

## 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	21/08/2018 13:06
Date Of Accident	10/08/2018 06:00
Exact Location Of Accident	CTE(TUNNEL) B4 CAIRNHILL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT4220D
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#### Insured/Policyholder

Name Of Registered Owner	SURENDR KUMAR PATHAK
NRIC No	S0218290D
Email Address	SUPERPOWER1953@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90099689
Alternative Phone No	OTHERS-90099689

#### Vehicle Particulars

Manufacturer	PIAGGIO
Model	PX200E
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095286931
Cover Note Number	

#### Driver

Name of Driver	SURENDR KUMAR PATHAK
NRIC No	S0218290D
Date Of Birth	21/08/1953
Occupation	INDOOR
Date Of Driving Pass	01/06/1992
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90099689
Fax Number	
Contact Number	OTHERS-90099689
Email Address	SUPERPOWER1953@GMAIL.COM

Address	BLK 113 POTONG PASIR AVE 1 #11-846
Postcode	350113
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 - 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	
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	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 142 POTONG PASIR AVENUE 3 , <b>POSTCODE:</b> 350142 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2829999 - <b>FAX NO:</b> 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180818/2106

#### 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	SHC8473E
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	SURENDR KUMAR PATHAK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FT4220D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

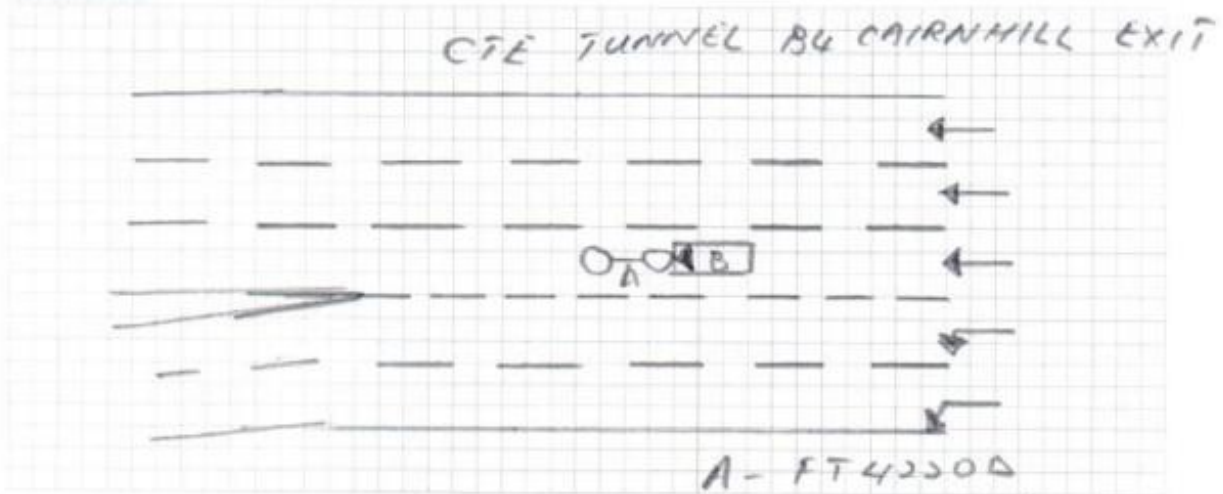
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer to the police report: 7/20180818/2106

## DECLARATION

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

  
Police Officer's Signature  
Date & Time:

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

 21/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180818/2106

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

2 of 3

Report No. T/20180818/2105

### CONTINUATION OF REPORT

#### Brief Details.

On the 19/08/2018 at around 0600hrs while I was riding my vehicle bearing plate number FT4220D heading toward Outram exit for work and was travelling along CTE Expressway at lane 3 before passing the Cairnhill exit, I was being hit at the rear by a vehicle bearing plate number SHC8473E. I was being thrown forward from my motorbike and landed on the road. Traffic Police and Ambulance had come to the location and I was then conveyed to Tan Tock Seng Hospital.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180818/2108

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829989

1 of 3

Report No: T/20180818/2108

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2018 17:15	Vide Report No.:	Station Diary No. 23
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### Informant's Particulars

Name of Informant: SURENDR KUMAR PATHAK			Address: APT BLK 113 POTONG PASIR AVE 1 #11-046 SINGAPORE 350113		
ID Type / ID No.: NRIC NO / S02182900			Contact No.: Home/Office: Mobile: 90099889		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 21/06/1953	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/08/2018 06:00	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE Expressway before Cairnhill exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT4220D	Motorcycle	PIAGGIO	PX 200E	Blue	Seriously Damaged	0
SH08473E	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT4220D	NTUC Income Insurance Co-Operative Limited	5095286931	28/10/2017	14/05/2019

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180818/2108

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

2 of 3

Report No: T/20180818/2108

### CONTINUATION OF REPORT

#### Brief Details.

On the 18/08/2018 at around 0800hrs while I was riding my vehicle bearing plate number FT42200 heading toward Outram exit for work and was travelling along CTE Expressway at lane 3 before passing the Cairnhill exit, I was being hit at the rear by a vehicle bearing plate number SHC8473E. I was being thrown forward from my motorbike and landed on the road. Traffic Police and Ambulance had come to the location and I was then conveyed to Tan Tock Seng Hospital.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180818/2106

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2628999

3 of 3

Report No. T/20180818/2106

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:  
E /  
Sgt 2 TAN HAN RONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/08/2018 17:15

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL SN-057  
Contact No.: 65476252

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE