

## 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	16/11/2018 12:39
Date Of Accident	14/11/2018 07:55
Exact Location Of Accident	ALONG AYER RAJAH AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4142G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMBALAGAN S/O V ARUMUGAM
NRIC No	S1236734A
Email Address	GOPIBOB59@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91723341
Alternative Phone No	OFFICE-91723341

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5060979361-05
Cover Note Number	

### Driver

Name of Driver	AMBALAGAN S/O V ARUMUGAM
NRIC No	S1236734A
Date Of Birth	11/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91723341
Fax Number	
Contact Number	OFFICE-91723341
Email Address	GOPIBOB59@GMAIL.COM

Address	BLK 519 WEST COAST ROAD #09-633
Postcode	021591
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	RAINING
Road Surface	WET

#### 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	CLEMENTI N.P.C
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181114/2143

#### 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	GBD2188J
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHNG SWEE HOE
NRIC/Passport Number	S0105901G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	AMBALAGAN S/O V ARUMUGAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH4142G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

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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.

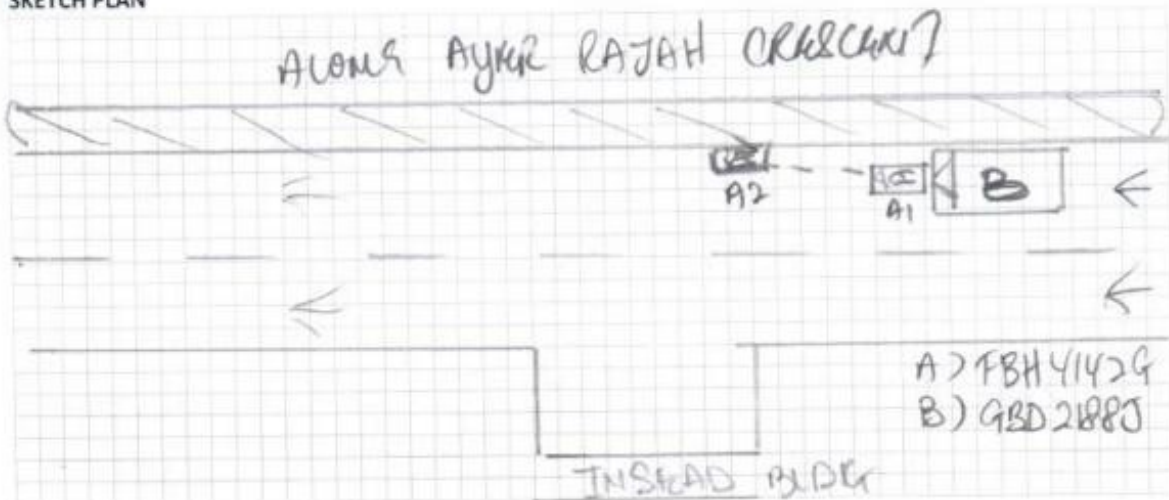
  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
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 ALICE REPORT  
7/2081114/2443

## 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: 19/10/2018  
NRIC/FIN No.: Roshli Umar



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181114/2143

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3  
Report No. T/20181114/2143

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 18:22		Vide Report No.:		Station Diary No.: 112	
<b>Informant's Particulars</b>					
Name of Informant: AMBALAGAN S/O V ARUMUGAM			Address: APT BLK 519 WEST COAST ROAD #09-633 SINGAPORE 120519		
ID Type / ID No.: NRIC NO / S1236734A			Contact No.: Home/Office: Mobile: 91723341		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 11/04/1957	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Electrical engineering technician (general)			Driving Licence Information: Class: 2B Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2018 08:00	Type of Location:
Location: Along Road 1 AYER RAJAR AVENUE				
Along Ayer Rajar Avenue towards one-north, near to Insead Asia Campus				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4142G	Motorcycle	HONDA	ANF125MSS A	Red	Slightly Damaged	0
GBD2188J	Van				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH4142G	NTUC Income Insurance Co-Operative Limited	5060979361-05	12/06/2018	11/06/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181114/2143

2 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20181114/2143

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	AMBALAGAN S/O V ARUMUGAM	ID No.	S1236734A
Related Vehicle	FBH4142G (Motorcycle)	Contact No.	91723341
Hospital/Clinic	NUHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/11/2018	Date Discharge	14/11/2018
No. of Days granted Medical Leave	01	Degree of Injury	NIL
<b>Driver</b>			
Name	CHNG SWEE HOE	ID No.	S0105901G
Related Vehicle	GBD2188J (Van)	Contact No.	96668316
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 14/11/2018 at about 0800hrs, I was riding my motorbike bearing the registration plate number FBH4142G along Ayer Rajar Avenue towards one-north, near to Insead Asia Campus. I was traveling on the most right lane of the two lane road. At the point of time, the road is wet and it was raining heavily. I came to a complete stop near to Insead Asia Campus.

After the traffic light turned green, I moved off and moments later I felt an impact from the rear. I skidded for about 10-15m and came to a stop. My right ankle was injured and there was laceration on my right ankle. My driver of GBD2188J came and rendered assistance and he apologized to me for hitting me from the rear. We had exchanged particulars and he wished to settle the issue privately.

I am lodging this report as a record purposed. I went to see doctor at NUH and I was given 1 day of MC. I have the recording of what happened prior to the accident. I think the van GBD2188J has an in-car camera. There are multiple scratches on the right side of my bike.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181114/2143

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No, T/20181114/2143

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:

D /  
Sgt 2 NG JIA HAO

Signature Of Informant:

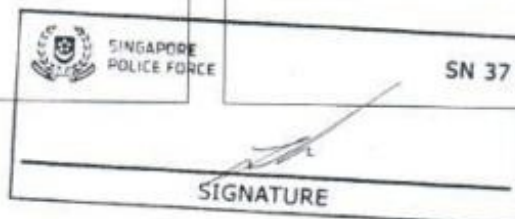
Signature Of Interpreter:  
Not applicable

Date/Time:  
14/11/2018 18:22

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



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