

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	22/11/2019 17:26
Date Of Accident	22/11/2019 00:50
Exact Location Of Accident	JOHOR CAUSEWAY POINT RD TOWARDS JOHOR CHECK POINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4891S
Insured/Policyholder	
Name Of Registered Owner	HARI KRISHNA S/O SOCKALINGAM
NRIC No	S9518083C
Email Address	HAZMAIL185@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88081359
Alternative Phone No	OTHERS-88081359

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO JOHOR BAHRU
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	5106000403
Cover Note Number	

Driver

Name of Driver	HARI KRISHNA S/O SOCKALINGAM
NRIC No	S9518083C
Date Of Birth	18/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88081359
Fax Number	
Contact Number	OTHERS-88081359
EEmail Address	HAZMAIL185@GMAIL.COM

Address	BLK 36 TEBAN GARDENS ROAD #10-293
Postcode	600036
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	COLLIDED INTO PROPERTY
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 DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20191122/705

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	JPV234
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD FATHI KAMIL BIN ABD SAMAD
NRIC/Passport Number	
Contact Number	88081359
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HARI KRISHNA S/O SOCKALINGAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ4891S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 22/11/19

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Office To Police Report
2/20/9/22/7005

DECLARATION

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

Policyholder's Signature
Date & Time: 22/11/12

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

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

Estimated Amount of Loss: RM 20

POLICE REPORT



**SINGAPORE
POLICE FORCE**



L/20191122/7005

1 of 2

POLICE REPORT (NP299)

Report No. L/20191122/7005

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 22/11/2019 02:27	Vide Report No.	Station Diary No.
Name Of Informant HARI KRISHNA S/O SOCKALINGAM	Address 36 TEBAN GARDENS ROAD #10-293 SINGAPORE 600036	
ID Type / ID No. NRIC NO / S9518083C	Contact No. Home/Office:	Mobile: 88081359
Nationality SINGAPORE CITIZEN	Email Address HAZMAIL185@GMAIL.COM	
Occupation	Sex Male	Age 24
Delivery	Date of Birth 18/05/1995	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 22/11/2019 00:45 - 22/11/2019 00:53	Location Of Incident Oversea, Malaysia along Johor Causeway Point Road towards Johor Checkpoint Direction	

Brief details.

On 22/11/2019 at about 1245hrs, I was riding my motorbike (FBJ4891S) and riding along the Johor Causeway Point Road at Malaysia towards Johor Checkpoint direction. The road was a 1 lane road and designated for motorbike riders only. I was riding behind a few motorbike and approaching an uphill. Subsequently, a few motorbike was in front of me blocking my front view and there were several traffic cones placed in the middle of the road which was difficult for me to notice. Suddenly, the front motorbikes suddenly swerve to the left and right direction and a traffic cone suddenly appeared in-front of me. I am

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2019 02:27
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



L/20191122/7005

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191122/7005

unable to react on time and hit onto the traffic cone. I am unable to maintain my balance and fall to my right side and skidded for a short distance. I managed to get by myself and moved to the side of the road. While there were some passer-by stopped and assisted to move my motorbike to the side. The passer-by checked with me if I am in good condition. I inform the passer-by that I am alright and able to move off by myself. Subsequently, a construction site supervisor approached namely: Mohd Fathi Kamil Bin Abd Samad, HP: 0137705584 stating to contact him to compensate for the motorbike damages and the injury caused. There was no ambulance or Malaysia Police came down to scene. I am now lodging this police report for own record purpose and own follow-up. I wish to state that I am considering of lodging a Malaysia Traffic Accident report.

Subjects Involved			
Victim			
Person Name	HARI KRISHNA S/O SOCKALINGAM		
ID Type	NRIC NO	ID No	S9518083C
Gender	Male	Age	24
Race	Indian	Language	English
Occupation	Delivery	Address	36 TEBAN GARDENS ROAD #10-293 SINGAPORE 600036
Mobile No	88081359	Is Informant A Victim?	Yes
Person Name	HARI KRISHNA S/O SOCKALINGAM (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	22/11/2019 02:27
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



