

## 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	13/08/2019 16:13
Date Of Accident	02/08/2019 16:30
Exact Location Of Accident	AYER RAJAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FW3694K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHETIARMURTHY S/O RETNASAMY
NRIC No	S1480848E
Email Address	SATHIAMURTHY61@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98809647
Alternative Phone No	OFFICE-98809647
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	TA200
Exact Purpose for which vehicle was being used at time of accident	
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0089590395-15
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHETIARMURTHY S/O RETNASAMY
NRIC No	S1480848E
Date Of Birth	08/08/1961
Occupation	INDOOR
Date Of Driving Pass	08/10/1991
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98809647
Fax Number	
Contact Number	OFFICE-98809647
Email Address	SATHIAMURTHY61@GMAIL.COM

Address	BLK 511 CHOA CHU KANG STREET 51 #03-245
Postcode	680511
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	COLLISION - CHANGE/CROSS LANE
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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	SH8028B
Vehicle Make/Model/Colour	
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	CHETIARMURTHY S/O RETNASAMY
Approximate Age	57
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FW3694K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**Sketch Plan**  
**SKETCH PLAN**

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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:

  
\_\_\_\_\_  
Reporting Centre Person's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer

To

Police

Report.

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:

Reporting Officer's Signature  
Name:  
IIR/IR No.:

## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20190803/7024

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

1 of 3

Report No. T/20190803/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/08/2019 20:44		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHETIARMURTHY S/O RETNASAMY			Address: APT BLK 511 CHOA CHU KANG STREET 51 #03-245 SINGAPORE 680511		
ID Type / ID No.: NRIC NO / S1480848E			Contact No.: Home/Office: Mobile: 98809647		
Nationality: SINGAPORE CITIZEN			Email: sathiamurthy61@gmail.com		
Sex: Male	Age: 57	Date of Birth: 08/08/1961	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/08/2019 16:30	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW3694K	Motorcycle	HONDA	TA200	White		0
SH8028B	Car	TOYOTA	PRIUS			0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW3694K	NTUC Income Insurance Co-Operative Limited	0089590395-15	06/03/2019	05/03/2020

## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20190803/7024

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

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Report No. T/20190803/7024

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	CHETIARMURTHY S/O RETNASAMY	ID No.	S1480848E
Related Vehicle	FW3694K (Motorcycle)	Contact No.	98809647
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	02/08/2019	Date Discharge	02/08/2019
No. of Days granted Medical Leave	21	Degree of Injury	Slight

Brief Details.

On 02/08/2019 at about 1630hrs, while I was riding my motorcycle along the AYE(Tuas), somewhere slightly after the Lower Delta flyover, I was travelling on the second lane when a Blue Comfort taxi bearing register plate number SH8028B, abruptly changed his lane from the first lane to my lane. The taxi driver, changed his lane without signalling or had any indication switch on to show that he was planning to come into my lane. As such, a collision subsequently occurred.

The accident caused both my motorcycle's side mirrors to be broken and, foot rest, IU machine and box container to be damaged. The comfort taxi sustained a slight dent on its bodykit just above the left rear tyre.

No other people or pedestrians were involved. No other vehicles were damaged.

Ambulance arrived just about 20minutes after the incident took place and I was conveyed to NUH. No police officers nor Traffic Police had attended to the scene.

Photos of the scene were captured.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20190803/7024

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

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Report No. T/20190803/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMMED FERAZ BIN HUSSEIN  
Contact No.: 65476206

Authentication Stamp  
NP108

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
03/08/2019 20:44

Classification Of Case: