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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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,

Any false reporting may be referred to the Police for Investigation.

- 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

in adviso internet by the little or	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
	SINGAPORE
DI CONTROL DE LA CONTROL DE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ6251B
Insured/Policyholder	
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

BLK 436 CHOA CHU KANG AVENUE 4 Address

#8-501

680436 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

2

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NG LAY PENG

: FEMALE GENDER:

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

ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2959999 - FAX NO: 63918499 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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 NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJW3606T Vehicle Registration Number

TOYOTA COROLLA ALTIS Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category UNKNOWN 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

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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:

29 th Nor 2016

- (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

Oate & Time:

Driver's Signature

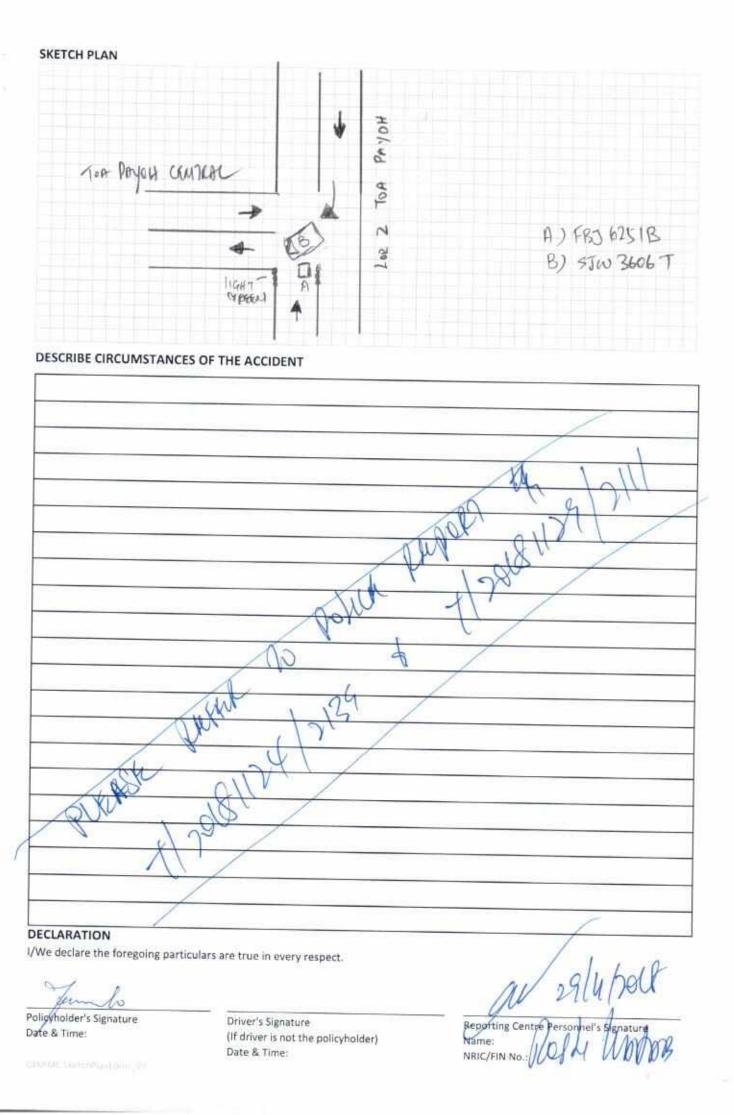
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

29/4/2018

NRIC/FIN No.





T/20181124/2139

1 of 3

Report No. T/20181124/2139

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE

228892 Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

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

24/11/20	10 20.00		_ to the property of the prope		
Informar	t's Particu	ılars			
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		23A	Contact No.: Home/Office:	Mobile: 92371841	
Nationali			Email:		
Sex: Male	Age:	Date of Birth: 21/01/1985	Type of Informant: Rider		
Race: Indian			Language: Institution / School N		
Occupat		MERAMAN	Driving Licence Information: Class: 2B,3	Date of Expiry:	

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		PAYOH CENTRAL			
Weather: Re		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tr		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
I wo vvav	sion:		Anyone conveyed by		

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

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





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

2 of 3 Report No. T/20181124/2139

Tel No: 1800-2959999

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Lico of D	edestrian Crossing: NA		
Rider			USE OF P	edestria	n Cross	sing: NA
Name	JUSTIN FERNAND	00 S/0 VIC	TOR JOHN	ID No),	S8503523A
Related Vehicle	NIL			Contact No.		92371841
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Data Dia		-	
No. of Days grant	ed Medical Leave	NIL	Date Disc Degree o		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.





Report No. T/20181124/2139

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

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	Su-u-=

SIGNATURE





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/Tir 29/11/2	me Report I 018 18:20	Made:	Vide Report No.: T/20181124/2139	9	Station Diary No.
Informa	nt's Partic	ulars		rt	
Name of Informant: JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH ID Type / ID No.: NRIC NO / S8503523A Nationality: SINGAPORE CITIZEN			Address: APT BLK 436 CHOA CHU KANG AVENUE 4 #08-501 SINGAPORE 680436 Contact No.: Home/Office: Mobile: 92371841		
			Email: Mobile: 92371841		
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 Ex	pirv:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/11/2018 13:20	Type of Location X-Junction	
TOA PAYOH	oad 1 and Road 2 CENTRAL LORONG 2 JUNCTION (OF TOA PAYOH C		*	
Vveatner;		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tr. Two Way Tr.		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Heavy	
Type of Collis		The state of the s	71/17/17/17/19 J		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBJ6251B	Motorcycle	BAJAJ	DILLICAD			ino of Passenger
	See and a territor.	CHETAK	PULSAR 200 NS MANUAL	White	Seriously Damaged	1
SJW3606T	Car	TOYOTA	COROLLA ALTIS	White	Slightly Damaged	1

