

## 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	24/07/2019 15:53
Date Of Accident	23/07/2019 20:40
Exact Location Of Accident	ALONG SOPHIA ROAD CARPARK NUMBER S0011 LOT 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4716G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASHOK KUMAR S/O PREMKUMAR
NRIC No	S9303591G
Email Address	ASHOKKUMAR3193@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93261611
Alternative Phone No	OTHERS-93261611

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR600RR-599CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5092910001-02
Cover Note Number	

### Driver

Name of Driver	ASHOK KUMAR S/O PREMKUMAR
NRIC No	S9303591G
Date Of Birth	31/01/1993
Occupation	INDOOR
Date Of Driving Pass	23/06/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93261611
Fax Number	
Contact Number	OTHERS-93261611
Email Address	ASHOKKUMAR3193@GMAIL.COM

Address	BLK 85 TELOK BLANGAH HEIGHTS #25-387
Postcode	100085
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ5389P
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID 1.8 CVT
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)

## Accident Sketch Plan

### SKETCH PLAN


#### 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. 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.

 24/07/2019  
Policyholder's Signature  
Date & Time:

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

 24/07/2019  
Reporting Centre Personnel's Signature  
Name: Resh Luthans  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description box: "P/S REF'd TO POLICE REPORT. 1/20190724/2066". The text is written diagonally across the lined area, enclosed within two parallel diagonal lines.

### DECLARATION

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

Adn. 24/07/2019  
Policyholder's Signature  
Date & Time:

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

24/07/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

[Signature]  
[Signature]

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190724/2066

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No: T/20190724/2066

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2019 12:42		Vide Report No.: E/20190723/0129		Station Diary No.: 23	
<b>Informant's Particulars</b>					
Name of Informant: ASHOK KUMAR S/O PREMKUMAR			Address: APT BLK 85 TELOK BLANGAH HEIGHTS #25-387 SINGAPORE 100085		
ID Type / ID No.: NRIC NO / S9303591G			Contact No.: Home/Office: Mobile: 93261611		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 31/01/1993	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: ASSOCIATE ENGINEER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/07/2019 20:40	Type of Location: Car Park
Location: Along Road 1 SOPHIA ROAD  ALONG SOPHIA ROAD, CARPARK NUMBER S0011, LOT 9.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4716G	Motorcycle	HONDA	CBR600RR	Black	Seriously Damaged	0
SLQ5389P	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190724/2066

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20190724/2066

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG4716G	NTUC Income Insurance Co-Operative Limited	5092910001-02	04/07/2019	03/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ASHOK KUMAR S/O PREMKUMAR		ID No. S9303591G
Related Vehicle	FBG4716G (Motorcycle)		Contact No. 93261611
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 23/07/2019 at about 1802hrs, I parked my motorcycle, registration plate number: FBG4716G, at Lot 9 of Carpark number: S0011 and went to school. At about 2125hrs, my school ended and I went back to the carpark, wanting to retrieve my motorcycle. Upon reaching the lot, I noticed that my motorcycle has been knocked over together with 2 other motorcycles. The entire circumference of both left and right of my motorcycle suffered damages.

I spotted Traffic Police by the side with a White car, SLQ5389P, and informed him about the situation. The Traffic Police acknowledges and informed me that the driver of said car has knocked over my motorcycle. He handed me a case card, reference: E/20190723/0129, in-charge case: IO Feroz, Tel: 6547 6206 and advised me to make a Police report. Thus, I am making this report for Police's investigation and for my insurance claim.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190724/2066

3 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190724/2066

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 CHOW YUN NI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/07/2019 12:42

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No: 65476185

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE

SN 49

SIGNATURE



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



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

