

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	12/02/2019 19:45
Date Of Accident	21/12/2018 10:15
Exact Location Of Accident	PIE (CHANGI) BEFORE JALAN BAHAR EXIT 36
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL4716E
Insured/Policyholder	
Name Of Registered Owner	VEERAMANI BOOPALAN
Passport No/FIN	G2280616K
Email Address	BOOPALANV3@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81721705
Alternative Phone No	OTHERS-81721705

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-200CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO OFFICE
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	5085983423-01
Cover Note Number	

Driver

Name of Driver	VEERAMANI BOOPALAN
Passport No/FIN	G2280616K
Date Of Birth	07/12/1989
Occupation	INDOOR
Date Of Driving Pass	03/09/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81721705
Fax Number	
Contact Number	OTHERS-81721705
Email Address	BOOPALANV3@GMAIL.COM

Address	BLK 836 JURONG WEST STREET 81 #09-65
Postcode	640836
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 (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190112/2133

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	SHB3366U
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NOR AMANINA JAMIL
NRIC/Passport Number	
Contact Number	97243362
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name VEERAMANI BOOPALAN

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBL4716E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

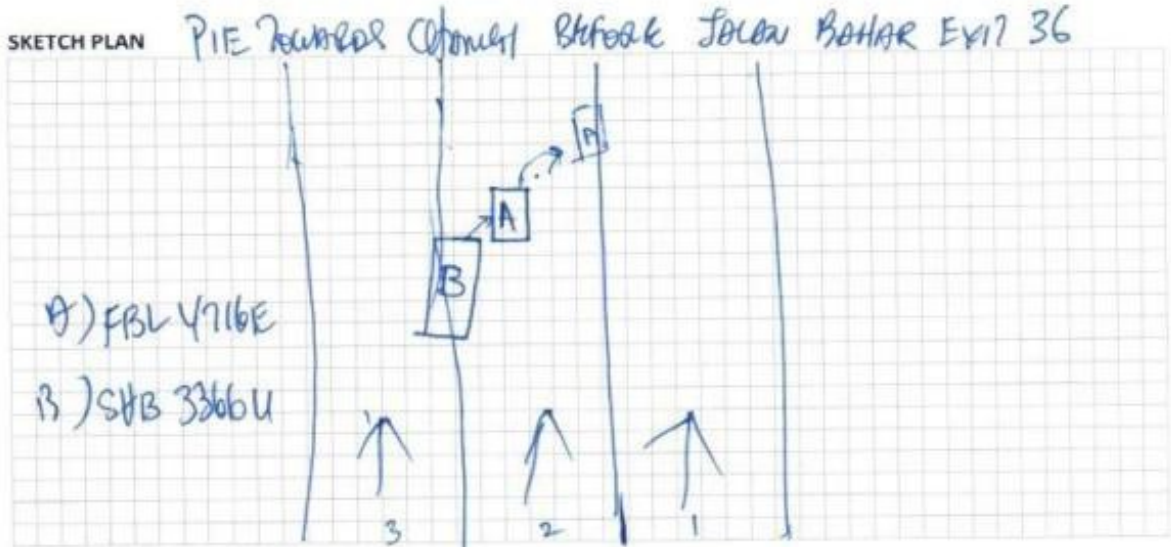

Policyholder's Signature
Date & Time:

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 TO POLICE REPORT
T/20190112/2133

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 12/01/2019
Reporting Centre Personnel's Signature
Name: Roshni Vignaraj
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190112/2133

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190112/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2019 19:59		Vide Report No.:		Station Diary No.: 142	
Informant's Particulars					
Name of Informant: VEERAMANI BOOPALAN			Address: 836 JURONG WEST STREET 81 #09-65 SINGAPORE 640836		
ID Type / ID No.: FIN NO / G2280616K			Contact No.: Home/Office: Mobile: 81721705		
Nationality: INDIAN			Email:		
Sex: Male	Age: 29	Date of Birth: 07/12/1989	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PRODUCTION CONTROLLER			Driving Licence Information: Class: 2B,3C Date of Expiry: 02/09/2023		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/12/2018 10:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE (CHANGI), BEFORE JALAN BAHAR EXIT 36				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Controlled by Others e.g. Workmen		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
FBL4716E	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Blue	Slightly Damaged	0
SHB3366U	Car	HYUNDAI	I40	Yellow	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL4716E	NTUC Income Insurance Co-Operative Limited	5085983423-02	26/12/2018	25/12/2019

POLICE REPORT



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T/20190112/2133

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
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Tel No: 1800-7929999

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Report No. T/20190112/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VEERAMANI BOOPALAN	ID No.	G2280616K
Related Vehicle	FBL4716E (Motorcycle)	Contact No.	81721705
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 02/09/2023
Date Treatment	21/12/2018	Date Discharge	21/12/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Passenger			
Name	NOR AMANINA JAMIL	ID No.	NIL
Related Vehicle	SHB3366U (Car)	Contact No.	92743362
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 21/12/18 at about 1015hrs, I was riding my motorcycle (FBL4716E) along PIE (Changi) before the Jalan Bahar (Exit 36). I was on the second lane. I then noticed that a taxi (SHB3366U) coming from my left on the third lane. The taxi was seen coming nearer to my motorcycle. I then swerved to the middle of the second and first lane to avoid colliding with the taxi. The taxi then kept on coming towards my motorcycle and I shouted. Subsequently, the front of the taxi hit onto my handlebar and caused me to fall off my motorcycle.

The taxi had stopped after the accident and the driver came down. One of his passenger namely Nor Amanina Jamil Hp: 92743362 had approached me and handed me her name card and informed that she can be contacted to provide any information regarding the accident. Another driver from behind us had also stopped to assist. The driver had helped to call for Ambulance. I sustained abrasions on my left knuckle, the left side of my face and my back. I also sustained a deep cut on my left knee.

The ambulance came and conveyed me in a conscious state to Ng Teng Fong General Hospital. Traffic Police had also came down. The deep cut on my left knee has to be stitched. I was given MC from 21/12/18 to 29/12/18, 31/12/18 to 05/01/19, 07/01/19 and 10/01/19 to 14/01/19.

On 05/01/19, my house owner handed over a letter from Traffic Police advising me to lodge a Traffic Accident report with ref to TP/IP/69961/2018 under Traffic Police Investigating Officer Rashidah Binte Azman Tel: 65476216.

POLICE REPORT



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POLICE FORCE**



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Report No. T/20190112/2133

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE
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T/20190112/2133

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Report No. T/20190112/2133

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:

J /

Staff Sgt NORIMAWATI BINTI ABDULLAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MA JUNXIANG

Contact No.: 65476251

Signature Of Informant:

Date/Time:

12/01/2019 19:59

Classification Of Case:

Authentication Stamp
NP168

Signature: _____

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



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