

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 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. 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	19/10/2018 13:31
Date Of Accident	18/10/2018 00:20
Exact Location Of Accident	38 LORONG 11 GEYLANG (S388730)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG8687E
Insured/Policyholder	
Name Of Registered Owner	SARAVANAN S/O RAMAYAH
NRIC No	S8770641I
Email Address	RS870627@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98494722
Alternative Phone No	OTHERS-98494722

Vehicle Particulars

Manufacturer	APRILIA
Model	-
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	5066468214-04
Cover Note Number	

Driver

Name of Driver	SARAVANAN S/O RAMAYAH
NRIC No	S8770641I
Date Of Birth	27/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98494722
Fax Number	
Contact Number	OTHERS-98494722
EEmail Address	RS870627@GMAIL.COM

Address	BLK 152 MEI LING STREET #12-02
Postcode	140152
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	
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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : G/20181018/7056 / D/20181019/2011

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	SJR4855K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHOU JUNLEI
NRIC/Passport Number	S8983066D
Contact Number	90122196
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SARAVANAN S/O RAMAYAH
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBG8687E
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 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.

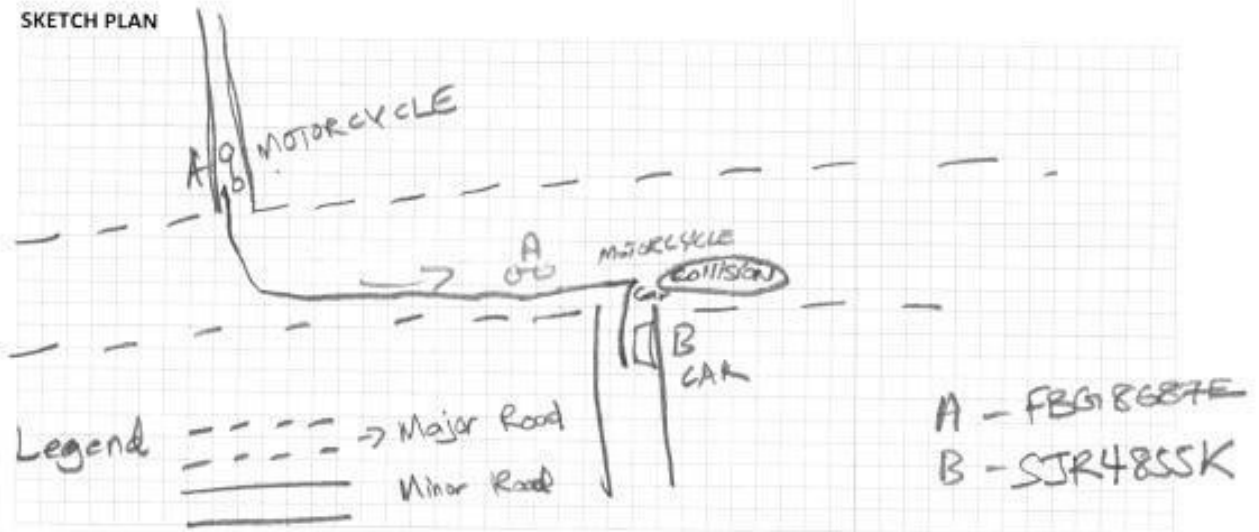

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report

G/2018/1018/7056

D/2018/1019/2011

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



G/20181018/7056

1 of 3

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Police Divisional HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20181018/7056

Date/Time Report Made 18/10/2018 20:44	Vide Report No.	Station Diary No.
Name Of Informant SARAVANAN S/O RAMAYAH	Address APT BLK 194A BUKIT BATOK WEST AVENUE 6 #06-223 SINGAPORE 651194	
ID Type / ID No. NRIC NO / S8770641I	Contact No. Home/Office:	Mobile: 98494722
Nationality MALAYSIAN	Email Address rs870627@gmail.com	
Occupation SAFETY OFFICER	Sex Male	Age 31
Institution/School Name	Date of Birth 27/06/1987	Race Indian
Date/Time Of Incident 18/10/2018 00:20	Location Of Incident 38 LORONG 11 GEYLANG SINGAPORE 388730	

Brief details.

I AM THE RIDER OF THE MOTORCYCLE APRILIA RS125, MOTORCYCLE NUMBER FBG8687E , I WAS ALREADY ON THE MAIN ROAD AND WAS ON THE EXTREME RIGHT LANE TO TURN INTO SHELL.

