

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	28/11/2019 19:57
Date Of Accident	19/11/2019 09:50
Exact Location Of Accident	JUNCTION OF CAIRNHILL ROAD AND ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2355X
Insured/Policyholder	
Name Of Registered Owner	ILIOPOULOS ALEXIOS
NRIC No	G3348467X
Email Address	ALEXILIOPOULOS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92339388
Alternative Phone No	OFFICE-92339388

Vehicle Particulars

Manufacturer	DUCATI
Model	DIAVEL CARBON
Exact Purpose for which vehicle was being used at time of accident	PPRIVATE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MC/00575387
Cover Note Number	NA

Driver

Name of Driver	ILIOPOULOS ALEXIOS
NRIC No	G3348467X
Date Of Birth	06/07/1977
Occupation	INDOOR
Date Of Driving Pass	06/02/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92339388
Fax Number	
Contact Number	OFFICE-92339388
Email Address	ALEXILIOPOULOS@HOTMAIL.COM

Address	NA
Postcode	
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?	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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NUM: T/20191129/7027 - ON 19/11/2019 APPROXIMATELY 0950HRS , I WAS RIDING ON CAIRNHILL ROAD , COMING FROM CTE TOWARDS ORHARD ROAD. AT THE TRAFFIC LIGHT JUNCTION OF CAIRNHILL ROAD AND ORCHARD I WAS ON LANE 3 FROM THE RIGHT AND A BLUE COMFORT DELGRO TAXI WAS ON LANE 2 TO MY RIGHT . AS I WAS ADVANCING IN FRONT OF THE BLUE TAXI , I SAW IT WIT THE CORNER OF MY EYE MAKING AN ABRUPT SHARP LEFT TURN AND CROSSING INTO MY LANE (CROSSING THE DASHED/DOTTED TURNING LINE) AND HIT ME WITH THE FRONT LEFT BUMPER DIRECTLY INTO THE SIDE OF THE MOTORCYCLE WHERE MY LEG IS (NO DAMAGE TO THE FRONT OF THE MOTORCYCLE).MY MOTORCYCLE WAS PUSHED FORWARD BUT I MANAGE NOT TO FALL AND MADE AN EMERGENCY STOP ON THE RIGHT SIDE OF ORCHARD ROAD . I MANAGED TO PUT THE MOTORCYCLE ON THE SIDE STAND AND REALIZED THAT MY RIGHT LEG WAS SERIOUSLY INJURED , LATER TO CONFIRM THAT THE BONES WERE FRACTURED . I DISMOUNTED AND LIED DOWN ON THE SIDE OF THE ROAD IN EXCRUCIATING PAIN. I WAS LATER CONVEYED TO RAFFLES HOSPITAL BY AN AMBULANCE AND MY MOTORCYCLE WAS PUSHED TO THE SIDEWALK BY A PASSERBY TO FREE UP THE TRAFFIC . I AM ATTACHING A PHOTO TAKEN BY A PASSERBY WHERE YOU CAN SEE MY MOTORCYCLE AND THE TAXI IN THE MIDDLE OF THE INTERSECTION . IF YOU REWIND THE BLUE TAXI'S POSITION 2-3 METERS BACK TO WHERE THE COLLISION ACTUALLY TOOK PLACE BEFORE THE DRIVER TURNED THE WHEEL TO THE RIGHT AND CAME TO A COMPLETE STOP, YOU CAN SEE THAT THE FRONT OF THE BLUE TAXI WAS WELL CROSSED INTO LANE 3 AND INTO ME , WHILE THE REAR LEFT WHEEL IS STILL INSIDE MY LANE (3)

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	SHC1051K
Vehicle Make/Model/Colour	HYUNDAI / AE IONIQ HEV 1.6 DCT
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	ILIOPOULOS ALEXIOS
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM2355X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

FBM2355X

IMPORTANT NOTICE

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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.



Policyholder's Signature
Date & Time:

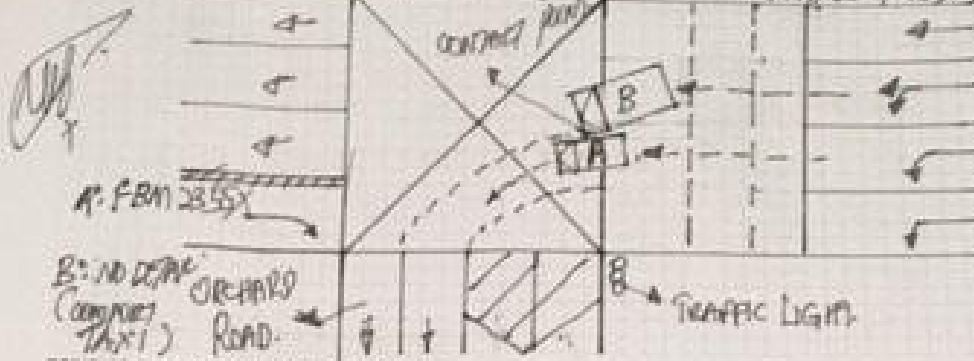
Driver's Signature
(If driver is not the policyholder)
Date & Time: **28 Nov 2019**

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

(/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: 28/11

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED I WAS RIDING ALONG THE SAID MENTIONED ROAD ON THE THIRD LANE FROM THE RIGHT. AS I APPROACHED THE JUNCTION, WHERE THE YELLOW BOX IS, SUDDENLY VEHICLE B COMING FROM THE SECOND LANE FROM THE RIGHT, MADE AN ABRUPT SHARP LEFT TURN AND CUT INTO MY PATH (CROSSING THE DOTTED TURNING WHITE LINE AND INTO MY LANE) AND THE FRONT LEFT BUMPER, HIT MY RIGHT LEG AND THE IMPACT PUSHED MY VEHICLE FORWARD BUT I MANAGED TO CONTROL MY MOTORBIKE WITHOUT FALLING. IT WAS WHEN I FELT SHARP PAIN ON MY RIGHT FOOT, AND NOT ABLE TO MOVE IT. SUSPECTING THAT MY RIGHT LEG IS BROKEN, I THEN PUT MY BIKE ON THE SIDE STAND WITH MY LEFT FOOT, CAME DOWN FROM MY BIKE AND LAID DOWN ON THE GROUND. I WAS LATER CONVEYED TO HOSPITAL BY AN AMBULANCE.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

28 November 2019 at 4:39 PM

28 November 2019 at 4:39 PM

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191129/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191129/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2019 20:36			Vide Report No.: E/20191119/0045		Station Diary No.:
Informant's Particulars					
Name of Informant: ILIOPOULOS ALEXIOS			Address: APT BLK 149 PASIR RIS GROVE #01-77 D'NEST SINGAPORE 518139		
ID Type / ID No.: FIN NO / G3348467X			Contact No.: Home/Office: Mobile: 92339388		
Nationality: GREEK			Email: alexiliopoulos@hotmail.com		
Sex: Male	Age: 42	Date of Birth: 06/07/1977	Type of Informant: Rider		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry: 05/02/2023

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/11/2019 09:50	Type of Location: X-Junction
Location: CAIRNHILL & ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM2355X	Motorcycle	DUCATI	DIAVEL CARBON	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM2355X	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00575387	30/12/2018	29/12/2019



**SINGAPORE
POLICE FORCE**



T/20191129/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191129/7027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ILIOPOULOS ALEXIOS	ID No.	G3348467X
Related Vehicle	FBM2355X (Motorcycle)	Contact No.	92339388
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: 05/02/2023
Date Treatment	NIL	Date Discharge	24/11/2019
No. of Days granted Medical Leave	60	Degree of Injury	Serious

Brief Details.

On 19/11/2019 approximately 9:50am, I was riding on Cairnhill road, coming from CTE towards Orchard road. At the traffic light junction of Cairnhill road and Orchard I was on lane 3 from the right, and a blue Comfort Delgro taxi was on lane 2 to my right. As I was advancing in front of the blue taxi, I saw it with the corner of my eye making an abrupt sharp left turn and crossing into my lane (crossing the dashed/dotted turning line) and hit me with the front left bumper directly into the side of the motorcycle where my leg is (no damage to the front of the motorcycle). My motorcycle was pushed forward but I manage not to fall and made an emergency stop on the right side of Orchard road. I managed to put the motorcycle on the side stand and realized that my right leg was seriously injured, later to confirm that the bones were fractured. I dismounted and lied down on the side of the road in excruciating pain. I was later conveyed to Raffles Hospital by an ambulance and my motorcycle was pushed to the sidewalk by a passerby to free up traffic.

I am attaching a photo taken by a passerby, where you can see my motorcycle and the blue taxi in the middle of the intersection. If you "rewind" the blue taxi's position 2-3 meters back to where the collision actually took place before the driver turned the wheel to the right and came to a complete stop, you can see that the front of the blue taxi was well crossed into lane 3 and into me, while the rear left wheel is still inside my lane (3).