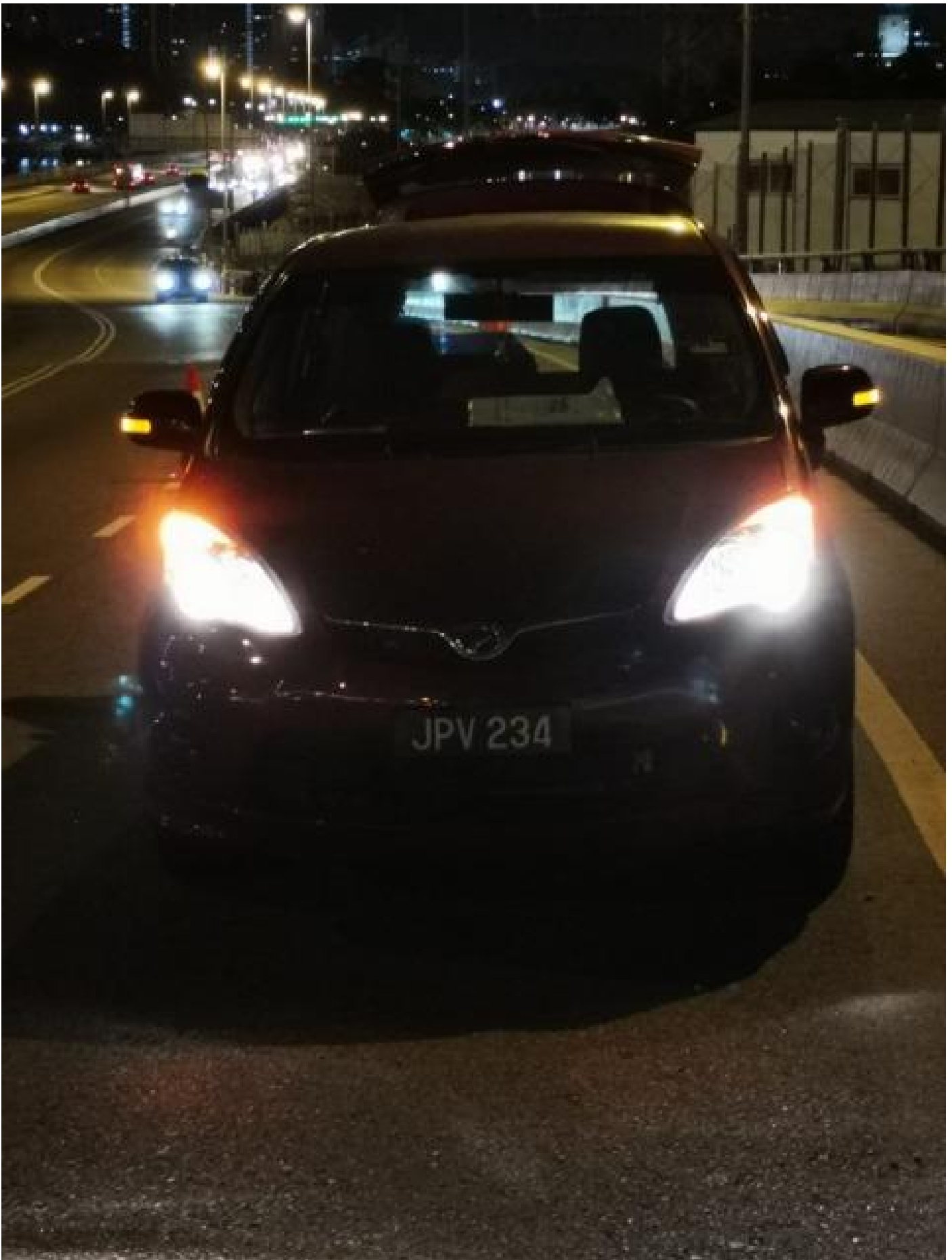
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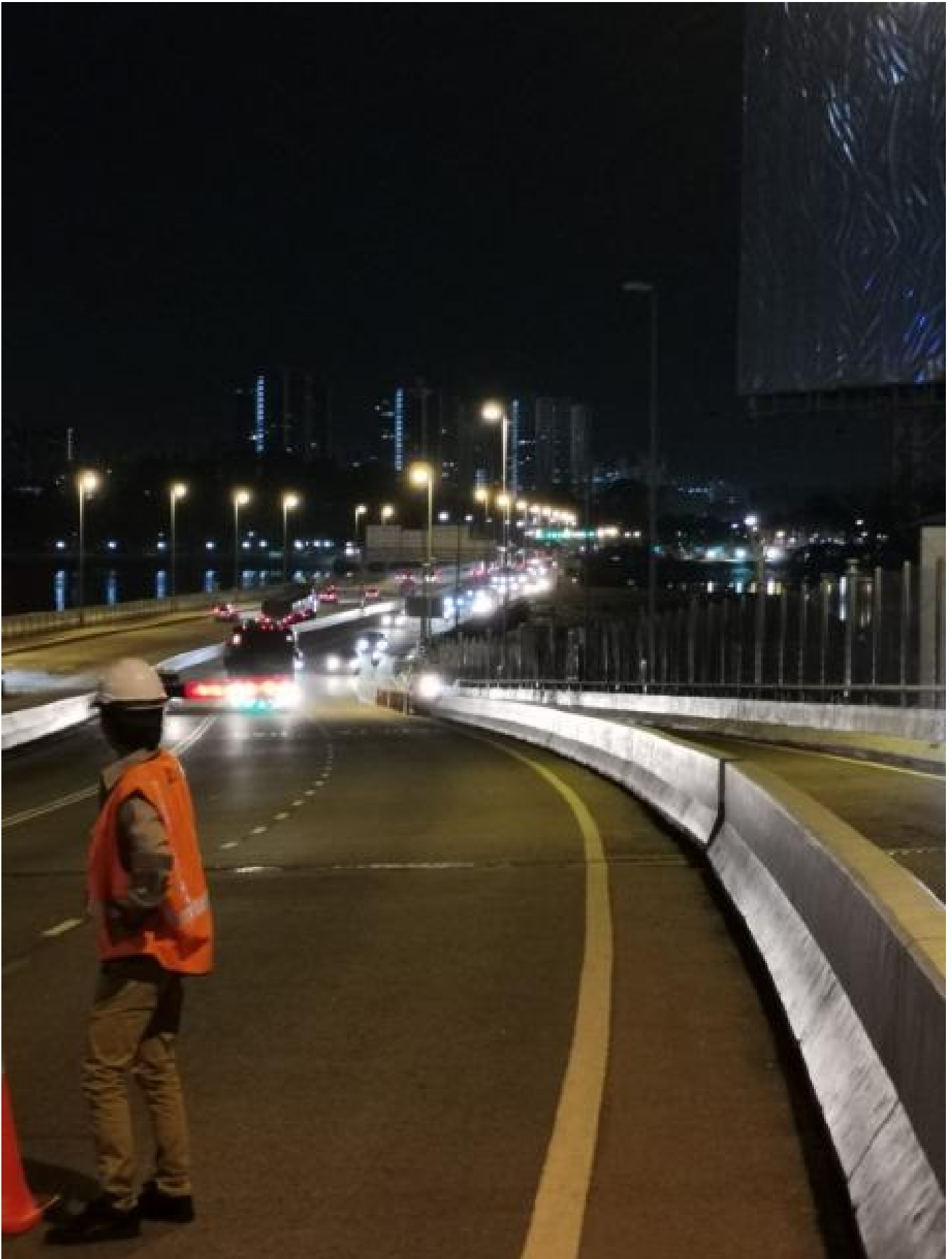
