

## 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	11/04/2019 15:59
Date Of Accident	02/04/2019 20:50
Exact Location Of Accident	JUNC OF ZION RD TO RIVER VALLEY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD550J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RWAVE MOTOR
Co Reg No	53373424W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93696861

### Vehicle Particulars

Manufacturer	YAMAHA
Model	NOUVO ELEGANCE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5096968941-01
Cover Note Number	-

### Driver

Name of Driver	GANESH S/O RAMALINGAM
NRIC No	S9112650H
Date Of Birth	10/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96723555
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 77 TELOK BLANGAH DR #07-224
Postcode	100077
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 - HEAD TO REAR
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 NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 15 COMMONWEALTH AVENUE , <b>POSTCODE:</b> 149725 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b> 64715299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SHB4993C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	GANESH S/O RAMALINGAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD550J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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.

**RWAVE MOTOR**

Reg. No. 53373424W

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

A  
O  
B

River Valley Rd

A = FBD 550J  
B = SHG 4993C

Zion Rd

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### DECLARATION

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

**RWAVE MOTOR**  
Reg. No. 53373424W

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/20190405/2043

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

1 of 3

Report No. T/20190405/2043

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2019 10:29		Vide Report No.: T/20190404/2163		Station Diary No.: 13	
<b>Informant's Particulars</b>					
Name of Informant: GANESH S/O RAMALINGAM			Address: APT BLK 77 TELOK BLANGAH DRIVE #07-224 SINGAPORE 100077		
ID Type / ID No.: NRIC NO / S9112650H			Contact No.: Home/Office: Mobile: 96723555		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 10/04/1991	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: FREE LANCER			Driving Licence Information: Class: 2B Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2019 20:50	Type of Location: X-Junction
Location: Along Road 1 ZION ROAD RIVER VALLEY ROAD X Junction of Zion Road to River Valley Road Lane 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD550J	Motorcycle	YAMAHA	NOUVO ELEGANCE	Red	Seriously Damaged	1
SHB4993C	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	3



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3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20190405/2043

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	GANESH S/O RAMALINGAM	ID No.	S9112650H
Related Vehicle	FBD550J (Motorcycle)	Contact No.	96723555
Hospital/Clinic	HEALTHPLUS FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	03/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	TAN TZE HOW SIMON	ID No.	S7336970C
Related Vehicle	SHB4993C (Car)	Contact No.	82619210
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.

Amendment of report T/20190404/2163

On 02/04/2019 at about 2050hrs, I was travelling along Zion Rd on the 2nd lane with the intention to turn into River Valley Rd. As I approached the cross junction, I signaled right before slowing down. As the lights were 'Green', no vehicle stopped. As I was about to make my right turn, I felt an impact from the back causing my bike to skid and drop.

When I had gotten back up, I realized that a Yellow taxi had hit my motorbike. As I did not require ambulance services, myself and the taxi driver then exchanged particulars and agreed on how to settle the matter. The taxi driver then left the scene and I then called a towing service for my motorcycle. The motorcycle which I was riding is a rental from R Wave Motors.

I then sought medical treatment the next day, where I was then given 3 days medical leave.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190405/2043

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

3 of 3

Report No. T/20190405/2043

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 /  
Sr Staff Sgt MOHAMMAD ASRI BIN MAZLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/04/2019 10:29

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID  
Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NP168

SN 49



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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