

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	08/04/2019 15:12
Date Of Accident	06/04/2019 10:30
Exact Location Of Accident	BLK 511 PASIR RIS ST 51 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5977L
Insured/Policyholder	
Name Of Registered Owner	ROHIT RAJ GIRI
NRIC No	S9111621I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98800392
Alternative Phone No	OFFICE-98800392

Vehicle Particulars

Manufacturer	HONDA
Model	400X MANUAL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092694011-01
Cover Note Number	

Driver

Name of Driver	ROHIT RAJ GIRI
NRIC No	S9111621I
Date Of Birth	01/04/1991
Occupation	INDOOR
Date Of Driving Pass	07/12/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98800392
Fax Number	
Contact Number	OFFICE-98800392
Email Address	NOEMAIL

Address	BLK 551 PASIR RIS STREET 51 #01-93
Postcode	510551
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 - MAJOR/MINOR RD
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T20190406/2103.

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	SLR4350B
Vehicle Make/Model/Colour	
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) 1

DETAILS OF INJURED PERSON 1

Name ROHIT RAJ GIRI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBL5977L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

(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.

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

Accident Sketch Plan

SKETCH PLAN

R1K 511 power R1S 31 31
car park

A = FBUS922L
B = CRU50R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20190426/2103.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190406/2103

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190406/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2019 16:40		Vide Report No.: G/20190406/0084		Station Diary No.: 112
Informant's Particulars				
Name of Informant: ROHIT RAJ GIRI		Address: APT BLK 551 PASIR RIS STREET 51 #01-93 SINGAPORE 510551		
ID Type / ID No.: NRIC NO / S91116211		Contact No.: Home/Office:		Mobile: 98800392
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 28	Date of Birth: 01/04/1991	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: PERSONAL TRAINER		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

of 3

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General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/04/2019 10:30	Type of Location: Car Park
Location: Along Road 1 PASIR RIS STREET 51				
AT THE OPEN SPACED CAR PARK OF BLK 511 PASIR RIS ST 51				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5977L	Motorcycle	HONDA	400X MANUAL	Black		0
SLR4350B	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5977L	NTUC Income Insurance Co-Operative Limited	5092694011-01	17/07/2018	22/06/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190406/2103

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190406/2103

CONTINUATION OF REPORT

Brief Details.

On 06/04/2019 at about 1030hrs, I was riding on my motorcycle, a black colored Honda CB400X bearing the registration number of FBL5977L, at open spaced car park of Blk 551 Pasir Ris St 51. I intended to leave the car park. However, on the way out, a black colored Honda Shuttle bearing the registration number of SLR4350B, collided onto me.

The Honda Shuttle was driving out of the car park lot as I was driving pass it. This caused the front portion of the Honda Shuttle to collide onto my left side. I then lost balance and fell off the motorcycle.

I sustained a laceration on my knee, elbow and lip, and some aches. An ambulance and Traffic Police attended to my scene. I was then conveyed to Changi General Hospital. I was given 3 days of MC, from 06/04/2019 to 08/04/2019. The Traffic Police advised me to lodge a Traffic Accident report and I was given a report number G/20190406/0084.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190406/2103

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190406/2103

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:

G /

Sgt 2 PHYLLIS TAN SI MAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/04/2019 16:40

Officer In Charge Of Case:

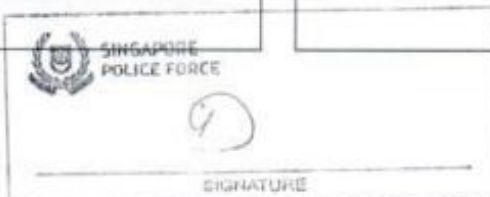
TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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