

## 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	30/09/2019 09:14
Date Of Accident	24/09/2019 07:35
Exact Location Of Accident	KRANJI EXPRESSWAY NEAR WOODLANDS RD TO TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3624Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AYYASAMY VIJAYAKUMAR
NRIC No	S7564571F
Email Address	VIJAY_RIKEN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91613682
Alternative Phone No	OTHERS-91613682

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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	REPORTING ONLY
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	5108167563
Cover Note Number	

### Driver

Name of Driver	AYYASAMY VIJAYAKUMAR
NRIC No	S7564571F
Date Of Birth	05/06/1975
Occupation	INDOOR
Date Of Driving Pass	05/09/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91613682
Fax Number	
Contact Number	OTHERS-91613682
EEmail Address	VIJAY_RIKEN@YAHOO.COM

Address	BLK 655 #05-401 YISHUN AVENUE 4 SINGAPORE 760655
Postcode	760655
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?	NO
Was any other material or property damaged?	NO
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

On 24 September 2019 at about 7.35 AM , I was riding my Bike(FBK3624Z) Traveling along lane one of four lane of KRANJI EXPRESSWAY towards TUAS. Whilst traveling at the said road, There was another motorcycle (FBN8465S) on my left side was riding on the 2nd lane. When i reached near Woodlands road, he changed from lane 2 to lane one. That time he hit my left hand side handle bar of my bike, I lost my balance and fell down right side on the road. Just before he fell off, he had also hit on to the front car(SJY3718T) on the rear right bonnet after hit on to my left handle bar. After 20 minutes , Traffic police and Ambulance came spot. We both take first aid and I went myself KHOO TECH PUAT HOSPITAL. I injured right elbow and right knee 5cm deep abrasion. Doctor gave 7 days Out Patient sick leave and i follow up dressing in Ployclinic.

#### 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	FBN8465S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	DINIE FITRI BINSUKRI
NRIC/Passport Number	

Contact Number 94510504  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJY3718T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver KOO YONG KIM VINCENT  
NRIC/Passport Number  
Contact Number 97964657  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name AYYASAMY VIJAYAKUMAR  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBK3624Z  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name DINIE FITRI BINSUKRI  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBN8465S  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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.
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.

AYYASAMY VIJAYAKUMAR

28-09-2019 11:37:05 PM

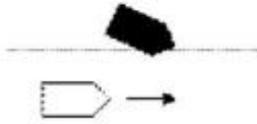
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting  
Centre Personnel

## Sketch Plan #2

### Sketch Plan



### Describe Circumstances of the Accident

 FBK3624Z

 FBN8465S

On 24 September 2019 at about 7.35 AM, I was riding my Bike(FBK3624Z) Traveling along lane one of four lane of KRANJI EXPRESSWAY towards TUAS. Whilst traveling at the said road, There was another motorcycle (FBN8465S) on my left side was riding on the 2nd lane. When I reached near Woodlands road, he changed from lane 2 to lane one. That time he hit my left hand side handle bar of my bike, I lost my balance and fell down right side on the road. Just before he fell off, he had also hit on to the front car(SJY3718T) on the rear right bonnet after hit on to my left handle bar. After 20 minutes, Traffic police and Ambulance came spot. We both take first aid and I went myself KHOO TECH PUAT HOSPITAL. I injured right elbow and right knee 5cm deep abrasion. Doctor gave 7 days Out Patient sick leave and I followig up dressing in Ployclinic.

### Declaration

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

AYYASAMY VIJAYAKUMAR

28-09-2019 11:37:05 PM

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting  
Centre Personnel



Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190925/2155

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20190925/2155

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3624Z	NTUC Income Insurance Co-Operative Limited	5108187563	13/03/2019	14/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AYYASAMY VIJAYAKUMAR		ID No.	S7564571F
Related Vehicle	FBK3624Z (Motorcycle)		Contact No.	91613682
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	24/09/2019		Date Discharge	24/09/2019
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Rider				
Name	DINIE FITRI BINSUKRI		ID No.	S9131732Z
Related Vehicle	FBN8465S (Motorcycle)		Contact No.	94510504
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	Slight
Driver				
Name	KOO YONG KIM VINCENT		ID No.	NIL
Related Vehicle	SJY3718T (Car)		Contact No.	97964657
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



Signature: \_\_\_\_\_

Singapore Police Force

Individual Statement



SINGAPORE POLICE FORCE



T/20190925/2155

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

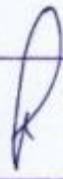
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Report No. T/20190925/2155

CONTINUATION OF REPORT

**Brief Details.**

On 24/09/2019 at about 0735hrs, I was riding my motorcycle bearing plate number FBK3624Z traveling along lane one of four lanes of Kranji Expressway. Whilst traveling at the said road, there was another motorcycle bearing plate number FBN8465S on my left side was riding on the 2nd lane. The rider was seen riding in between 2 cars. Thereafter, the rider came closed to me and hit on to my left handle bar. I lost balance and fell on to the ground. Just before he fell off, he had also hit on to the front car (SJY3718T) on the rear right bonnet after hit on to my left handle bar. Initially we wanted to settle among our self but then, I have sought medical treatment of my injuries and was given 7 days of outpatient sick leave.


 Signature:  SN 085  
 Singapore Police Force

*File*

IMPORTANT: Please submit a copy of this report to your nearest Police Station or to the Police Control Room (199) if you do not have the vehicle with you now. Please fax a copy to 63745552 during the report making hours.

Signature of Officer Handling the Report: 

Signature of the Reporter: 

Date: 24/09/2019

Classification of Case: 

Signature of the Officer: 

Singapore Police Force

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190925/2155

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20190925/2155

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 / Staff Sgt MOHAMED FARHAN BIN HUSIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2019 17:08
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No. 65476172	Classification Of Case:
Authentication Stamp: NP168  Signature: _____ Singapore Police Force	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

