

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	04/07/2019 10:00
Date Of Accident	12/06/2019 05:30
Exact Location Of Accident	ALONG ESPLANADE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1731K
Insured/Policyholder	
Name Of Registered Owner	THIVAGARAN SRIDARAN
NRIC No	S8783244I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81601429
Alternative Phone No	OTHERS-81601429

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX (HC)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5071309731-03
Cover Note Number	

Driver

Name of Driver	THIVAGARAN SRIDARAN
NRIC No	S8783244I
Date Of Birth	09/06/1987
Occupation	INDOOR
Date Of Driving Pass	19/08/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81601429
Fax Number	
Contact Number	OTHERS-81601429
EEmail Address	NOEMAIL

Address	BLK D APT SRI AKASIA TAMAN TAMPOI INDAH JOHOR BAHRU
Postcode	81200
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	SIDE SWIPE
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190702/2043;

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	SJV3951B
Vehicle Make/Model/Colour	TOYOTA / COROLLA ALTIS 1.6 AUTO
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)

DETAILS OF INJURED PERSON 1

Name	THIVAGARAN SRIDARAN
Approximate Age	32
Injuries Sustain	
Injured person in which vehicle?	FBK1731K
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK D APT SRI AKASIA TAMAN TAMPOI INDAH JOHOR
Postcode	81200

Common Statement Pg. 1

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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.

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Singapore 41 5733
Reporting Centre Personnel's Signature
Name:
Tel: 67416697
NRIC/FIN No.:
Fax: 67492305
Email: vackb@singnet.com.sg

- 4 JUL 2019

Accident Sketch Plan Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police Report no T/20190702/2043

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:

