MVA319160657 / VAC - Kaki Bukit ENTRY DATE & TIME: 05/12/2019 17:00 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

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	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
Insured/Policyholder	
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
NDIO Na	077757057

 NRIC No
 \$7775735Z

 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

EMail 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

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

).).

Number of Passengers (Including Driver)

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 ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2180000 - **FAX NO**: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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

YES

Name HARIDASS S/O MUNIANDY

Approximate Age 42

Injuries Sustain

Injured person in which vehicle? FBE4950G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

23 ELIAS ROAD #08-08 RIS GRANDEUR

Postcode 519930

SKETCH PLAN

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- 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.
- fig. 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 ladgment 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]

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)
 - (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary vestigations 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
- (5) 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/san 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, (d) 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 Cate & Time:

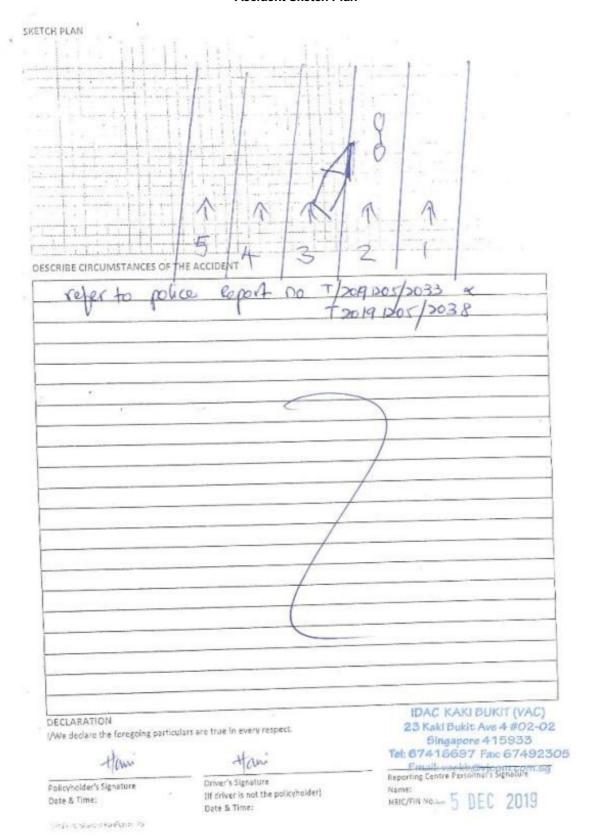
Driver's Signature (If driver is not the policyholder) Date & Time:

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933

Tel: 67416697 Fax: 67492305 Email: vacids@vicom.com.sg

Name:

Reporting Centre Personnel's Signature NRIC/FIN No.: - 5 DEC 2019







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 TRAFFI	CACCIDENT			
Date/Time Report Made: 05/12/2019 11:42		Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars			
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		-110	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:	

Type of Accident:	Injury Conveyed By Ambula	nce Drink No	Date/Time of Accident: 03/12/2019 06:05	Type of Location:	
Location: Along Road 1 AIRPORT BO TOWARDS T					
		Road Surface:		Road Speed Limit:	
Traffic Flow: Traffi		Traffic Control:		Traffic Volume:	
Type of Collision:		-		Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4950G	Motorcycle	HONDA	ANF125MSS A	Black		0
SHC3076B	Car	1				0

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





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 DISCLOCATION ON MY LEFT
SHOULDER.





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

3 of 3 Report No. 7/20191205/2033

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	Classification Of Case:		
Contact No.: 65476213	SINSAPORE		
Authentication Stamp NP168	FOLICE FORCE		
	1		



T/20191205/2038

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.



2 of 2

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

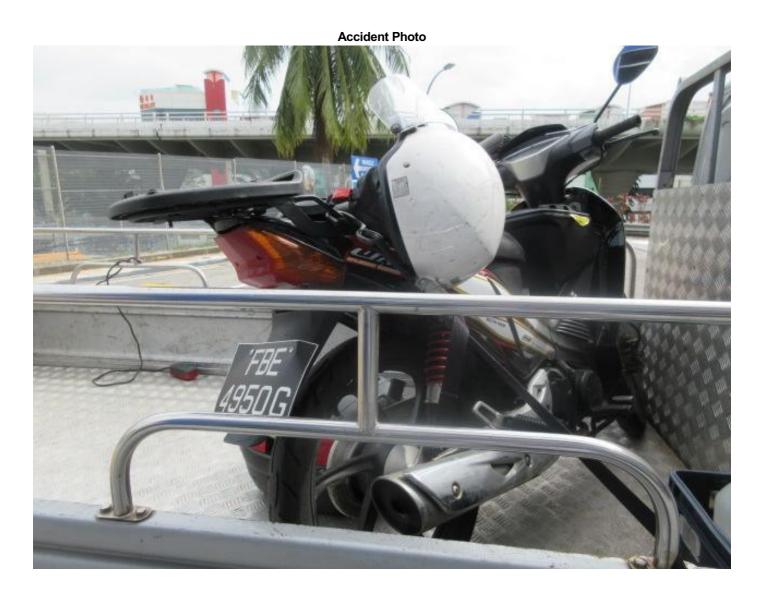
Officer-In-Charge of Case

TP/GIT/

YEO CHUN JIAN

Classification of Case

1) INJURY / CONVEYED BY AMBULANCE







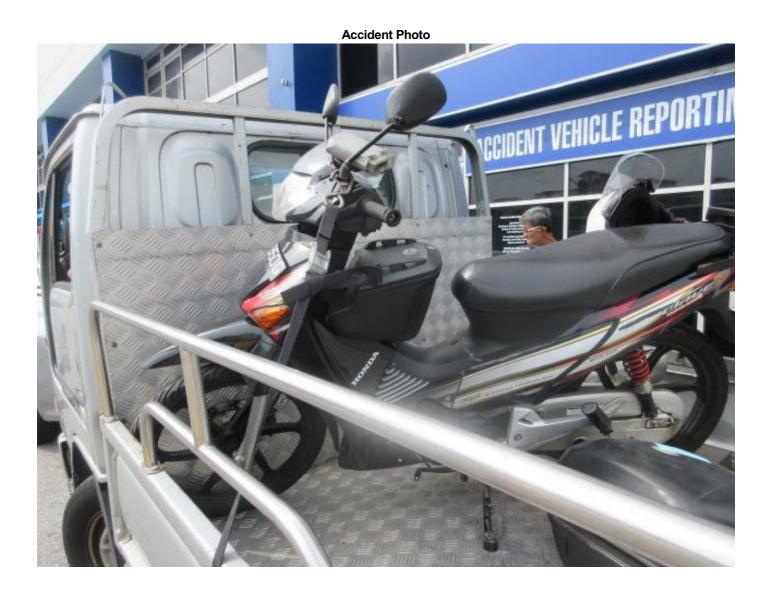
Accident Photo











Accident Photo



Accident Photo

