

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	21/10/2019 13:04
Date Of Accident	19/10/2019 14:00
Exact Location Of Accident	JUNC GAMBAS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD6590D
Insured/Policyholder	
Name Of Registered Owner	RWARE PTE LTD
Co Reg No	201909822G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93696861
Alternative Phone No	OFFICE-93696861

Vehicle Particulars

Manufacturer	SYM
Model	GTS200
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5108520408
Cover Note Number	

Driver

Name of Driver	SIVAKUMAR S/O RETNAM NADARAJAN PILLAI
NRIC No	S8141523D
Date Of Birth	13/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82120245
Fax Number	
Contact Number	OFFICE-82120245
E-Mail Address	NOEMAIL

Address	BLK 549 WOODLANDS DRIVE 44 #02-98
Postcode	730549
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 ON COLLISION
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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 POLICE REPORT - T/2091019/2130.

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	SMF4844U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUI LUYANG
NRIC/Passport Number	S8979156A
Contact Number	82340986
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name SIVAKUMAR S/O RETNAM NADARAJAN PILLAI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBD6590D

Were seat belts worn?

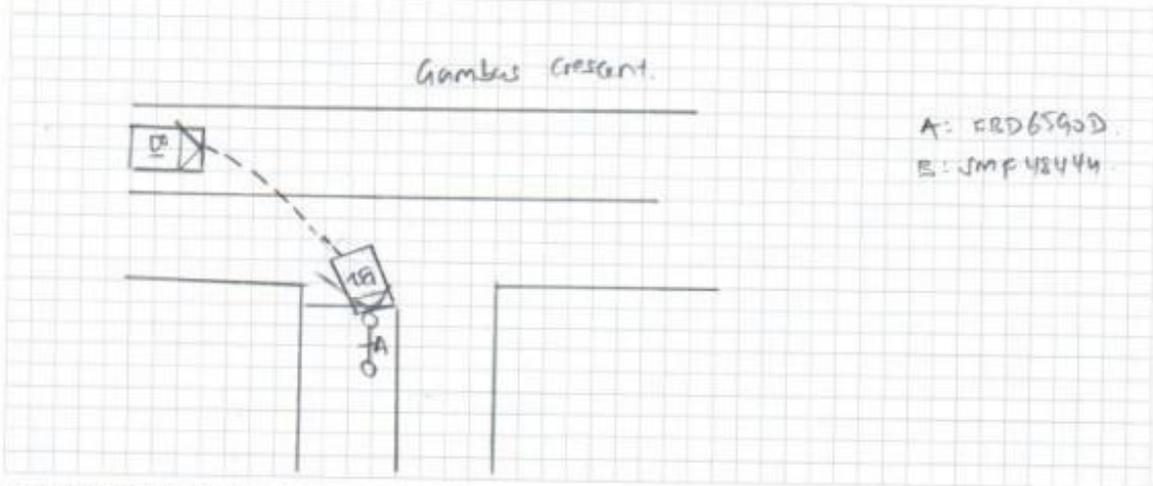
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN



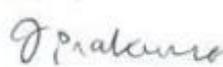
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - Throlg1019/2130.

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191019/2130

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20191019/2130

CONTINUATION OF REPORT

Rider			
Name	SIVAKUMAR S/O RETNAM NADARAJAN PILLAI	ID No.	S8141523D
Related Vehicle	FBD6590D (Motorcycle)	Contact No.	82120245
Hospital/Clinic	888 PLAZA FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	19/10/2019	Date Discharge	19/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Sui Luyang	ID No.	S8979156A
Related Vehicle	SMF4844U (Car)	Contact No.	82340986
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/10/2019 at about 1400hrs, I was riding my motorcycle (FBD6590D) along Sembawang Crescent. It was a T-junction and I was waiting for traffic to pass before I could ride off.

While waiting, one car (SMF4844U) turned towards my direction and hit me.

After the accident, we exchanged particulars.

Subsequently, I went to see doctor as my back felt pain and received a 3-day MC.

Police Report



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POLICE FORCE**



T/20191019/2130

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20191019/2130

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: L / Sgt 2 SER WEN LIANG	Signature Of Informant: <i>[Handwritten Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2019 21:27
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case: <i>[Handwritten Signature]</i> SN 130
Authentication Stamp NP168	<i>[Handwritten Signature]</i> Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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