

MMA 119140487

Preferred Wagon / ISC Assign Wagon / QW: /

Invoice dated _____ Per Charged _____

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	23/10/2019 11:05
Date Of Accident	02/10/2019 17:50
Exact Location Of Accident	WOODLANDS CENTRE RD TWDS AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8221A
Insured/Policyholder	
Name Of Registered Owner	A R S LALITHA D/O SAMIDURAI
NRIC No	S8272464H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84933240
Alternative Phone No	OFFICE-84933240

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104703401
Cover Note Number	

Driver

Name of Driver	A R S LALITHA D/O SAMIDURAI
NRIC No	S8272464H
Date Of Birth	01/03/1982
Occupation	INDOOR
Date Of Driving Pass	22/03/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84933240
Fax Number	
Contact Number	OFFICE-84933240
Email Address	NOEMAIL

Address	NO 16 JLN SRI PERKASA 1/11 TMN TAMPOI UTAMA TAMPOI JB
Postcode	81200
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 - OPENING DOOR OF VEHICLE
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191010/2112

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	SHC7148B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	A R S LALITHA D/O SAMIDURAI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBJ8221A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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.

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.:

A = FBI 8221A
B = SHC 7148B

Woodlands Centre Rd towards Ave 3

Refer to Police Report T/20191010/2112

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.:



SINGAPORE POLICE FORCE



T/20191010/2112

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

1 of 3

Report No. T/20191010/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2019 16:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: A R S LALITHA D/O SAMIDURAI			Address:		
ID Type / ID No.: NRIC NO / S8272464H			Contact No.: Home/Office: Mobile: 84933240		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 37	Date of Birth: 01/03/1982	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SECURITY SUPERVISOR			Driving Licence Information: Class: 2B,3,4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/10/2019 17:50	Type of Location:
Location: Along Road 1 WOODLANDS CENTRE ROAD TWRDS AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8221A	Motorcycle	YAMAHA	FZ 16 MANUAL	Blue	Slightly Damaged	0
SHC7148B	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ8221A	NTUC Income Insurance Co-Operative Limited	5104703401	15/10/2018	13/11/2019



SINGAPORE POLICE FORCE



T/20191010/2112

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

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Report No. T/20191010/2112

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	A R S LALITHA D/O SAMIDURAI	ID No.	S8272464H
Related Vehicle	FBJ8221A (Motorcycle)	Contact No.	84933240
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	02/10/2019	Date Discharge	03/10/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the above mentioned date time and location,

I was travelling along woodland centre road, twrds Woodlands ave 3. I was on the left lane. Vehicle had to stop due to the traffic junction. Motorist were traveling on the extreme left side. I followed the other motorist. Out of a sudden, a passenger of a taxi open the passenger door. I did not had time to react hence colliding into the door. I flew off the bike and was seriously injured. Passer-by rendered assistance and I was then conveyed to the nearest hospital. That's all.



**SINGAPORE
POLICE FORCE**



T/20191010/2112

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

3 of 3

Report No. T/20191010/2112

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: *lu*
TP /
MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

Authentication Stamp

NP168

Signature Of Informant:

AP

Date/Time:
10/10/2019 16:03

Classification Of Case:

SINGAPORE
POLICE FORCE

lu

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/10/2019 10:57"/>
Vehicle No.(For Motor)	<input type="text" value="FBJ8221A"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5104703401		A R S LALITHA D/O SAMIDURAI	S8272464H	GMC	Third Party, Fire & Theft	FBJ8221A	FBJ8221A	15/10/2018	13/11/2019

Claim Handling

Policy No.	S104703401	Vehicle No.	FB8221A	GST Registration No.	
Certificate No.					
Policyholder Name	A R S LALITHA D/O SAMIDURAI			Policyholder NRIC	58272464H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	84933240	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	23/10/2019 11:43	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	02/10/2019	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CENTRE RD TWINS AVE 2				

▼ Expense

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	NO 16 JALAN SRI PERKASA 1/1	Address 2	TAMAN TAMPOI UTAMA	Address 3	81200 JOHOR BAHRU
Address 4		Address Type	Foreign address	Post Code	000000
Unit No.		Related Policy Number	5104703401		

01 Driver Info

Driver Name	A R S LALITHA D/G SAMIDURAJ	Driver Type	Main Driver	Driver DOB	01/03/1982
Unnamed driver Name		Driver NRIC	S8272464H	Driving Experience	9
Register Date of Driver License	22/03/2010	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	84933240	Contact No.(Office)		Address 3	81200 JOHOR BAHRU
Address 1	NO 16 JALAN SRI PERKASA 1/15	Address 2	TAMAN TAMPOI UTAMA	Post Code	000000
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? ☒ Yes ☐ No

Modification History

Claim 001 New

Claim Type *			Insured Name	A R S LALITHA D/O SAMIDURAI		Insured NRIC	S8272*	
Contact No. (Mobile)			Contact No. (Home)	010-8277046		Contact No. (Office)		
Email Address			Oil Vehicle Number	FBJ8221A		TP Vehicle Number	SHC71	
Claim Description			#BJ8221A / SHC7148B ON 2 Oct 2019					
Preferred Workshop	Insured Liability		Not at Fault					
Finalisation	Repair Option		Preferred Workshop, Name unknown		GIA report		Received	
Date Registered					Claim Close Date		23/10/2019	
Report Taken By					Date Received		23/10/2019	
Print AK letter								

Save Submit

Attachment

[illegible]

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Oct 2019, 11:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-23	



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:48	SAS	Normal	SAS 2019-10-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:48	Photos	Normal	Photos 2019-10-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:48	Photos	Normal	Photos 2019-10-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:48	Photos	Normal	Photos 2019-10-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:48	Photos	Normal	Photos 2019-10-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:48	Photos	Normal	Photos 2019-10-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:47	Photos	Normal	Photos 2019-10-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:47	Photos	Normal	Photos 2019-10-23
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:47	Photos	Normal	Photos 2019-10-23
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:46	Photos	Normal	Photos 2019-10-23
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 11:46	Photos	Normal	Photos 2019-10-23

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