

## 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	29/11/2018 19:16
Date Of Accident	24/11/2018 13:25
Exact Location Of Accident	TOA PAYOH LOR 2 JUNCTION OF TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ6251B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH
NRIC No	S8503523A
Email Address	JUSTINFERNANDO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92371841
Alternative Phone No	OTHERS-92371841

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067161910-04
Cover Note Number	

### Driver

Name of Driver	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH
NRIC No	S8503523A
Date Of Birth	21/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92371841
Fax Number	
Contact Number	OTHERS-92371841
Email Address	JUSTINFERNANDO@HOTMAIL.COM

Address	BLK 436 CHOA CHU KANG AVENUE 4 #8-501
Postcode	680436
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : NG LAY PENG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2959999 - <b>FAX NO:</b> 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181124/2139 AND T/20181129/2111

#### 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	SJW3606T
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH  
Approximate Age  
Injuries Sustain SERIOUS INJURY  
Injured person in which vehicle? FBJ6251B  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NG LAY PENG  
Approximate Age  
Injuries Sustain SERIOUS INJURY  
Injured person in which vehicle? FBJ6251B  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN


#### 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. 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.

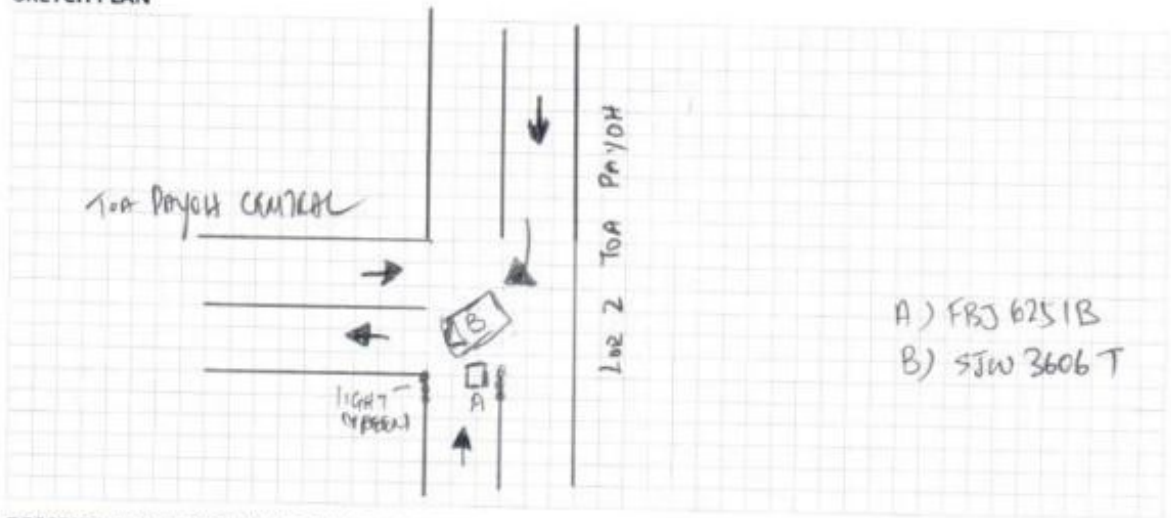
  
Policyholder's Signature  
Date & Time: 29/11/2018

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLEASE REFER TO POLICE REPORT # 7/2018/124/2139 & 7/2018/129/2111*

## 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.:

(JAKMC SketchPlan\_V3)



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181124/2139

1 of 3

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20181124/2139

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2018 23:50	Vide Report No.: E/20181124/0096	Station Diary No.: 114
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## Informant's Particulars

Name of Informant: JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH	Address: APT BLK 436 CHOA CHU KANG AVENUE 4 #08-501 SINGAPORE 680436
ID Type / ID No.: NRIC NO / S8503523A	Contact No.: Home/Office: Mobile: 92371841
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 33 Date of Birth: 21/01/1985	Type of Informant: Rider
Race: Indian	Language: Institution / School Name:
Occupation: FREE LANCE CAMERAMAN	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: 24/11/2018 13:45	Type of Location: X-Junction
Location: Along Road 1 TOA PAYOH CENTRAL TOA PAYOH LOR 2 JUNCTION TOA PAYOH CENTRAL				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ6251B	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	White	Seriously Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ6251B	NTUC Income Insurance Co-Operative Limited	5067161910-04	27/08/2018	26/08/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181124/2139

