

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	23/07/2019 12:21
Date Of Accident	17/07/2019 15:00
Exact Location Of Accident	ALONG YUNG HO ROAD TOWARDS CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE9525T
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	BOSESARAVANAN19@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93958310
Alternative Phone No	OFFICE-93958310

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085645204-02
Cover Note Number	

Driver

Name of Driver	BOSE SARAVANAKUMAR
Passport No/FIN	G2341247R
Date Of Birth	16/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93958310
Fax Number	
Contact Number	OTHERS-93958310
Email Address	BOSESARAVANAN19@GMAIL.COM

Address	56 PANDAN ROAD
Postcode	609293
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190718/2064 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SMC7382G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG CHOR WAN
NRIC/Passport Number	S1748690Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name BOSE SARAVANAKUMAR

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE9525T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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B. 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:

B. Samuel

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

23/07/2018
Reporting Centre Personnel's Signature

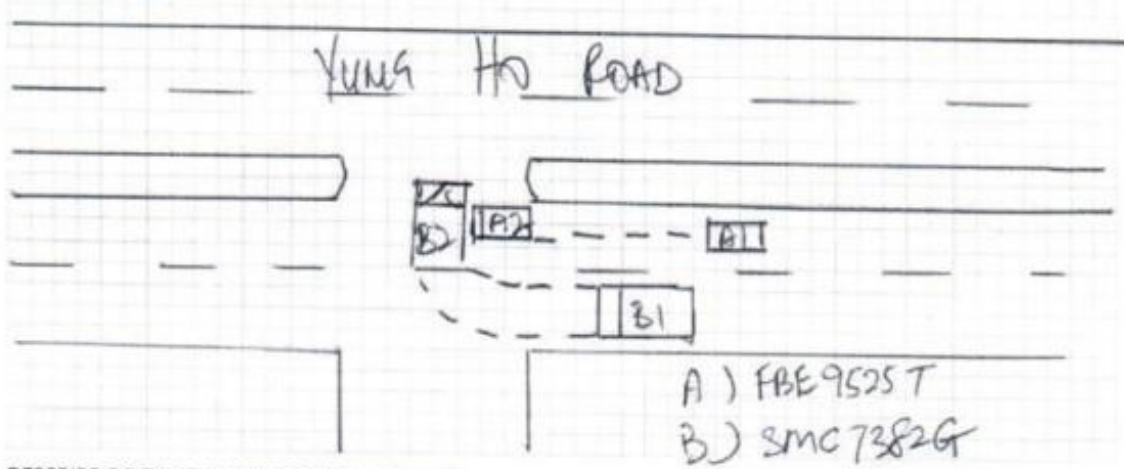
Name:

NRIC/FIN No.:

Rosa. Wong

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section:

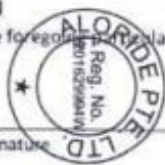
PUS REFER TO POLICE REPORT
7/20/90718/2084

DECLARATION

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

Policyholder's Signature

Date & Time:



Handwritten signature of the driver.

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Handwritten signature of the reporting center personnel.

Name:

NRIC/FIN No.:

Handwritten signature and date '23/09/07'.

POLICE REPORT

**SINGAPORE
POLICE FORCE**



T/20190718/2064

1 of 3

Report No. T/20190718/2064

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 12:52		Vide Report No.:		Station Diary No.: 81
Informant's Particulars				
Name of Informant: BOSE SARAVANAKUMAR		Address:		
ID Type / ID No.: FIN NO / G2341247R		Contact No.: Home/Office: Mobile: 93958310		
Nationality: INDIAN		Email:		
Sex: Male	Age: 30	Date of Birth: 16/07/1989	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: Construction Worker		Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/07/2019 15:00	Type of Location:
Location: Along Road 1 YUNG HO ROAD Along Yung Ho Road towards Corporation				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
FBE9525T	Motorcycle					0
SMC7382G	Car					0

Scanned with CamScanner

POLICE REPORT

**SINGAPORE
POLICE FORCE**



T/20190718/2064

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Report No. T/20190718/2064

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Brief Details.

On 17/07/2019 at about 1500hrs, I was riding my company's motorcycle (FBE9525T) along Yung Ho Road heading towards Corporation road.

It was a two lane road and I was riding on the right lane.

While I was still riding along Yung Ho Road, there was a gap inbetween the road divider kerb (near to Macdonalds) that allows right turns into a building. Right before I reaching the area of the gap, a vehicle on my left made a sudden right turn towards the said gap.

As I couldn't react and stop in time, I collided onto the driver side of the vehicle (SMC7382G). As a result of the collision, I fell from the motorcycle and felt pain to my arms, chest and knee area.

The driver alighted to make a check on me and apologised to me. Thereafter, Police and ambulance arrived at scene and I was assessed by the paramedics. I had refused conveyance as I wanted to go for a check-up on my own. My company colleagues also arrived at the scene to assist me.

I parked the motorcycle at the parking lot near Macdonalds and took a taxi home.

On 17/07/2019, I went to see a doctor and was given Medical Leave from 17/07/2019 to 19/07/2019. I had suffered abrasions to my arms and knee area.

Particulars of the driver:
Tang Chor Wan
S1748690Z

As a result of the collision, the motorcycle suffered damages to the front area.

POLICE REPORT

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20190718/2064

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Report No. T/20190718/2064

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 TING WEI YUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/07/2019 12:52

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

Scanned with CamScanner

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

