

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	12/06/2019 15:06
Date Of Accident	26/05/2019 04:30
Exact Location Of Accident	TUAS AVE 18 ALONG THE BEND TURNING TO TUAS AVE 13
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3144S
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Insured/Policyholder

Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90690962
Alternative Phone No	OFFICE-90690962

Vehicle Particulars

Manufacturer	YAMAHA
Model	TRICITY-125CC MW125
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	SURIYA KUMAR
Passport No/FIN	G8715025P
Date Of Birth	03/11/1998
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90690962
Fax Number	
Contact Number	OTHERS-90690962
Email Address	NOEMAIL

Address	20 JALAN AFIFI
Postcode	409179
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	SANDY

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?	YES
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	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190526/2017

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	SURIYA KUMAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK3144S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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)

(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: Rae L
NRIC/FIN No.: _____

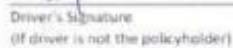
11:50 A.M.

12/06/2009

Personnel's Signature
Roe L. WATKINS

Police report : T/20190526/2017

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



Date & Time: 11/6/10

11:50 AM

Reporting Centre Personnel's Signature _____

NOTE: The

NRIC/FIN No.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190526/2017

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20190526/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2019 08:18		Vide Report No.:		Station Diary No.: 25
Informant's Particulars				
Name of Informant: SURIYA KUMAR		Address: C/O 20 Jalan Afifi SINGAPORE		
ID Type / ID No.: FIN NO / G8715025P		Contact No.: Home/Office: Mobile: 90690962		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 20	Date of Birth: 03/11/1998	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Private security officer		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/05/2019 04:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 TUAS AVENUE 18 TUAS AVENUE 13 Along the bend turning into Tuas Ave 13 Lamp Post Number: 9				
Weather: Clear		Road Surface: Sandy	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3144S	Motorcycle	YAMAHA	TRI CITY	White	Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190526/2017

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190526/2017

CONTINUATION OF REPORT

Brief Details.

On 26/05/2019 at or about 0430hrs, while I was riding on Tuas Ave 18, I made a left turn onto Tuas Ave 13 and while making the bend, I lost control of my bike and skidded. I collided with the center road divider and felt pain on both my knees and left leg. I immediately called for ambulance and was conveyed to Ng Teng Fong General Hospital at 0436hrs. I suffered abrasion on both knees, arms and right palm and was given 4 days of Medical Leave.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190526/2017

Police Station Of Origin:
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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190526/2017

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 /
Insp JUFRINO LATIFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/05/2019 08:18

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65476437

Classification Of Case:

SN 34

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



For LKK/NAC Use Only

