

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	20/03/2019 17:37
Date Of Accident	15/12/2018 15:30
Exact Location Of Accident	ALONG MAXWELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9775C
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Insured/Policyholder

Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94837009
Alternative Phone No	OFFICE-94837009

Vehicle Particulars

Manufacturer	HONDA
Model	CB125E
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000001011-01-00
Cover Note Number	

Driver

Name of Driver	VINOD VALENTINO S/O DEVADAS
NRIC No	S8632746E
Date Of Birth	15/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94837009
Fax Number	
Contact Number	OTHERS-94837009
Email Address	NOEMAIL

Address	BLK 809B CHOA CHU KANG AVENUE 1 #12-646
Postcode	682809
Was driver an employee of the Insured's Company	YES
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

Type Of Accident	COLLISION - HEAD ON COLLISION
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181220/7013

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	SLT5195R
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	VINOD VALENTINO S/O DEVADAS
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBG9775C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.



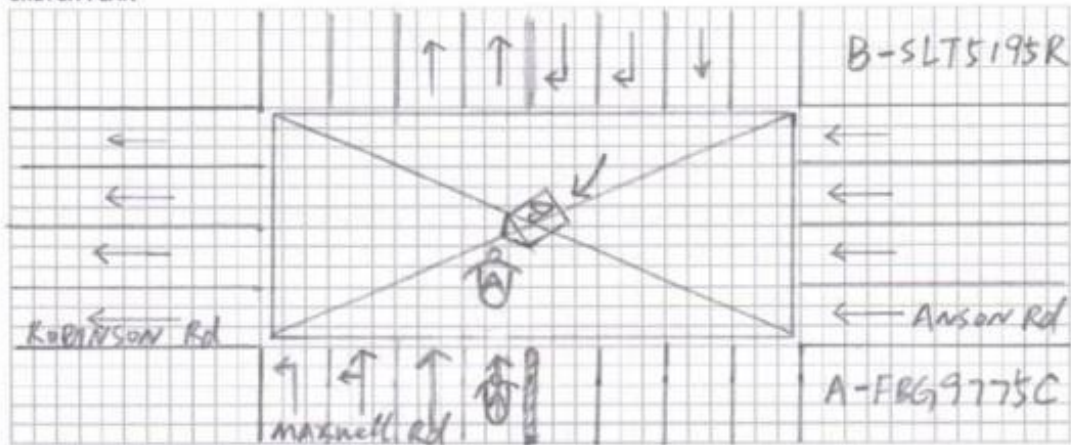
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *20/03/2017*
NRIC/FIN No.: *8084*

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.
T/20181220/7013

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.:

20/03/2019
Roshan Kumar

DIABMC SketchPlanForm_X7

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181220/7013

1 of 3

Report No. T/20181220/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2018 15:44	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: VINOD VALENTINO S/O DEVADAS		Address: APT BLK 809B CHOA CHU KANG AVENUE 1 #12-646 SINGAPORE 682809	
ID Type / ID No.: NRIC NO / S8632746E		Contact No.: Home/Office: Mobile: 94837009	
Nationality: SINGAPORE CITIZEN		Email: vinodvalentino@gmail.com	
Sex: Male	Age: 32	Date of Birth: 15/11/1986	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: ENFORCEMENT OFFICER		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/12/2018 15:30	Type of Location: X-Junction
Location: MAXWELL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 35 Km/h	
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9775C	Motorcycle	HONDA	CB125E	White	Seriously Damaged	0
SLT5195R	Car	VOLKSWAGO N		Black		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/20181220/7013

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181220/7013

CONTINUATION OF REPORT

Rider			
Name	VINOD VALENTINO S/O DEVADAS	ID No.	S8632746E
Related Vehicle	FBG9775C (Motorcycle)	Contact No.	94837009
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	15/12/2018	Date Discharge	16/12/2018
No. of Days granted Medical Leave	19	Degree of Injury	Serious

Brief Details.

While I am on duty (CISCO Enforcement officer) using CISCO motorcycle riding on Maxwell road to Kali Bukit VICOM. Two traffic lights (GREEN) was in my favour at Maxwell road. After about to reach the 2nd traffic light which I have crossed the white line, A Black motorcar (VOLKSWAGEN) Plate number SLT5195R from my opposite right, turn to its right heading towards Robinson road without stopping at its Red light. I tried to sway on my left to avoid being hit but the motorcar was fast so ended up crashing into it and I landed on the car and flew less than 2 meters onto the road facing the sky. They were pedestrians who came to help. I saw my right foot was injured and felt pain on my head. ambulance arrived on scene at 1530 hours (estimated time). After review from SGH. Injuries sustained : Closed fracture of foot. Three toes on the right leg were fractured with a small crack on the heel, minor abrasions on left elbow and left knee. Traffic police arrived at scene but I wasn't aware at that time due to admitted in SGH. Driver (A Lady) claims her fault of not stopping on time at Red light

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181220/7013

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181220/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
20/12/2018 15:44

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S 8632746 E**
Name: **VINOD VALENTINO S/O
DEVADAS**

Birth Date: **15 Nov 1985**
Issue Date: **26 Jun 2006**

001427622A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

		VALID DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	24 Jun 2006
Class 2A	MOTORCYCLES BETWEEN 200 CC AND 400 CC	13 Jun 2015
Class 2	MOTORCYCLES EXCEEDING 400 CC	29 Apr 2014

S / No. 9000261481

NP 428A

License No: S8632746E

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8632746E



Name
VINOD VALENTINO S/O DEVADAS


விநோத் வேலண்டி னோ

Ethnicity
INDIAN

Date of birth
15-11-1986

Sex
M

Country/Place of birth
SINGAPORE



5813677



NRIC No. S8632746E



Date of issue
14-10-2017

Address
APT BLK 809B CHOA CHU KANG AVENUE 1
#12-64B
SINGAPORE 662609