

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 | 17/12/2018 17:22 |
| Date Of Accident | 13/12/2018 23:00 |
| Exact Location Of Accident | ALONG QUEENSWAY TWDS JLN BUKIT MERAH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBB2335L |
| Insured/Policyholder | |
| Name Of Registered Owner | PERUMAL THURAIRAJOO |
| NRIC No | S1524995A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96902156 |
| Alternative Phone No | OTHERS-96902156 |

Vehicle Particulars

| | |
|--------------------------------------------------------------------|-------------|
| Manufacturer | YAMAHA |
| Model | SPARK-135CC |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | P0483833 |
| Cover Note Number | 25/01/2018 - 24/01/2019 |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | PERUMAL THURAIRAJOO |
| NRIC No | S1524995A |
| Date Of Birth | 26/12/1962 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/07/1990 |
| Driving Experience | 28 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96902156 |
| Fax Number | |
| Contact Number | OTHERS-96902156 |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|-----------------------------------------|
| Address | BLK 88 TELOK BLANGAH HEIGHTS #03-359 |
| Postcode | 100088 |
| 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 - CHANGE/CROSS LANE |
| 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 | TELOK BLANGAH NPP |
| Police Station Address | ROAD: 51 TELOK BLANGAH DRIVE #01-116 , POSTCODE: 100055 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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 | SHA9841E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | FU SAY MENG |
| NRIC/Passport Number | S1293025I |
| Contact Number | 97376392 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|-----------------------------------------------------|---------------------|
| Name | PERUMAL THURAIRAJOO |
| Approximate Age | |
| Injuries Sustain | LEFT HAND & LEG |
| Injured person in which vehicle? | FBB2335L |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan Pg. 1

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:

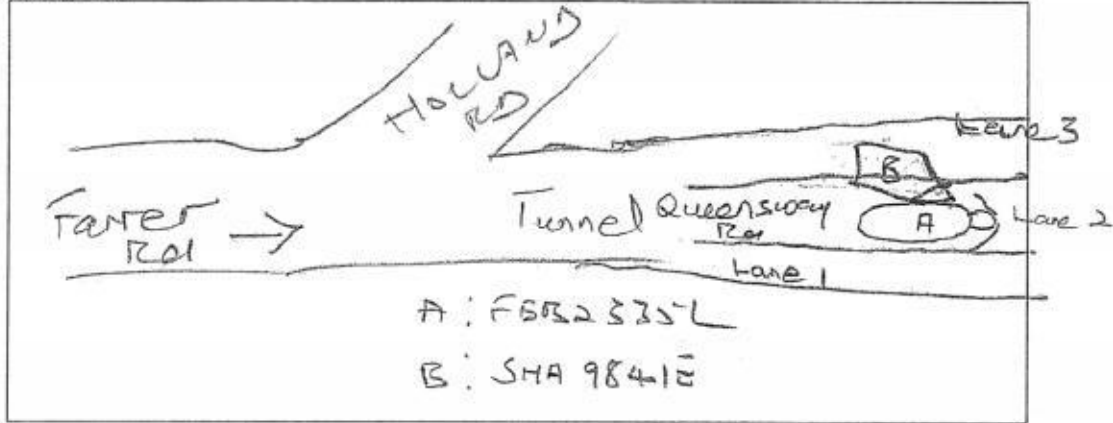
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre
Name: _____
NRIC/FIN No.: _____

Sketch Plan Pg. 2

Date of accident: 13/12/19 Time: 22:00 Location: Along Buntingford Road Wn Bulcroft Meek
My Vehicle A: P18 2335L Vehicle B: SH14704E Vehicle C: -
SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police report.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to:

My workshop :
Email address : g-motor-enterprise@yahoo.com.sg

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.: _____

NRIC/FIN No.:

ALLIANCE MOTOR COMPANY



SINGAPORE POLICE FORCE



T/20181214/2077

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 3

Report No. T/20181214/2077

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|-------------------------------------|--------------------------|
| Date/Time Report Made: 14/12/2018 15:17 | Vide Report No.: E/20181213/0169 | Station Diary No.: 20 |
|--------------------------------------------|-------------------------------------|--------------------------|

Informant's Particulars

| | | | |
|--------------------------------------------------|------------|--------------------------------------------------------------------------|-----------------------------|
| Name of Informant: PERUMAL THURAIRAJOO | | Address: APT BLK 88 TELOK BLANGAH HEIGHTS #03-359 SINGAPORE 100088 | |
| ID Type / ID No.: NRIC NO / S1524995A | | Contact No.: Home/Office: Mobile: 96902156 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 55 | Date of Birth: 26/12/1962 | Type of Informant: Rider |
| Race: Indian | | Language: English | Institution / School Name: |
| Occupation: NIGERIA HIGH COMMISSION DRIVER | | Driving Licence Information: Class: 2B,2A,3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|-----------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------|-----------------------------------------------|-----------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 13/12/2018 23:00 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 QUEENSWAY JALAN BUKIT MERAH Before ESSO petrol kiosk | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 60 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|---------|----------------|--------|----------------------|-----------------|
| FBB2335L | Motorcycle | YAMAHA | SPARK 135 A | Blue | Seriously Damaged | 0 |
| SHA9841E | Car | HYUNDAI | | Yellow | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|------------------------------------|--------------|------------|-------------|
| FBB2335L | AXA INSURANCE SINGAPORE PTE LTD | P0483833 | 25/01/2018 | 24/01/2019 |



**SINGAPORE
POLICE FORCE**



T/20181214/2077

2 of 3

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20181214/2077

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|----------------------------------------|---------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | PERUMAL THURAIRAJOO | ID No. | S1524995A |
| Related Vehicle | FB2335L (Motorcycle) | Contact No. | 96902156 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | 13/12/2018 | Date Discharge | 14/12/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Serious |
| Person Involved | | | |
| Name | FU SAY MENG | ID No. | S1293025I |
| Related Vehicle | NIL | Contact No. | 97376392 |
| 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 13/12/2018 at about 2300hrs, I was riding at the middle lane of a three lane road along Queensway towards Jalan Bukit Merah. As I exited the tunnel of Farrer Road towards Queensway before ESSO petrol kiosk, a taxi from the left suddenly switched lane to the right and knocked onto my motorcycle. The knock then caused my motorcycle to fall. A few cars stopped and helped me up and pushed my motorcycle to the side of the road pavement and called for ambulance.

The taxi driver then came to me and told me that my headlight was not working therefore he could not see me coming however I then showed him that my headlight was indeed working. Shortly after, police and paramedics came and conveyed me to NUH due to my injuries.

I wish to state that I suffered multiple abrasions on my left arms and legs however I was still conscious. This is second time I was involved in a RTA and the first time was many years ago.



**SINGAPORE
POLICE FORCE**



T/20181214/2077

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20181214/2077

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 JEREMY TAN KAY JIN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
14/12/2018 15:17

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force