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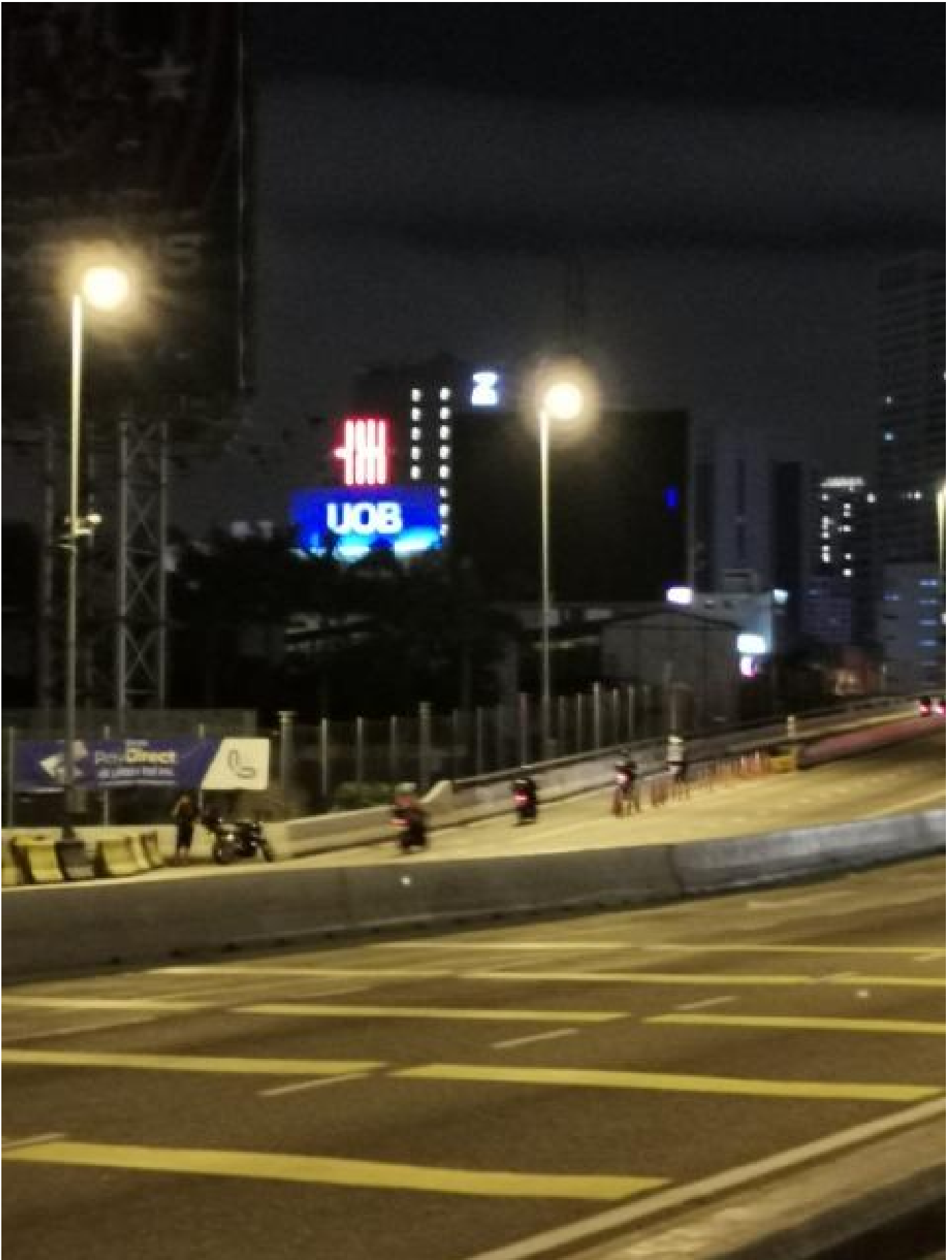
