

## 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	24/05/2019 17:42
Date Of Accident	19/05/2019 10:40
Exact Location Of Accident	ALONG HOLLANDS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3179S
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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) +65-84204604
Alternative Phone No	OFFICE-84204604

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	MW 125 3-WHEELER-125CC
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000001011-02-000
Cover Note Number	

#### Driver

Name of Driver	ALBERTO DEVAN SURESH
Passport No/FIN	G8707114L
Date Of Birth	21/12/1997
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84204604
Fax Number	
Contact Number	OTHERS-84204604
Email Address	NOEMAIL

Address	-
Postcode	
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 92 BOON LAY WAY , <b>POSTCODE:</b> 609962 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8999999 - <b>FAX NO:</b> 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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 INJURED PERSON 1

Name	ALBERTO DEVAN SURESH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK3179S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:  
NRIC/FIN No.:

Control System Solutions, Inc.

### Accident Sketch Plan

### SKETCH PLAN

Along Highway Road.

A-FBx3179s

$$\begin{array}{c} A \\ \diagdown \quad \diagup \\ O \quad O \end{array}$$

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached.

## DECLARATION

I/We declare ~~that~~ <sup>the</sup> foregoing particulars are true in every respect.



Policyholder  
Date & Time:

Driver's Signature \_\_\_\_\_  
(if driver is not the policyholder)  
Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name: Robert M. [Signature]  
NRIC/FIN No. [Signature]

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## TR278 (LTA) INCIDENT REPORT

CERTIS CONTACT INFORMATION		
<b>EMPLOYEE NAME:</b> <i>ALBERTO DEYAN</i> <b>RO / duster</b>	<b>EMPLOYEE ID:</b> <i>112054</i> <b>EO</b>	<b>NRIC/FIN NO:</b> <i>687071142</i> <b>SUPERVISOR:</b>
<b>ZONE/CLUSTER:</b>	<b>DESIGNATION:</b>	<b>SUPERVISOR:</b>

DESCRIPTION OF INCIDENT		
<b>INCIDENT DATE:</b> <i>19/05/19</i>	<b>TIME OF INCIDENT:</b> <i>10:40am</i>	<b>SHIFT TIMING:</b> <i>2300 - 1100</i>
<b>LOCATION OF INCIDENT:</b> <i>HOLLAND ROAD towards Leeden Road</i>		
<b>PARKING WARDEN'S STATEMENT: (WHO, WHAT, WHEN, WHY, HOW AND ATTACHMENTS)</b>		
<i>On the above mentioned date and time while travelling along Holland road to Leeden road, I hit onto the rock (small) and skidded. Weather condition were raining</i> <i>Damages to bike: Right Signal cover and right side cover set.</i>		
<div style="font-size: 2em; color: blue; transform: rotate(-15deg);"> <i>On 24/05/2019 Res: Mr. Hob</i> </div>		

<b>I, <u>ALBERTO DEYAN</u> DECALRE THAT THE ABOVE INFORMATION IS AND ACCURATE TO THE BEST OF MY KNOWLEDGE.</b>	
<b><u>PARKING WARDEN SUGNATURE:</u></b> <i>[Signature]</i>	<b><u>WITNESSED BY: (NAME / DESIGNATION)</u></b>

POLICE REPORT

Annex D

NOTICE OF REPORTING

This is to confirm that Alberto Devan Suresh, NRIC/FIN G8707114L, has reported to the Police a non-injury traffic accident which occurred at Along Holland Road towards Leedon Height near Bus Stop B20 on 19/05/2019 at 1040 am/~~pm~~ involving the following vehicles:

FBK3179S

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T140067 Miao Tian

Date: 22/05/2019 Time: 1000hrs

S/D Ref: eSD 24

Police Post/Unit : Jurong East NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Jurong East  
Neighbourhood Police Centre  
No 92 Boon Lay Way  
Singapore 609962  
Tel : 1800-8999999

Ng Teng Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:55046274)


ORIGINAL

NAME: ALBERTO DEVAN SURESH

NRIC: G8707114L

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**The above named is unfit for duty from **19/5/2019** to **20/5/2019** inclusive

The certificate is not valid for absence from court attendance.

The above name was in Emergency Department from **19/05/2019 11:54** to **19/05/2019 14:22**.19/05/2019  
DateDr. Choy Yin LOKE (60092Z)  
Issued by  
Signature

Location: NTFGH EMERGENCY



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

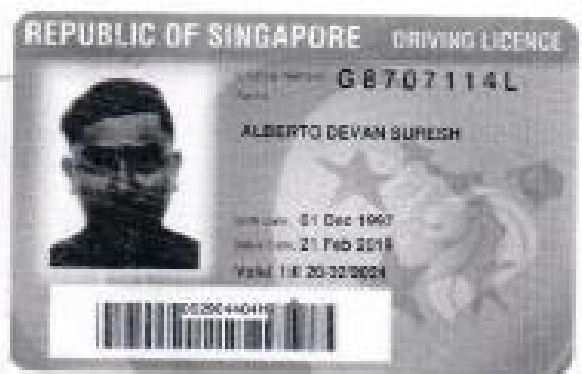
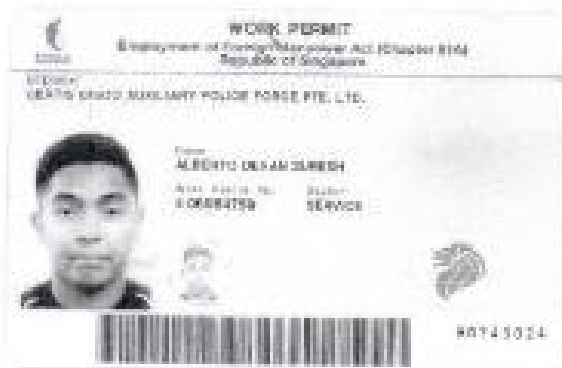




Accident Photo



## Identification Card



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: S665500200 / GST Reg. No.: M400017735

**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 : MAY 19067523 Vehicle Registration No: FBK 3129 S  
Name (as shown in NRIC) : ALBERT DEWANT SURESH NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 8420 6604  
Email Address : \_\_\_\_\_  
Date of Accident : 19/05/2009 Time of Accident : 10:40  
Place of Accident : AVENUE HOLLOWAY ROAD  
Insurance Company : GRAND AMERICA

(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:

THERE IS INJURY IN THIS ACCIDENT,

Policyholder / Driver's Signature  
Date:

25/05/2009  
Reporting Centre Personnel's Signature  
Name: Rohit Verma  
NRIC/FIN No.: \_\_\_\_\_  
Date: