

## 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	13/02/2019 14:04
Date Of Accident	28/01/2019 14:00
Exact Location Of Accident	ALONG HOUGANG AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4211E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MICKEY THADANI
NRIC No	S8916172Z
Email Address	TMICKEYZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97220865
Alternative Phone No	OTHERS-97220865

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	5100200874
Cover Note Number	

### Driver

Name of Driver	MUNESH S/O NARESH THADANI
NRIC No	S8916172Z
Date Of Birth	16/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97220865
Fax Number	
Contact Number	OTHERS-97220865
Email Address	TMICKEYZ@HOTMAIL.COM

Address	BLK 439 HOUGANG AVENUE 8 #08-1549
Postcode	530439
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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 357 HOUGANG AVENUE 7 #01-805 , <b>POSTCODE:</b> 530357 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2869999 - <b>FAX NO:</b> 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190201/2175

#### 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	GBH6275T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	96338673
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUNESH S/O NARESH THADANI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBJ4211E
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.

 12 February 2019  
Policyholder's Signature  
Date & Time:

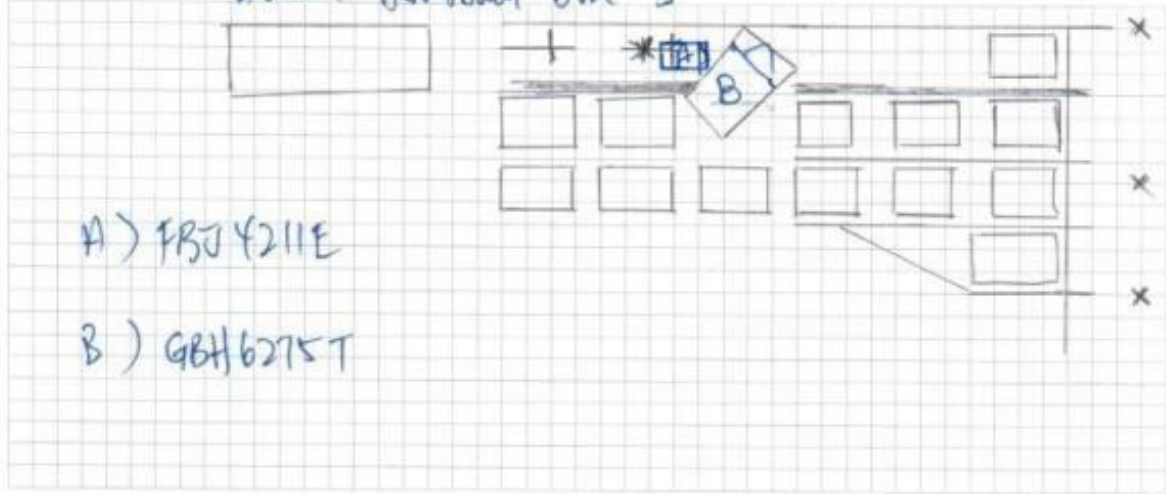
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 13/02/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Along Houghway Bk 3



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S Refr to Police Report  
1/20/190201/2175

## DECLARATION

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

*[Signature]* 12 February 2019  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 13/02/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190201/2175

1 of 3

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

Report No. T/20190201/2175

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 19:41	Vide Report No.:	Station Diary No.: 28
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### Informant's Particulars

Name of Informant: MUNESH S/O NARESH THADANI	Address: APT BLK 439 HOUGANG AVENUE 8 #08-1549 SINGAPORE 530439		
ID Type / ID No.: NRIC NO / S8916172Z	Contact No.:	Mobile: 97220865	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 29	Date of Birth: 16/04/1989	Type of Informant: Rider
Race: Indian	Language:	Institution / School Name:	
Occupation: Product analyst	Driving Licence Information: Class: 2B		Date of Expiry:

### General Information of the Accident

General Information of the Accident					Type of Location:
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/01/2019 14:00		
Location:					
HOUGANG AVENUE 3					
towards Hougang Avenue 1					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ4211E	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	Black	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ4211E	NTUC Income Insurance Co-Operative Limited	5100200874	24/05/2018	23/05/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190201/2175

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

2 of 3

Report No. T/20190201/2175

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUNESH S/O NARESH THADANI	ID No.	S8916172Z
Related Vehicle	FBJ4211E (Motorcycle)	Contact No.	97220865
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/01/2019	Date Discharge	31/01/2019
No. of Days granted Medical Leave	19	Degree of Injury	Serious

### Brief Details.

On the 28/01/2019 at about 1400hrs, I was riding along Hougang Avenue 3 on the bus lane. As it was red light, I slowed down when suddenly a pick-up truck from the middle lane turned out and wanted to cut into my lane. I then tried to avoid colliding with him and stepped on my brakes. I was unable to avoid him and collided onto his vehicle. I then fell off my motorcycle and landed on the road. The driver then got off his vehicle to make a check on me. I asked him why did he swerved out and he told me that he was sorry and he did not check his blind spot.

Shortly after the incident happened, traffic police and ambulance came down to scene. I was unable to get the other parties particulars as I was then conveyed to Tan Tock Seng hospital via the ambulance.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190201/2175

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

3 of 3

Report No. T/20190201/2175

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:

F /

Sgt 2 GABRIEL LEE BO WENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

01/02/2019 19:41

Classification Of Case:



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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