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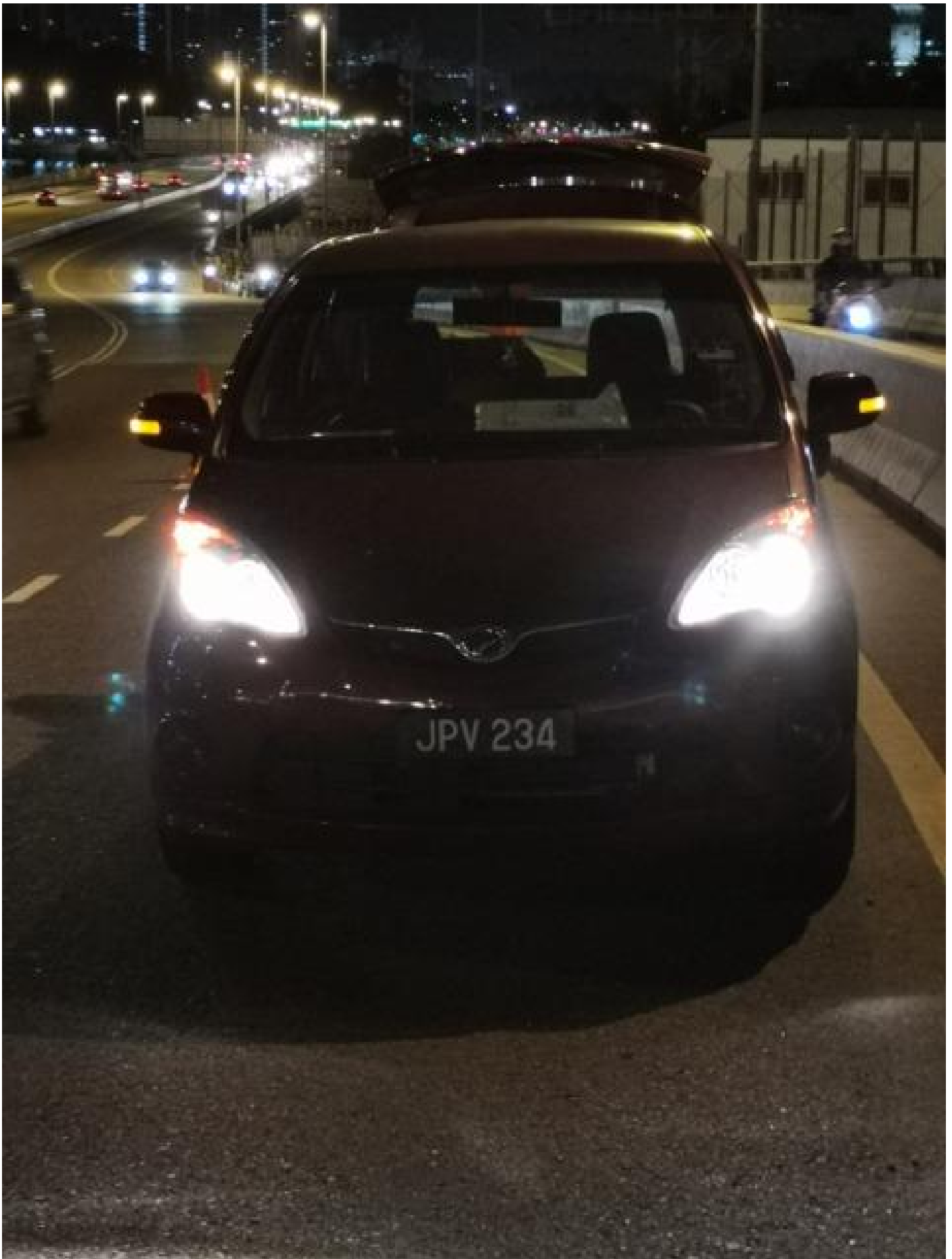
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