

## 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	05/12/2019 17:00
Date Of Accident	03/12/2019 06:05
Exact Location Of Accident	ALONG AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4950G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HARIDASS S/O MUNIANDY
NRIC No	S7775735Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87405176
Alternative Phone No	OTHERS-87405176

### Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MSS A
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	5104832701
Cover Note Number	

### Driver

Name of Driver	HARIDASS S/O MUNIANDY
NRIC No	S7775735Z
Date Of Birth	14/08/1977
Occupation	INDOOR
Date Of Driving Pass	21/07/2003
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87405176
Fax Number	
Contact Number	OTHERS-87405176
EEmail Address	NOEMAIL

Address	23 ELIAS ROAD #08-08 RIS GRANDEUR
Postcode	519930
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	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?	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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVENUE 9 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2180000 - <b>FAX NO:</b> 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20191205/2033;

#### 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	SHC3076B
Vehicle Make/Model/Colour	MERCEDES BENZ / E 220 CDI BLUEEFFICIENCY
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	HARIDASS S/O MUNIANDY
Approximate Age	42
Injuries Sustain	
Injured person in which vehicle?	FBE4950G
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	23 ELIAS ROAD #08-08 RIS GRANDEUR
Postcode	519930

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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) 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:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: - 5 DEC 2019

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report no T/20191205/2033 &  
T/20191205/2038

## 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:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vack@idac.com.sg](mailto:vack@idac.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 5 DEC 2019

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20191205/2033

Police Station Of Origin:  
Ang Mo Kio Driving Test Centre  
3 Ang Mo Kio Street 62 SINGAPORE 569139  
Tel No: 64839213

1 of 3

Report No. T/20191205/2033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2019 11:42	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: HARIDASS S/O MUNIANDY			Address: 23 ELIAS ROAD #08-08 RIS GRANDEUR SINGAPORE 519930	
ID Type / ID No.: NRIC NO / S7775735Z			Contact No.: Home/Office: Mobile: 87405176	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 42	Date of Birth: 14/08/1977	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: Aircraft engine mechanic			Driving Licence Information: Class: 2B Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/12/2019 06:05	Type of Location:
Location: Along Road 1 AIRPORT BOULEVARD  TOWARDS TERMINAL 2 AIRPORT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4950G	Motorcycle	HONDA	ANF125MSS A	Black		0
SHC3076B	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE4950G	NTUC Income Insurance Co-Operative Limited	5104832701	11/11/2018	10/05/2020

## Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20191205/2033

Police Station Of Origin:  
Ang Mo Kio Driving Test Centre  
3 Ang Mo Kio Street 62 SINGAPORE 569139  
Tel No: 64839213

2 of 3

Report No. T/20191205/2033

CONTINUATION OF REPORT

### **Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION  
I WAS TRAVELING ALONG THE SECOND LANE OF AIRPORT BOULEVARD ROAD TOWARDS  
AIRPORT TERMINAL 2 WHEN SUDDENLY THE TAXI COLLIDED ONTO ME FROM THE LEFT  
CAUSING ME TO LOSE BALANCE SKID AND I THEN FELL ONTO THE ROAD. I WAS THEN  
CONVEYED TO CGH AND GIVEN 14 DAYS OF HOSPITAL LEAVE FROM 3/12/2019 - 16/12/2019. I  
SUFFERED ABRASIONS ON MY LEFT PALM, LEFT ELBOW AND DISLOCATION ON MY LEFT  
SHOULDER.

## Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20191205/2033

Police Station Of Origin:  
Ang Mo Kio Driving Test Centre  
3 Ang Mo Kio Street 62 SINGAPORE 569139  
Tel No: 64839213

3 of 3

Report No. T/20191205/2033

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: TP / BERNARD KOH REN JUN 	Signature Of Informant:  
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2019 11:42
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	 <b>SINGAPORE POLICE FORCE</b>



## Accident Sketch Plan



T/20191205/2038

1 of 2

Report No. T/20191205/2038

### Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No	T/20191205/2033
Report Number	T/20191205/2038
Vide Report Number	
Date/Time of Report Made	05/12/2019 11:52
Place Report Lodged	Traffic Police
Type of Informant	Rider
Name of Informant	HARIDASS S/O MUNIANDY
ID Type / ID No.	NRIC NO / S7775735Z
Home/Office	
Mobile	87405176
Email	
Type of Accident	Injury / Conveyed By Ambulance
Drink Drive	No
Anyone conveyed by ambulance	Yes
Date/Time of Accident	03/12/2019 06:05

#### **Brief Facts.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG THE SECOND LANE OF AIRPORT BOULEVARD ROAD TOWARDS TERMINAL 2 AIRPORT WHEN SUDDENLY A TAXI COLLIDED ONTO ME FROM THE LEFT HAND SIDE CAUSING ME LOSE BALANCE AND FELL ONTO THE ROAD. I WAS CONVEYED TO CGH AND GIVEN 14 DAYS OF HOPSITAL LEAVE FROM 03/12/2019 TO 16/12/2019. I SUFFERED ABRASIONS ON MY LEFT PALM, LEFT ELBOW, LEFT LEG AND DISLOCATED MY LEFT SHOULDER THATS ALL.

## Accident Sketch Plan



T/20191205/2038

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Report No. T/20191205/2038

### Continuation of CSF For NP168

#### 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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / YEO CHUN JIAN
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