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

2 of 3

Report No. T/20181124/2139

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH	ID No.	S8503523A
Related Vehicle	NIL	Contact No.	92371841
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 24/11/2018 at about 1345 hrs , I was riding my motorcycle , FBJ6251B along Toa Payoh Lor 2 Towards PIE. I was with my pillion at that point of time. When I was riding pass the junction going straight as it was green light and I had the right of way along Toa Payoh Lor 2 and Toa Payoh centre, one vehicle which come from the opposite turned right without checking or slowing down, to Toa Payoh Central came into my path and hit my motorcycle. Due to the accident , both my pillion and I was flung from the motorcycle and I fell onto the road. I wish to state that the driver of the vehicle that involve in the accident did not come down or approach me to assist me. The traffic light was green and in my favor and was not going at a high speed as I just turned out of block 86 carpark when he suddenly turned into my lane as I was going straight.. I wish to state that traffic police, and the SCDF came and both the pillion and myself was conveyed to Tan Tock Seng Hospital. The damage to my motorcycle front handle bar and tires as well as mirrors were totally crushed due to impact. I sustained 7 day MC with abrasion and a cut on my penis .My pillion sustained a fractured spine and is currently waiting MRI scan as of writing this report.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181124/2139

3 of 3

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20181124/2139

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 /

Sr Staff Sgt ONG CHEOW LONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/11/2018 23:50

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No.: 65476358

Classification Of Case:

Authentication Stamp  
NP168





# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181129/2111

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

1 of 4

Report No. T/20181129/2111

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2018 18:20		Vide Report No.: T/20181124/2139	Station Diary No.: 42
<b>Informant's Particulars</b>			
Name of Informant: JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH		Address: APT BLK 436 CHOA CHU KANG AVENUE 4 #08-501 SINGAPORE 680436	
ID Type / ID No.: NRIC NO / S8503523A		Contact No.: Home/Office:	Mobile: 92371841
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 21/01/1985	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: FREE LANCE CAMERAMAN		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: 24/11/2018 13:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TOA PAYOH CENTRAL TOA PAYOH LORONG 2 JUNCTION OF TOA PAYOH CENTRAL				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ6251B	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	White	Seriously Damaged	1
SJW3606T	Car	TOYOTA	COROLLA ALTIS	White	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181129/2111

2 of 4

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

Report No. T/20181129/2111

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ6251B	NTUC Income Insurance Co-Operative Limited	5067161910-04	27/08/2018	26/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Pillion</b>				
Name	NG LAY PENG		ID No.	S8909686C
Related Vehicle	FBJ6251B (Motorcycle)		Contact No.	92377316
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	Serious
<b>Rider</b>				
Name	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH		ID No.	S8503523A
Related Vehicle	FBJ6251B (Motorcycle)		Contact No.	92371841
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/11/2018		Date Discharge	24/11/2018
No. of Days granted Medical Leave	07		Degree of Injury	Serious
<b>Unknown Person</b>				
Name	Unknown		ID No.	NIL
Related Vehicle	SJW3606T (Car)		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



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181129/2111

3 of 4

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

Report No. T/20181129/2111

### CONTINUATION OF REPORT

#### Brief Details.

On 24/11/2018, at about 1324hrs, I was riding my motorcycle, FBJ6251B, along Toa Payoh Lorong 2 towards PIE. At the time, I was with my pillion namely: Ng Lay Peng, S8909686C, residing at Blk 86 Toa Payoh Lorong 2 #03-343, HP: 92377316 who is my girlfriend. When I was riding past the junction going straight along Toa Payoh Lorong 2 just before Toa Payoh Central, as the traffic light was green and I had the right of way.

Suddenly, a white Toyota Altis vehicle bearing vehicle registration number: SJW3606T, which was on the opposite lane, turned right without checking or slowing down, moving towards Toa Payoh Central came into my path and hit my motorcycle. Due to the accident, both my pillion and I were flung from my motorcycle and hit the road surface. I wish to state that when the accident happened, the driver of the white vehicle that was involved in the accident, did not come down from his vehicle, nor did he approach and render any assistance to us. I also wish to state that the traffic light at the time was green and in my favour and I was not going at a high speed as I just turned out from Block 86 Toa Payoh Lorong 4 carpark when he suddenly turned into my lane as I was going straight.

I wish to state that Traffic Police, SCDF paramedics came to assist me and both my pillion and I were conveyed to Tan Tock Seng Hospital. The damage to my motorcycle was to the front handlebar, tyres as well as mirrors were totally crushed due to the impact. I was given 7 days of medical leave as I suffered abrasions and also a cut to my penis. My pillion sustained a fractured spine and is still currently warded in Tan Tock Seng Hospital since 24/11/2018. I wish to state that the Traffic Police investigation officer in charge of my case is TP IO Qhairil Bin Zulkeflee, contact number: 65476355. I have previously made a report, reference: T/20181124/2139, however the report contained insufficient information and this report is the updated one.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181129/2111

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

4 of 4

Report No. T/20181129/2111

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 3 YIP XUANYU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/11/2018 18:20

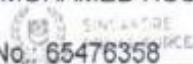
Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD

YUSOF

Contact No: 65476358



SN 49

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

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



Accident Photo



Accident Photo





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Accident Photo