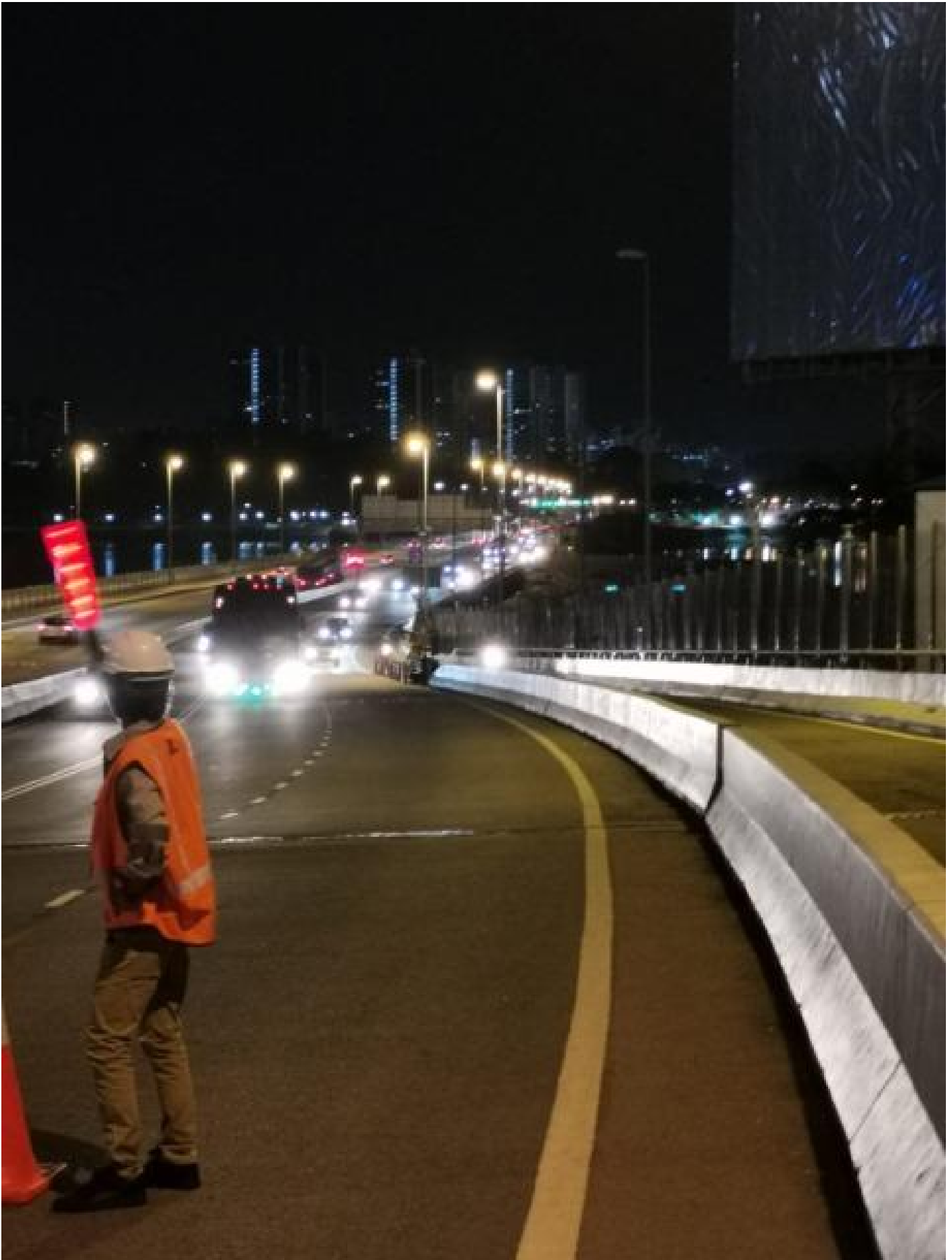
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