OWNER OF VEHICLE NUMBER SJR 4855K WAS ON THE MINOR ROAD AND AS HE TURNED OUT HIS BUMPERS FENDER HIT MY LEG WEAR MY FOOT BRAKE IS AND I MANAGED TO BALANCE THE BIKE FROM FALLING AS I WAS TRAVELLING IN THE STIPULATED SPEED. THE CAR WAS FROM THE MINOR ROAD MERGING INTO MAIN ROAD AND THE STOP SIGN IS DISPLAYED TO

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2018 20:44
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20181018/7056

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181018/7056

GIVE WAY TO TRAFFIC ON THE MAIN ROAD. I HAD A GREAT PAIN ON MY RIGHT LEG ANKLE. AS THE CAR HIT MY BRAKE FOOTREST AND MY LEG IT WAS STILLING RUBBING AGAINST MY WE EXCHANGED PARTICULARS. DRIVER ASKED FOR PERSONAL SETTLEMENT. HE WAS NOT BOTHERED AS HE WAS MAKING CALLS AND DID NOT COMMUNICATE WITH ME OR ASK ANYTHING ABOUT MY INJURY.

I DID WHAT IS NECESSARY. I TOLD HIM THAT LAWFULLY I AM GOING TO MAKE A REPORT TO INSURANCE COMPANY. HE THEN LEFT.

I TOOK MY BIKE BACK TO WORKPLACE TO FIND OUT THAT MY SIDE FAIRING IS MISSSING AND THAT THE FOOT BRAKE IS NO LONGER WORKING. I CALLED FOR TOWING SERVICE AND TOOK PUBLIC TRANSPORT BACK HOME.

MY PAIN ON MY RIGHT ANKLE IS WORSEN. I WILL BE GOING TO HOSPITAL TODAY.

PERSON WHO COLLIDED ONTO MY MOTORCYCLE DETAILS : NAME : ZHOU JUNLEI, RACE : CHINESE, IDENTITY CARD NO.: S8983066D,

Subjects Involved			
Victim			
Person Name	SARAVANAN S/O RAMAYAH		
ID Type	NRIC NO	ID No	S8770641I
Gender	Male	Age	31
Race	Indian	Language	English
Occupation	SAFETY OFFICER	Address Type	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2018 20:44
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP322)

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



D/20181019/2011

1 of 2

Report No. D/20181019/2011

Date/Time Report Made 19/10/2018 10:54	Vide Report No.	Station Diary No. 14
Name Of Informant SARAVANAN S/O RAMAYAH	Address APT BLK 194A BUKIT BATOK WEST AVENUE 6 #06-223 SINGAPORE 651194	
ID Type / ID No. NRIC NO / S8770641I	Contact No. Home/Office	Mobile 98494722
Nationality MALAYSIAN	Email Address	
Occupation SAFETY OFFICER	Sex Male	Age 31
Institution/School Name	Date of Birth 27/06/1987	Race Indian
Date/Time Of Incident 12/10/2018 09:00	Location Of Incident 30 AIRLINE ROAD SATS AIRFREIGHT TERMINAL 5 SINGAPORE 819830 At vicinity of Changi Terminal 5	

Brief details.

On 12/10/2018 at about 0900hrs, I lost my driving license at vicinity of Changi Terminal 5.

Property Information

Signature Of Officer Recording The Report: D / Sgt 3 FARAH AFIQAH BINTE RASIP	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2018 10:54
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp NG YU LING Contact No.: 68727814	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



Sketch Plan #6



**SINGAPORE
POLICE FORCE**



D/20181019/2011

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. D/20181019/2011

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One driving license belonging to S8770641I

Signature Of Officer Recording The Report:

D / Sgt 3 FARAH AFIAH BINTE RASIP

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp NG YU LING
Contact No.: 68727814

Authentication Stamp



Signature Of Informant:

Date/Time:
19/10/2018 10:54

Classification Of Case:

FUPO hotline number: 68429645

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**



G/20181018/7056

1 of 3

POLICE REPORT (NP299)

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Signature Of Interpreter: Not applicable	Date/Time: 18/10/2018 20:44
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



G/20181018/7056

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181018/7056

GIVE WAY TO TRAFFIC ON THE MAIN ROAD. I HAD A GREAT PAIN ON MY RIGHT LEG ANKLE. AS THE CAR HIT MY BRAKE FOOTREST AND MY LEG IT WAS STILLING RUBBING AGAINST MY WE EXCHANGED PARTICULARS. DRIVER ASKED FOR PERSONAL SETTLEMENT. HE WAS NOT BOTHERED AS HE WAS MAKING CALLS AND DID NOT COMMUNICATE WITH ME OR ASK ANYTHING ABOUT MY INJURY.

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Victim			
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ID Type	NRIC NO	ID No	S8770641I
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Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



SINGAPORE
POLICE FORCE



G/20181018/7056

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181018/7056

Address	APT BLK 194A BUKIT BATOK WEST AVENUE 6 #06-223 SINGAPORE 651194	Mobile No	98494722
Is Informant A Victim?	Yes		
Person Name	SARAVANAN S/O RAMAYAH (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

18/10/2018 20:44

Classification Of Case: