

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	03/07/2019 09:41
Date Of Accident	28/06/2019 11:45
Exact Location Of Accident	ALONG BUKIT BATOK ROAD TOWARDS CHOA CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1305U
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83080875
Alternative Phone No	OFFICE-83080875

Vehicle Particulars

Manufacturer	HONDA
Model	CBF150-149CC (M)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085645204-02
Cover Note Number	

Driver

Name of Driver	RAMAMOORTHY BALACHANDRAN
NRIC No	G2431925W
Date Of Birth	02/05/1991
Occupation	INDOOR
Date Of Driving Pass	13/09/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83080875
Fax Number	
Contact Number	OTHERS-83080875
Email Address	NOEMAIL

Address	-
Postcode	
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 - U-TURN
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	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190629/2064

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	SLM9698S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW KAY YONG MOSES
NRIC/Passport Number	S7936186J
Contact Number	88289698
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RAMAMOORTHY BALACHANDRAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBD1305U
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.



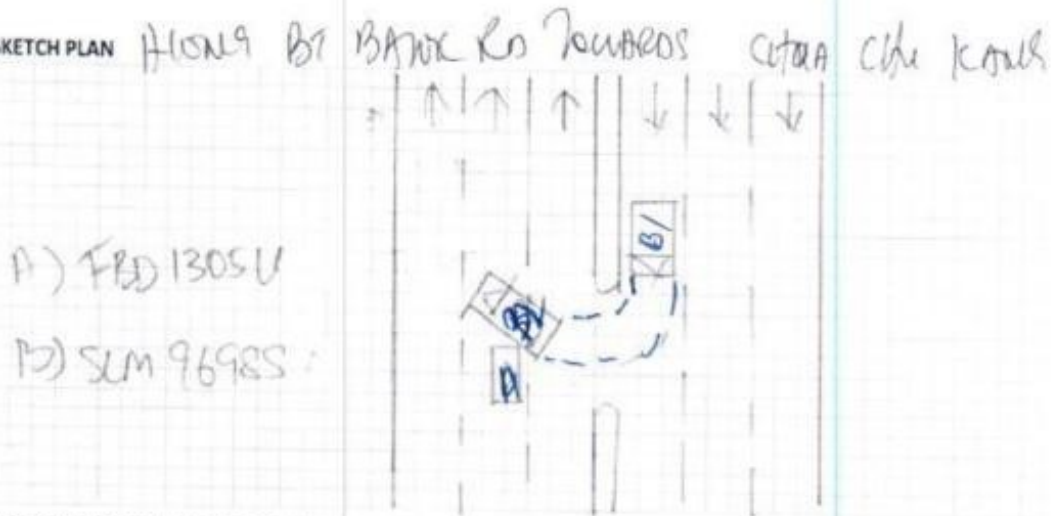
Policyholder's Signature
Date & Time:

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

03/07/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/90625/2064

DECLARATION

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

Policyholder's Signature
Date & Time:



2. Baluchan
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

03/01/2019
Rosl Haniffa

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999



T/20190629/2064

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Report No. T/20190629/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/06/2019 12:52

Vide Report No.:

Station Diary No.:
9

Informant's Particulars

Name of Informant:
RAMAMOORTHY BALACHANDRAN

Address:

ID Type / ID No.:
FIN NO / G2431925W

Contact No.:
Home/Office:

Mobile: 83080875

Nationality:
INDIAN

Email:

Sex: Male Age: 28 Date of Birth: 02/05/1991

Type of Informant:
Rider

Race:
Indian

Language:
English

Institution / School Name:

Occupation:
CONSTRUCTION SUPERVISOR

Driving Licence Information:
Class: 2B,3C

Date of Expiry:

General Information of the Accident

Type of Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
28/06/2019 11:45

Type of Location:
Straight Road

Location:
Along Road 1
BUKIT BATOK ROAD

Along Bukit Batok Road towards Choa Chu Kang

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:
70 Km/h

Traffic Flow:
Dual Carriage Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD1305U	Motorcycle				Slightly Damaged	0
SLM9698S	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999



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Report No. T/20190629/2064

CONTINUATION OF REPORT

Rider Name	RAMAMOORTHY BALACHANDRAN	ID No.	G2431925W
Related Vehicle	FBD1305U (Motorcycle)	Contact No.	83080875
Hospital/Clinic	JURONG CHINESE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	29/06/2019	Date Discharge	29/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 28/06/2019 at about 2345hrs, I was riding my motorcycle bearing registration number FBD1305U along Bukit Batok Road towards Choa Chu Kang on the 2nd lane. Subsequently, I saw one vehicle bearing registration number SLM9698S from the opposite road wanting to make a U-turn onto my direction. Eventually, as I got closer, the said vehicle then drove out and took the 2nd lane. I tried to evade the collision but there was not enough time. I then collided with the left side of the vehicle. I was thrown off my motorcycle.

The driver stopped on the road shoulder and attended to me. We exchanged particulars and left the area. I sustained some abrasions on my right knee. I am unsure if the said car has any in built camera. On 29/06/2019, I got myself checked at Jurong Chinese Medical Clinic and got 3 days Medical Certificate.

My vehicle sustained some scratches on the side. The said car however got a dent on the left side.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999



T/20190629/2064

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Report No. T/20190629/2064

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 /
Sgt 2 KHAIRUL ANWAR LLOVIDO BIN JOHARI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

P. Balachandran

Date/Time:
29/06/2019 12:52

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