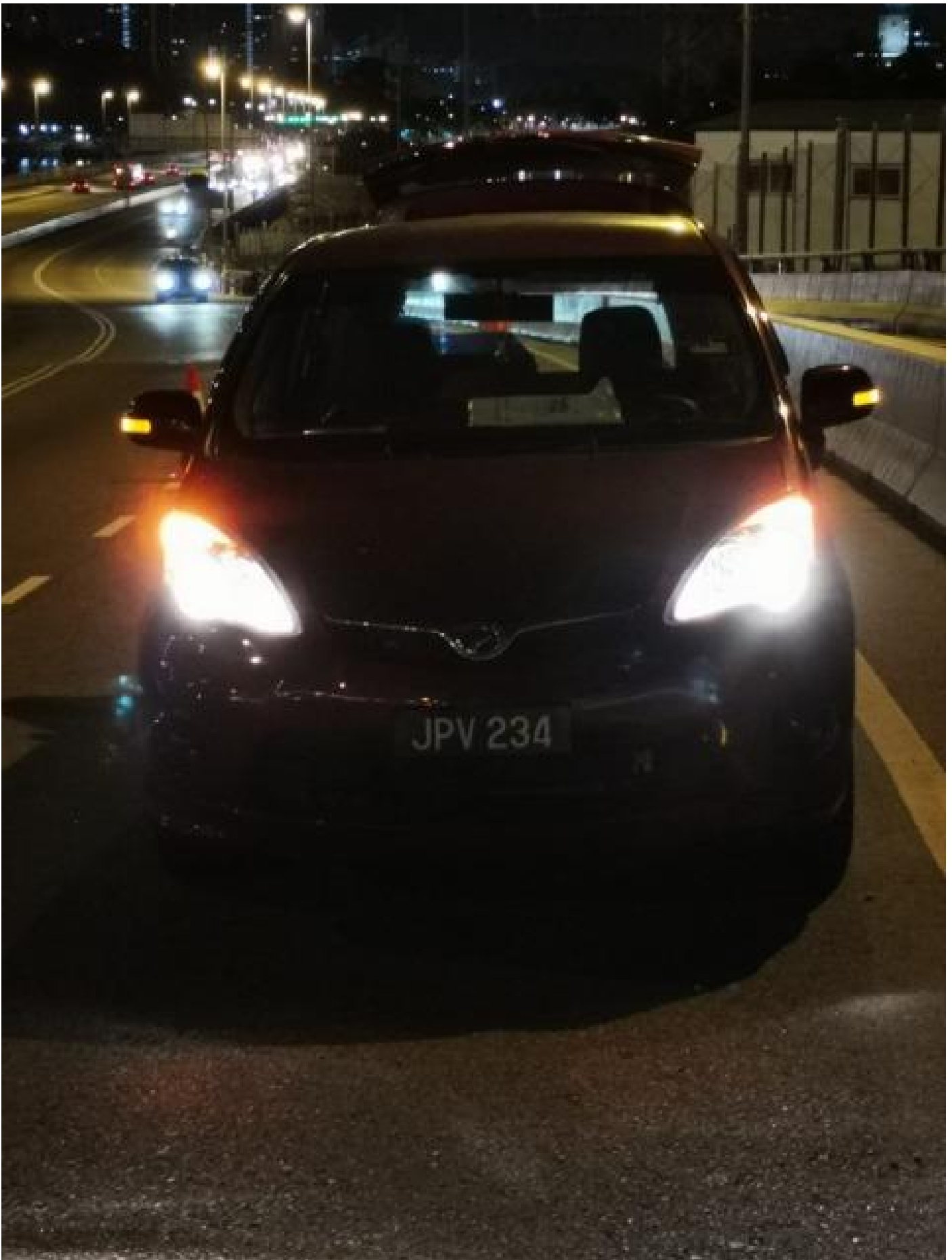
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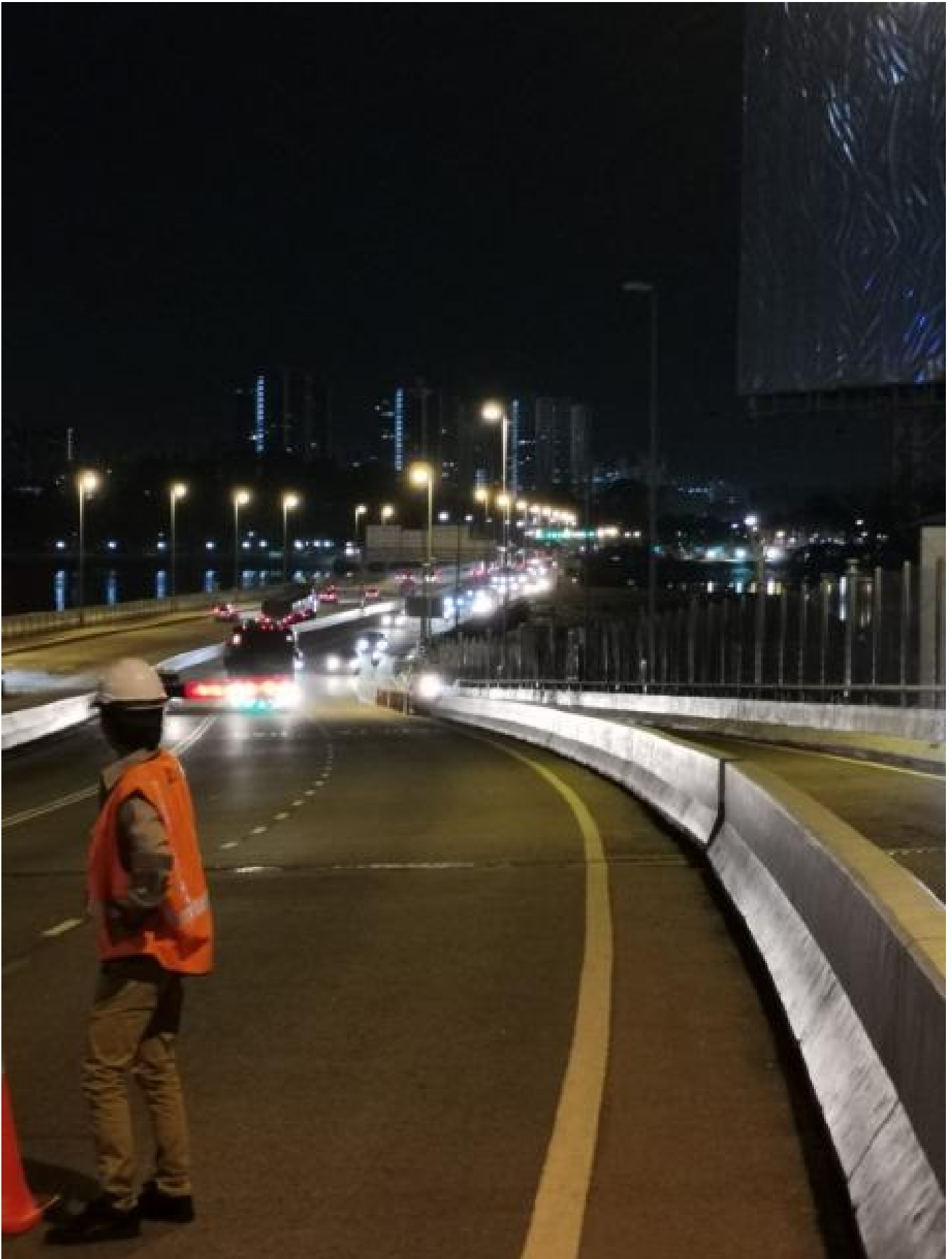