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

Reporting Centre Singapore 415933

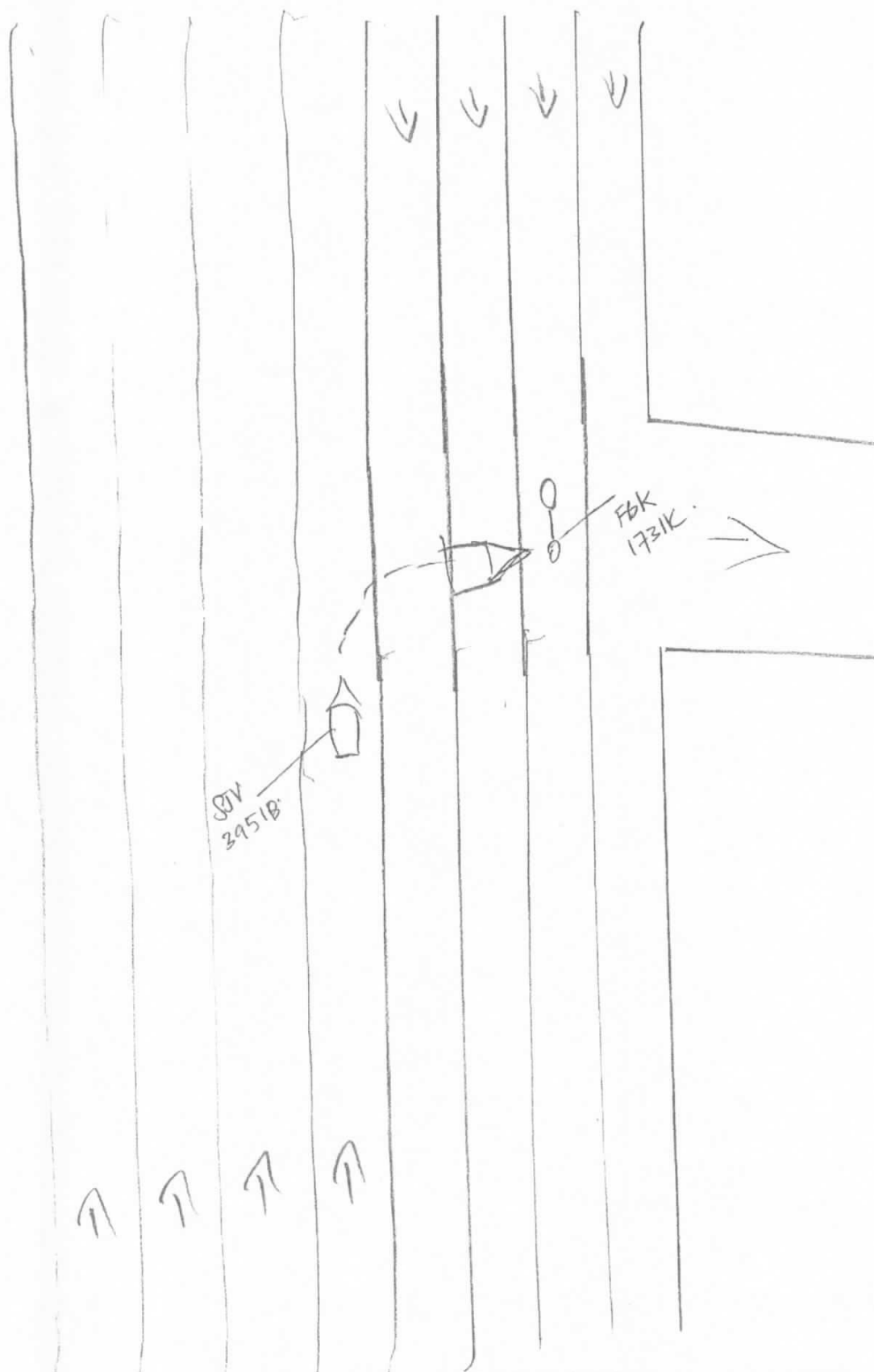
Name: Tel: 67416697

NRIC/FIN No: Fax: 67492305

Email: vackb@singnet.com.sg

- 4 JUL 2019

Accident Sketch Plan Pg. 1





**SINGAPORE
POLICE FORCE**



T/20190702/2043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190702/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2019 11:22		Vide Report No.: A/20190612/0029		Station Diary No.:	
Informant's Particulars					
Name of Informant: THIVAGARAN SRIDARAN			Address: BLK D APT SRI AKASIA, TMN TAMPOI INDAH 81200 JOHOR BAHRU		
ID Type / ID No.: NRIC NO / S8783244I			Contact No.: Home/Office: Mobile: 81601429		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 09/06/1987	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: RESTUARANT MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/06/2019 05:30	Type of Location:
Location: Along Road 1 ESPLANADE DRIVE ESPLANADE DRIVE X STAMFORD RD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1731K	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBK1731K	NTUC Income Insurance Co-Operative Limited	5071309731-03	11/07/2018	10/07/2019	

55V3951B



**SINGAPORE
POLICE FORCE**



T/20190702/2043

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190702/2

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION,

ON 12/06/2019 AT ABOUT 0530HRS, I WAS TRAVELLING STRAIGHT ALONG ESPLADANADE DRIVE TOWARDS RAFFLES AVENUE ON LANE 2 OF 4 LANES ROAD. WHILE ENTERING INTO SAID JUNCTION, TRAFFIC LIGHT WAS GREEN. OUT OF SUDDEN, ONE MOTOR CAR FROM THE OPPOSITE DIRECTION MAKE A RIGHT TURN INTO STAMFORD ROAD. I THEN JAMMED BRAKE BUT DUE TO THE ROAD SURFACE WAS WET, I SKIDDED AND I COLLIDED ONTO THE LEFT PORTION OF THE MOTOR CAR.

I WAS DISCHARGE FROM SGH ON THE SAME DATE WITH NO MC.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20190702/2043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190702/2043

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:
TP /
TAN KOK RAY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD
Contact No.: 65476423

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/07/2019 11:22

Classification Of Case:
 **SINGAPORE
POLICE FORCE**

Signature: 

