#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/11/2019 17:34
Date Of Accident	08/11/2019 09:15
Exact Location Of Accident	BRADDELL ROAD TOWARDS LORNIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF3728J
Insured/Policyholder	
Name Of Registered Owner	K JEGATHEESS
NRIC No	S9045792F
Email Address	JEG2211@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91812975
Alternative Phone No	OTHERS-91812975
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR1000RR-999CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
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	5112246344
Cover Note Number	

#### Driver

Name of Driver K JEGATHEESS
NRIC No S9045792F
Date Of Birth 22/11/1990
Occupation INDOOR
Date Of Driving Pass 28/04/2016

Driving Experience 3 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91812975

Fax Number

Contact Number OTHERS-91812975

EMail Address JEG2211@HOTMAIL.COM

Address 106K AH SOO WALK

Postcode 536736

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)

2

involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?
Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PAYA LEBAR NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 ,

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: 1800-2899999 - FAX NO: 62815961

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/2091108/2054

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 UNKNOWN

Vehicle Make/Model/Colour

ONKINOVIN

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

### **DETAILS OF INJURED PERSON 1**

Name K JEGATHEESS

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBF3728J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### 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)
  - (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
- (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
- 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.
- 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

08/11/2019

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signat

NRIC/FIN No.:

### **Accident Sketch Plan**

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### POLICE REPORT





1 01

Report No. T/20191108/2054

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

REPORT O	F A TRAFFIC	ACCIDENT		laur Blacker	
Date/Time Report Made: 08/11/2019 13:12			Vide Report No.:	Station Diary No.: 19	
Informa	nt's Particu	ulars			
and the second second	Informant: THEESSH		Address: 106K AH SOO WALK SIN	IGAPORE 536736	
ID Type / ID No.: NRIC NO / S9045792F			Contact No.: Home/Office:	Mobile: 91812975	
National	ity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 28	Date of Birth: 22/11/1990	Rider		
Race: Indian			Language:	Institution / School Name:	
Occupation: Sales and marketing manager		g manager	Driving Licence Informati Class: 2B,2A,2,3	on: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2019 09:1	Type of Location Straight Road
BRADDELL I				Road Speed Limit:
Raining	*	Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Colli	Anyone conveyed by ambulance: No			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3728J	Motorcycle	HONDA	CBR1000RR	Black		0
GY7034S	Van				-	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3728J	NTUC Income Insurance Co-Operative	5112246344	29/08/2019	09/06/2020

### POLICE REPORT





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

2 of 3 Report No. T/20191108/2054

CONTINUATION OF REPORT

# Brief Details.

On 08/11/2019 at about 0910hrs, I was riding my bike bearing registration number FBF3728J along Braddell Road towards Lornie Road on the 2nd lane of a 5-lane road. Nothing was amiss.

On the same day at about 0915hrs, I then noticed that there was a White Audi car (Unknown registration number) moving on the 1st lane. The said car then suddenly made an abrupt swerved into the 4th lane and left the vicinity instantly. At that point of time there was a van bearing registration number GY7034S which was moving on the 3rd lane made a jammed brake due to the sudden swerved of the said Audi car.

Thus I had to make a jam brake to avoid on the collision with the van and unfortunately my bike got self-skidded. I then fell to the ground. Not long after the said van driver namely Ragu (Hp: 98172885) came to assist me. Soon after I called for police assistance vide E/20191108/0062.

Traffic Police and ambulance arrived at scene not long after. Due to the accident I sustained an abrasion on my right arm. I did not require any ambulance conveyance.

I wish to state that my bike's foot pegs and front brake disk was damaged. In addition my bike ferring were also damage. However my bike are still able to move off.

There is a CCTV at the said location. I was then advised to make a repor for Traffic Police assistance.

### POLICE REPORT





3 of 3 Report No. T/20191108/2054

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

CONTINUATION OF REPORT

### Sketch Plan

NP168

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.

Sgt 3 SYED NAFIS BIN SYED HUSSAIN	· do
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2019 13:12
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

