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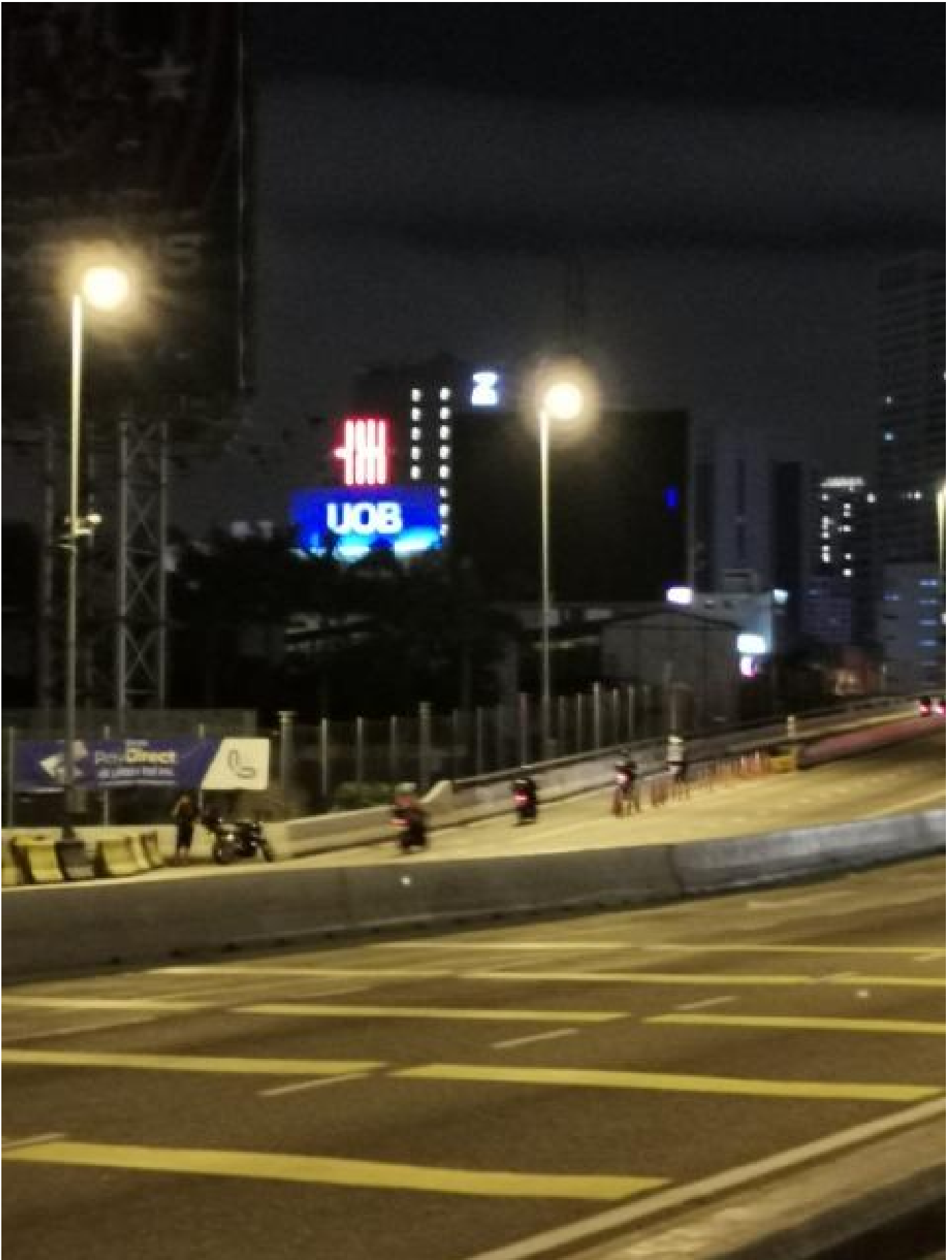