Details of Vehicle Insurance			The state of the state of
Vehicle No. Insurance Company	Insurance No	Effective	Evnin Deta
	miedianoc 140	Lifective	Expiry Date





Report No. T/20181129/2111

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	N.	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No	I Deliver the Control of the Control	-
	NTUC Income Insurance Co-Operative	5067161910-04	27/08/2018	26/08/2019

Details of Person	Involved						
Any Pedestrian Inv	olved: No		Use of Peo	Jacksian I	Procei	na: NA	
No. of Pedestrians	Injured: NIL		Use of Ped	estrian	OTOSSII	ilg, iva	
Pillion				ID No.		S8909686C	
Name	NG LAY PENG						
Related Vehicle	FBJ6251B (Motorcycl	e)	Contact No.		92377316		
Hospital/Clinic	NIL		01000		Class: NIL Date of Expiry: NIL		
			Date Disc	The second second	NIL		
Date Treatment	NIL	NIL	Degree o			us	
	ed Medical Leave	INIL	Degree	1111011			
Rider		0/0 \//07	TOR JOHN	ID No.		S8503523A	
Name	JUSTIN FERNANDO JOSEPH	With 10:450					
Related Vehicle	FBJ6251B (Motorcyc		Contact No.		92371841		
Hospital/Clinic	TAN TOCK SENG H		Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL		
	0.4/4.4/0.04.0		Date Dis	1 200 000 000		1/2018	
Date Treatment	24/11/2018	07		egree of Injury Serio			
No. of Days gran	ted Medical Leave	U	Dogree	A SHEET OF			
Name	Unknown			ID No).	NIL	
Related Vehicle	SJW3606T (Car)		Contact No		. NIL		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Da		Class; NIL Date of Expiry; NIL		
5 (+)	NIL		Date D	ischarge	-		
Date Treatment	nted Medical Leave	NIL		of Injury			





Report No. T/20181129/2111

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

CONTINUATION OF REPORT Tel No: 1800-4719999

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.





Report No. T/20181129/2111

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

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.

CONTINUATION OF REPORT

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	Classification Of Case:
Authentication Stamp NP168 SIGNAT AS	



Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, Singapore 308433 TEL: (65) 6256 6011

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24-Nov-2018

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BELTRAN IRENE SILVESTRE (16345G)

Issued by

Emergency Department

Location

Signature

A member of National Healthcare Group

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ACCIDENT STATEMENT

ACCIDENT DATE: 1 1 2018 (DD/MM/Y)	YYY), TIME:(324)(HH:MM
LOCATION: 1018 VOYEN IN 2 Thuch	
LOCATION. 1-10 15 101 LIL 2 MACINO	
1. DETAILS OF VEHICLE	2.5
a) VEHICLE NUMBER: FBJ 6251 B	#
DINSURANCE COMPANY: NOTIC IN CO	are a
CJPOLICY NUMBER:	une
TO NO REGIONAL CONTROL OF THE PROPERTY OF THE	
d)POLICY TYPE: (COMPREHENSIVE / THIRD P	ARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: BAJAJ PM	LIAR JOONS
TITYPE:(SALOON / COUPE / MPV /VAN / LOF	RRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMER	CIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME:	FRIVATE USE
I) ARE YOU CLAIMING UNDER YOUR OWN IN	SURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY)
2. INSURED / POLICY HOLDER AINAME: JUSTIN FERNANDO	
	(MALE / FEMALE)
b) MRIC/FIN/PASSPORT: 5 8503503 A	CONTACT:_ 923#1841
A CONTROL OF THE PROPERTY OF T	TWG AVE 4 #08-501
- STORE 680436	74
* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER
Huo of passongs DRIVER	
(Including driver) OINAME:	(MALE / FEMALE)
(2) STARICTHAT ASSPORT:	CONTACT:
NG LAT PONCY	
THE PARTY OF DIRECT OF THE PARTY OF THE PART	
*d)DATE OF BIRTH: (21/01/185)(DD	/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)	W 8
DATE OF DRIVING PASS 2014	_ ^
4. WAS DRIVER AN EMPLOYEE OF THE INSUR	RED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WIT	TH INSURED:
5. a) WEATHER CONDITION: (QLEAR / RAINING /	OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES) NO)	H
IE AES BIEVEE CLATE MAINEN SON	72151111 110
IF YES, PLEASE STATE WHICH POLICE STATION. 8. THIRD PARTY VEHICLE	TANGLIN HQ .
He of passenger a) VEHICLE NUMBER: STW 36667	
Industrial Action by DRIVER'S NAME:	MODEL:
Induding driver) b) DRIVER'S NAME: () NRIC/FIN/PASSPORT:	
() NRIC/FIN/PASSPORT:	CONTACT:
A STATE OF THE STA	_MODEL:
Indudian data of DRIVER'S NAME.	¥. %
NRIC/FIN/PASSPORT:	CONTACT:
	•

email = Justin Fernando @ hotmail com.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8503523A



JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH



INDIAN 21-01-1985 Country/Place of birth SINGAPORE



5815365





19-10-2017

APT BLK 436 CHOA CHU KANG AVENUE 4 #08-501 SINGAPORE 680436

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class IB Metorcycles == 380 CC

Class 3 Motor curv =< 3998 kg mid =< 7 passingers, exclusive of the driver, and motor tractors/vehicles == 1506 kg

11 Jan 2007

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	• 5067161910- • 04	www.com.	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH	S8503523A	GMC	Comprehensive	FB36251B	FB36251B	27/08/2018	26/08/2015