

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	04/12/2019 15:06
Date Of Accident	30/11/2019 04:00
Exact Location Of Accident	JUNC OF HOUGANG AVE 4 & HOUGANG AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7820L
Insured/Policyholder	
Name Of Registered Owner	DURAIRAJ LAKSHMANAN
NRIC No	S8079789C
Email Address	LAKCHANA82@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91702249
Alternative Phone No	OTHERS-91702249

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5099372018-01
Cover Note Number	

Driver

Name of Driver	DHARMARAJ KALEESHWARAN
Passport No/FIN	G3870180R
Date Of Birth	01/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	30/09/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85155076
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 534 HOUGANG ST 52 #02-32
Postcode	530534
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191130/2107

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	SKE8060S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	DHARMARAJ KALEESHWARAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM7820L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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.

Signature
04/12/2019

Policyholder's Signature
Date & Time:

Signature
04/12/19

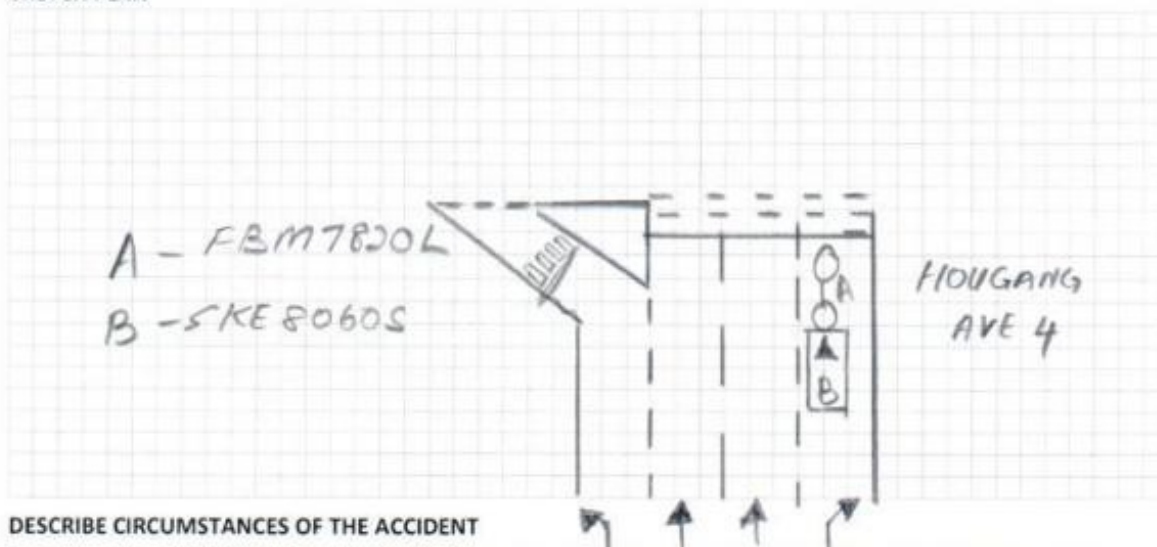
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Signature 04/12/19

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/2019/1130/2107

DECLARATION

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

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191130/2107

Police Station Of Origin:
Hougang N.P.C

2 of 3

60 Hougang Avenue 9 SINGAPORE 538775

Report No. T/20191130/2107

Tel No: 1800-4890999

CONTINUATION OF REPORT

Rider			
Name	DHARMARAJ KALEESHWARAN	ID No.	G3870180R
Related Vehicle	FBM7820L (Motorcycle)	Contact No.	85155076
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	30/11/2019	Date Discharge	30/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/11/2019 at about 0400hrs I was riding my motorcycle registration number FBM7820L along Hougang Ave 4 turning into Hougang Ave 8. While waiting for the traffic light to turn green, suddenly once vehicle registration number SKE8060S hit my motorcycle from the rear which cause me to be thrown out of the motorcycle around 2m from the stop line.

My motorcycle suffered slight damaged. Traffic Police and Ambulance at scene. I was not conveyed by ambulance. My friend send me to the hospital for medical treatment. I am not sure if there is CCTV around the vicinity. I was advised to lodged Police report vide report number F/20191130/0054.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191130/2107

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 539775
Tel No: 1800-4890999

1 of 3

Report No: T/20191130/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2019 17:32		Vide Report No.:		Station Diary No. 102
Informant's Particulars				
Name of Informant: DHARMARAJ KALEESHWARAN		Address: APT BLK 534 HOUGANG STREET 52 #02-32 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 530534		
ID Type / ID No.: FIN NO / G3870180R		Contact No.: Home/Office: Mobile: 85155076		
Nationality: INDIAN		Email:		
Sex: Male	Age: 24	Date of Birth: 01/07/1995	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: SUPERVISOR		Driving Licence Information: Class: 2B, 3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2019 04:00	Type of Location: X-Junction
Location: Along Road 1 HOUGANG AVENUE 4 Hougang Ave 4 Junction towards Hougang Ave 8 (Junction) Lamp Post Number: 33				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7820L	Motorcycle				Slightly Damaged	0
SKE8050S	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20191130/2107

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 3

Report No. T/20191130/2107

CONTINUATION OF REPORT

Rider			
Name	DHARMARAJ KALEESHWARAN	ID No.	G3870180R
Related Vehicle	FBM7820L (Motorcycle)	Contact No.	85155078
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	30/11/2019	Date Discharge	30/11/2019
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Police Report



**SINGAPORE
POLICE FORCE**



T/20181130/2107

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No: T/20181130/2107

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:

F /

Sgt 3 YASMIN BINTE MAZLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/11/2019 17:32

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65475436

Classification Of Case:

Authentication Stamp

NP168