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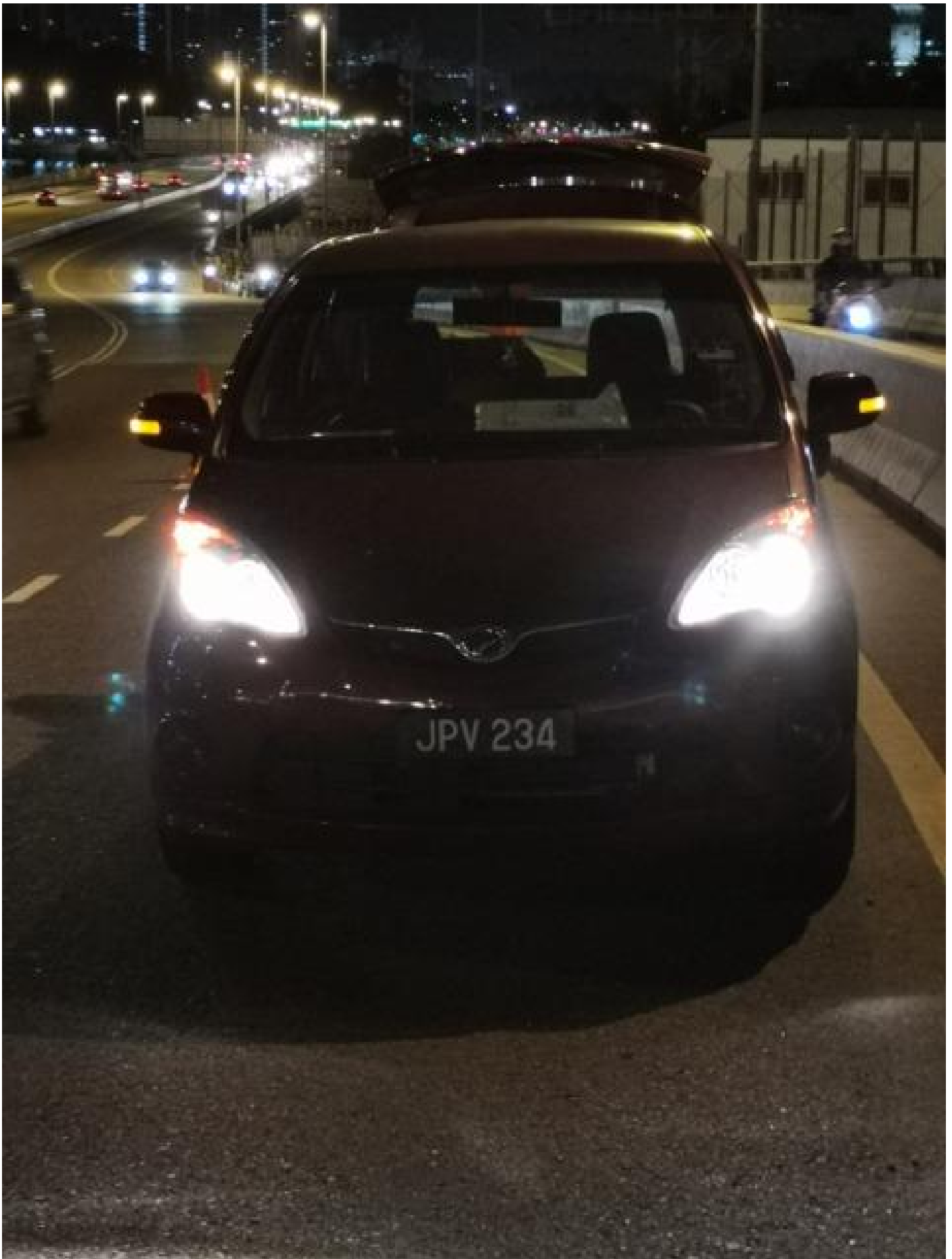
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