

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	15/11/2019 00:49
Date Of Accident	09/09/2019 12:45
Exact Location Of Accident	ALONG ROAD 1 UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1635P
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN PTE LTD
Co Reg No	197000288K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62816520

Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155 ABS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	AVFMSB0000651800
Cover Note Number	

Driver

Name of Driver	JAYADEVI TANASEKARAN
NRIC No	G8811936W
Date Of Birth	10/09/1985
Occupation	INDOOR
Date Of Driving Pass	13/09/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-85021009
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NIL
Postcode	
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	SIDE SWIPE
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20190918/2152 LODGE AT SENGKANG NPC ON 09/09/2019 AT ABOUT 1245HRS, I WAS ON MY LTA SUMMON DUTY AND I WAS DISPATCHED TO UPPER SERANGOON AREA. AFTER I FINISHED MY SUMMON ACTIONS, I WAS ON MY COMPANY MOTORCYCLES FBN1635P AND WAS TRAVELLING ALONG THE CENTER LANE OF UPPER SERANGOON ROAD TOWARDS SENGKANG EAST RD WHEN THERE WAS A CAR, SKW8012L FROM THE RIGHT LANE CUT INTO MY LANE AND COLLIDED WITH MY MOTORCYCLE AND I RESULTED IN A FALL AND I SUFFERED AN ABRASION ON MY RIGHT KNEE. AMBULANCE AND TRAFFIC POLICE CAME, I WAS CONVEYED TO SENGKANG GENERAL HOSPITAL FOR TREATMENT AND I WAS WARDED FOR 1 DAY AND WAS GIVEN 14 DAYS HOSPITALIZATION LEAVE. I HAVE CAMERA INSTALLED ON MY COMPANY MOTORCYCLE AND IT WAS ALREADY SUBMITTED TO THE TRAFFIC POLICE ALREADY

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW8012L
Vehicle Make/Model/Colour	KIA / FORTE K3 1.6A EX
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG HAI TAL

NRIC/Passport Number S6898068B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JAYADEVI TANASEKARAN
Approximate Age
Injuries Sustain SUFFERED AN ABRASION ON RIGHT KNEE
Injured person in which vehicle? FBN1635P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

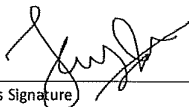
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR**

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

Accident Sketch Plan Pg. 1

Sketch Plan #2

SKETCH PLAN

A-FBN1635P
B-SKW8012L

UPPER
REEMPAW
Ramp

CONTACT

↑ ↑ ↑

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

We declare the foregoing particulars are true in every respect.

Driver's Signature
(if driver is not the policyholder)



Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature
Name:
NRIC/PIH No.:

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police report

 SINGAPORE POLICE FORCE						
Police Station Of Origin Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No 1800-343 8969		Report No: T201909090084				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made 18/09/2019 17:31		Vide Report No. F/201909090084				
		Station Diary No. 118				
Informant's Particulars						
Name of Informant JAYADEVI TANASEKARAN		Address				
ID Type / ID No. FIN NO / G8811930W		Contact No. Home/Office				
Nationality MALAYSIAN		Email				
Sex Female	Age 34	Date of Birth 10/09/1985	Type of Informant Rider			
Race Indian		Language English	Institution / School Name			
Occupation CERTIS CISCO OFFICER		Driving Licence Information Class				
		Date of Expiry				
General Information of the Accident						
Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 09/09/2019 12:45			
Type of Location Straight Road						
Location Along Road 1 UPPER SERANGOON ROAD						
Towards Sengkang East Dr						
Weather Clear	Road Surface Dry		Road Speed Limit			
Traffic Flow	Traffic Control		Traffic Volume Heavy			
Type of Collision Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance No			
Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBN1635P	Motorcycle					0
SKW8012L	Car					0
Details of Person Involved						
Any Pedestrian Involved No						
No. of Pedestrians Injured Nil				Use of Pedestrian Crossing NA		

police report

Continuation of Report

Section 1: Driver Information

Name	JOYCE H. TANAKAWAT	ID No.	GBX110000
Vehicle No.	FD11000 (motorcycle)	Contact No.	8016552
Employer	BENGHANG GENERAL HOSPITAL PTE LTD	Class of Driving License & Expiry Date	Class 3A Date of Expiry: NIL
Date of Injury	09/09/2018	Date Discharge	10/09/2018
No. of Days Granted Medical Leave	14	Degree of Injury	NIL

Section 2: Incident Details

On 09/09/2018 at about 1245hrs, I was on my LTA summon duty and I was dispatched to Upper Serangoon area. After I finished my summon actions, I was on my company motorcycle FD11000 and was travelling along the centre lane of Upper Serangoon Road towards Banglang East Dr when I was hit by a car, SK110121. I was the right lane and hit my lane and collided with my motorcycle and I resulted in a fall and I sustained an abrasion on my right arm.

After ambulance and Traffic Police arrived, I was conveyed to Benglang General Hospital for treatment and I was worked for 1 day and was given 14 days of medical leave. I have camera installed on my company motorcycle and it was already submitted to the Traffic Police already.

I was advised by Traffic Police to make this report.



1999年12月 5日

Abstract

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