYCLE Vmw ← (Please sign here)

Vmw
 SIGNATURE OF SELLER
 NAME: _____

cent
 ACCEPTED AND PURCHASED FOR
 UNIVERSAL MOTORS PTE LTD

SETTLEMENT MODE: CASH / CHEQUE / TRADE-IN (INV NO: _____)

AMOUNT USED TO OFFSET NEW PURCHASE-----\$ -

BALANCE AMOUNT PAID TO SELLER-----\$ 611.00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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