

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	21/02/2019 16:50
Date Of Accident	01/02/2019 09:00
Exact Location Of Accident	ALONG BUKIT BATOK AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8766X
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	SPARROWIEL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87764834
Alternative Phone No	OFFICE-87764834

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT TO WORK
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	5085645204-02
Cover Note Number	

Driver

Name of Driver	MATHEN S/O MUTUSAMY
NRIC No	S8537639Z
Date Of Birth	07/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	22/09/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87764834
Fax Number	
Contact Number	OTHERS-87764834
Email Address	SPARROWIEL@GMAIL.COM

Address	BLK 8 GHIM MOH ROAD #04-273
Postcode	270008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) involved in the accident	2
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190225/2150

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	SBS8203E
Vehicle Make/Model/Colour	SBS BUS
Details Of Properties	
Vehicle Category	BUS
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	MATHEN S/O MUTUSAMY
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE8766X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21 FEB 2019
3:56pm

Reporting Centre Personnel's Signature
Name: Keshi Writars
NRIC/FIN No.:

CLARKE SKETCH PLAN Form V2

Sketch Plan #2

SKETCH PLAN

ALONG BUKIT BATOK AVENUE 6



A) FBE 8766X

B) SBS 8203E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The bus was at the right lane. I was riding on the second lane of a two lane road. Suddenly the bus cut into my lane and to avoid collision I applied brake and fell.

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: 21 FEB 2019
2:55 PM

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

21/02/2019

Reck Walton

43.831242, 103.911414, 4.240000

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190225/2150

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

1 of 3

Report No. T/20190225/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2019 16:24		Vide Report No.:		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: MATHEN S/O MUTUSAMY			Address: APT BLK 8 GHIM MOH ROAD #04-273 SINGAPORE 270008		
ID Type / ID No.: NRIC NO / S8537639Z			Contact No.: Home/Office: Mobile: 87764834		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 07/11/1985	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/02/2019 08:00	Type of Location:
Location: Along Road 1 BUKIT BATOK EAST AVENUE 6 Bukit Batok East Ave 6 towards Bukit Batok street 25				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Fell while break			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8766X	Motorcycle				Seriously Damaged	0
SBS8203E	Bus/Coach/Mi nibus				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190225/2150

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

2 of 3

Report No. T/20190225/2150

CONTINUATION OF REPORT

Rider			
Name	MATHEN S/O MUTUSAMY	ID No.	S8537639Z
Related Vehicle	FBE8766X (Motorcycle)	Contact No.	87764834
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/02/2019	Date Discharge	25/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 01/02/2019 at about 0800hrs, while i was riding on the right lane, A SBS bus from my left abruptly cut into my lane without signal and the bus was getting closer to me and to avoid collision i applied the brake and fell. My left elbow and left ankle was injured and bleeding. My wrist was swollen. Traffic police and ambulance was at scene however i choose not to convey but the pain was still there so I went to NUH on the same day and consult a doctor and was given 2 days MC. However i was still in pain hence i went to NUH on 25/02/2019 to consult doctor again and was given 3 days MC. I wish to state that i do have any built in camera on my helmet or motorcycle. I am not sure if there is any CCTV around the vicinity. I am making this report for insurance claim.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190225/2150

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

3 of 3

Report No. T/20190225/2150

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 1 LIM TIAN WEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/02/2019 16:24

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077

Classification Of Case:

Authentication Stamp

NP168

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



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665506200 / GST Reg. No: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAV19024456 Vehicle Registration No: FBE8766X
Name (as shown in NRIC) : Muthu S/o Muthusamy NRIC/FIN/Passport No : S85376392
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 21F8, Chin Mee Road, Flat 273 Singapore (270008)
Contact (Tel) : 87764534 Mobile No.: 87764534
Email Address : sparrow16@gmail.com
Date of Accident : 01 FEB 2019 Time of Accident : _____
Place of Accident : Bukit Batok Ave 6
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The bus was at the left lane. I was riding on the right lane on a
two lane road. Suddenly the bus abruptly cut into my lane without
signalling. To avoid collision with the bus i applied brake and fell.

Policyholder / Driver's Signature
Date: 25 FEB 2019

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]
Date: 25/02/2019

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S465506200 / GST Reg. No.: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 19 MAY 19024456-01 Vehicle Registration No: FBE 8760X
Name (as shown in NRIC) : MARTIN S/O MURUSAMY NRIC/FIN/Passport No : S85376392
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 8764834
Email Address : _____
Date of Accident : 21/02/2019 Time of Accident : 09:00
Place of Accident : BRIDGE BLVD. BUKIT BARU 6
Insurance Company : NIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to report Police Report T/20190225/2150

Policyholder / Driver's Signature
Date: 25 FEB 2019

Reporting Centre Personnel's Signature
Name: Resli Natans
NRIC/FIN No.:
Date: