

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	11/09/2018 14:14
Date Of Accident	07/09/2018 12:15
Exact Location Of Accident	ANG MO KIO STREET 63
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4796K
Insured/Policyholder	
Name Of Registered Owner	MAGESHWARAN V SIVASAMY
NRIC No	S8946569I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91801455
Alternative Phone No	OTHERS-91801455

Vehicle Particulars

Manufacturer	YAMAHA
Model	R15
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059876340-05
Cover Note Number	

Driver

Name of Driver	MAGESHWARAN V SIVASAMY
NRIC No	S8946569I
Date Of Birth	29/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91801455
Fax Number	
Contact Number	OTHERS-91801455
EMail Address	NOEMAIL

Address	BLK 503 #06-3762 ANG MO KIO AVENUE 5
Postcode	560503
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	SIDE SWIPE
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?	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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN

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	SH7308A
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	MAGESHWARAN V SIVASAMY
Approximate Age	28
Injuries Sustain	
Injured person in which vehicle?	FBE4796K
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 503 #06-3762 ANG MO KIO AVENUE 5
Postcode	560503

Accident Sketch Plan Pg. 1


SKETCH PLAN


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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:

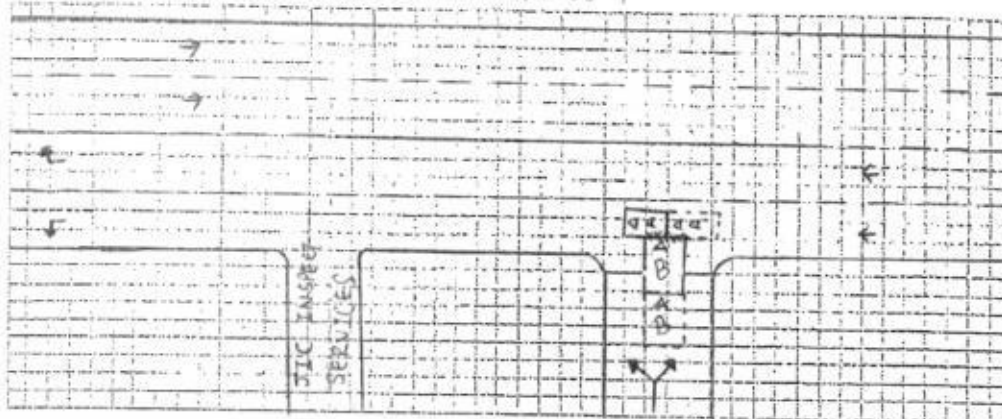

Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Reporting Centre
Singapore 415933
Name: _____
Tel: 67416697 Fax: 67492305
NRIC/PR No.: _____
Email: yackb@singnet.com.sg

Accident Sketch Plan Pg. 1

ANG MO KIO STREET 63
 VEH A: FDE4796 K
 VEH B: SH7308 A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ANG MO KIO
 BUS DEPOT

BASE ON POLICE REPORT : REPORT NO. T/20180908/2154

DECLARATION

(/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:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
 Singapore 415933

Name:
 Tel: 67416697 Fax: 67492305
 Email: yackb@sinanet.com.sg



**SINGAPORE
POLICE FORCE**



T/20180908/2154

1 of 2

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No: T/20180908/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2018 20:23	Vide Report No.:	Station Diary No.: 149
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Informant's Particulars

Name of Informant: MAGESHWARAN S/O V SIVASAMY			Address: APT BLK 503 ANG MO KIO AVENUE 5 #05-3762 SINGAPORE 680503	
ID Type / ID No. NRIC NO / S89465091			Contact No.: Home/Office: Mobile: 91801455	
Nationality: SINGAPORE CITIZEN			Email:	
Sex Male	Age 28	Date of Birth 29/12/1989	Type of Informant: Rider	
Race Indian	Language: English		Institution / School Name:	
Occupation: DELIVERY RIDER			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: 07/09/2018 12:15	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO STREET 63				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4796K	Motorcycle	YAMAHA	YZF-R15	Yellow		0
SH7308A	Taxi					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBE4796K	NTUC Income Insurance Co Operative Limited	5059876340-05	15/05/2018	14/05/2019



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T/20180908/2154

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No: T/20180908/2154

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MAGESHWARAN S/O V SIVASAMY	ID No.	S89465691
Related Vehicle	FBE4796K (Motorcycle)	Contact No.	91801455
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	07/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	LOKE KWOK YEW	ID No.	S0150491F
Related Vehicle	NIL	Contact No.	96190969
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 7/9/18 at about 1216hrs I was riding my motorcycle (FBE4796K) along Ang Mo Kio Street 63 going straight. Suddenly I felt an impact from the left side of my motorcycle and next moment I realized that I was flung out from my motorcycle. I came to know that a taxi (SH7308A) which turn out from the SBS Transit depot had collided onto the left side of my motorcycle. Traffic police and ambulance came down to scene. My leg was injured quite badly. The paramedics made a check on me however I was not conveyed to any hospital.

After the accident I went to the clinic located at Blk 525 Ang Mo Kio for medical treatment and was given 7 days of medical leave. The estimated cost of repair for my motorcycle would be around \$3000 plus.



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T/20180908/2154

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No. 1800-4519909

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Report No. T/20180908/2154

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 This Report:

F/
Sgt 2 RAMESH S/O KOLILINGAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/09/2018 20:23

Officer in Charge Of Case:

TP / GIT /
Sgt 2 LIM HONG LEE
Contact No: 65476438

Classification Of Case:

Authentication Stamp
NPLGB