**SINGAPORE
POLICE FORCE**



T/20191129/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191129/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/11/2019 20:36

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

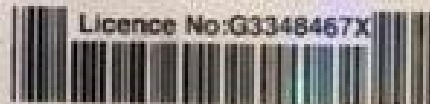


Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	06 Feb 2018
Class 2A	Motorcycles between 201 cc and 400 cc	06 Feb 2018
Class 2	Motorcycles > 400 cc	06 Feb 2018
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	06 Feb 2018

NP 428A



Licence No: G3348467X

VISIT PASS

Immigration Regulations

11-12-2018

Name
ILIPOPOULOS ALEXIOS



FIN
G3348467X

Date of Birth Sex
06-07-1977 M

Nationality
GREEK

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status



Driving License

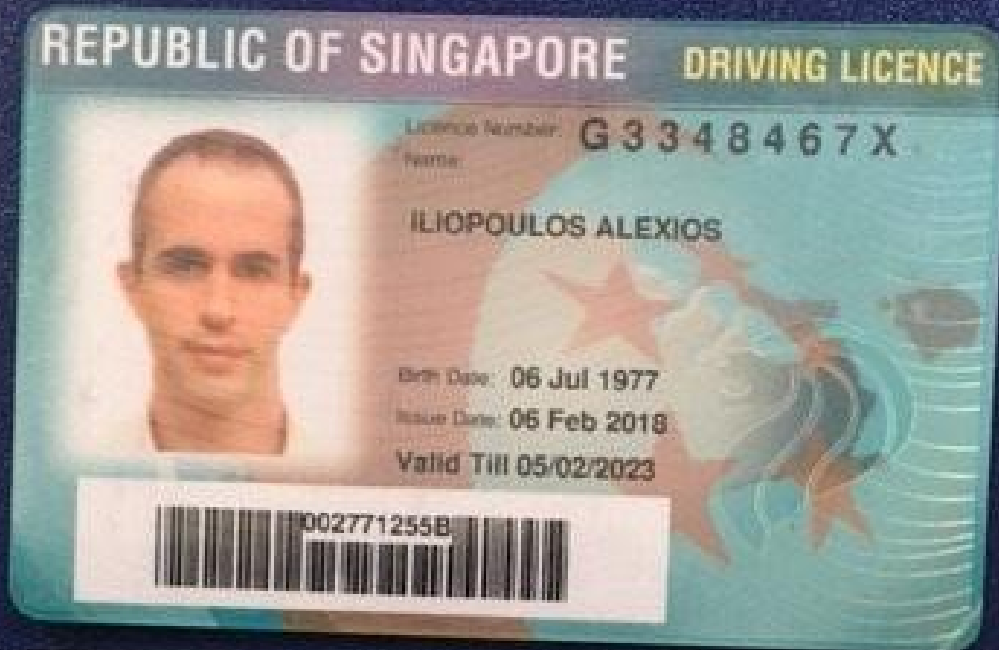
REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G3348467X**

Name:
ILIOPOULOS ALEXIOS

Birth Date: **06 Jul 1977**
Issue Date: **06 Feb 2018**
Valid Till **05/02/2023**

002771255B



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

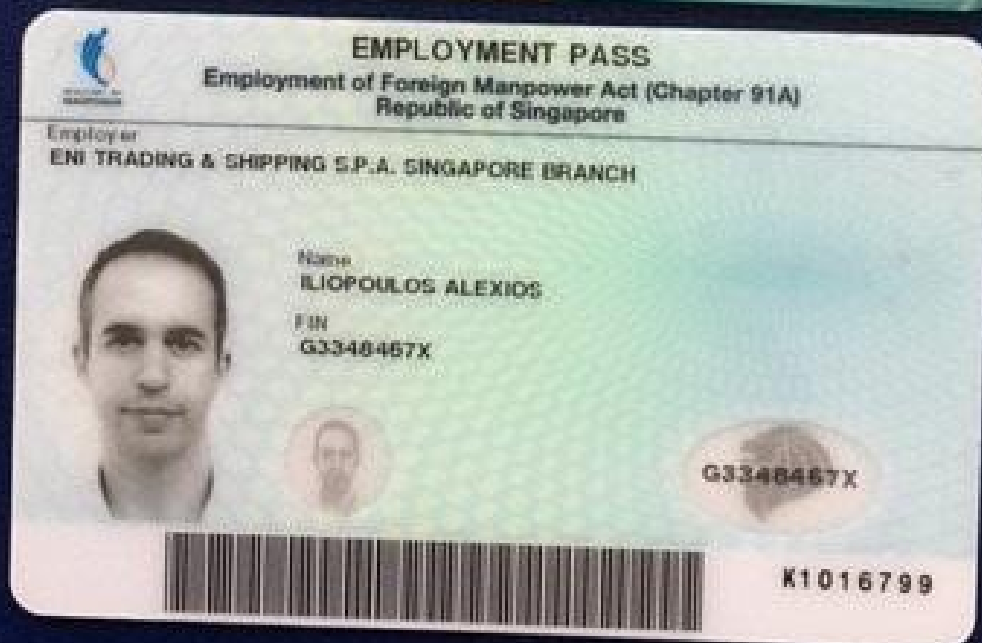
Employer:
ENI TRADING & SHIPPING S.P.A. SINGAPORE BRANCH

Name:
ILIOPOULOS ALEXIOS

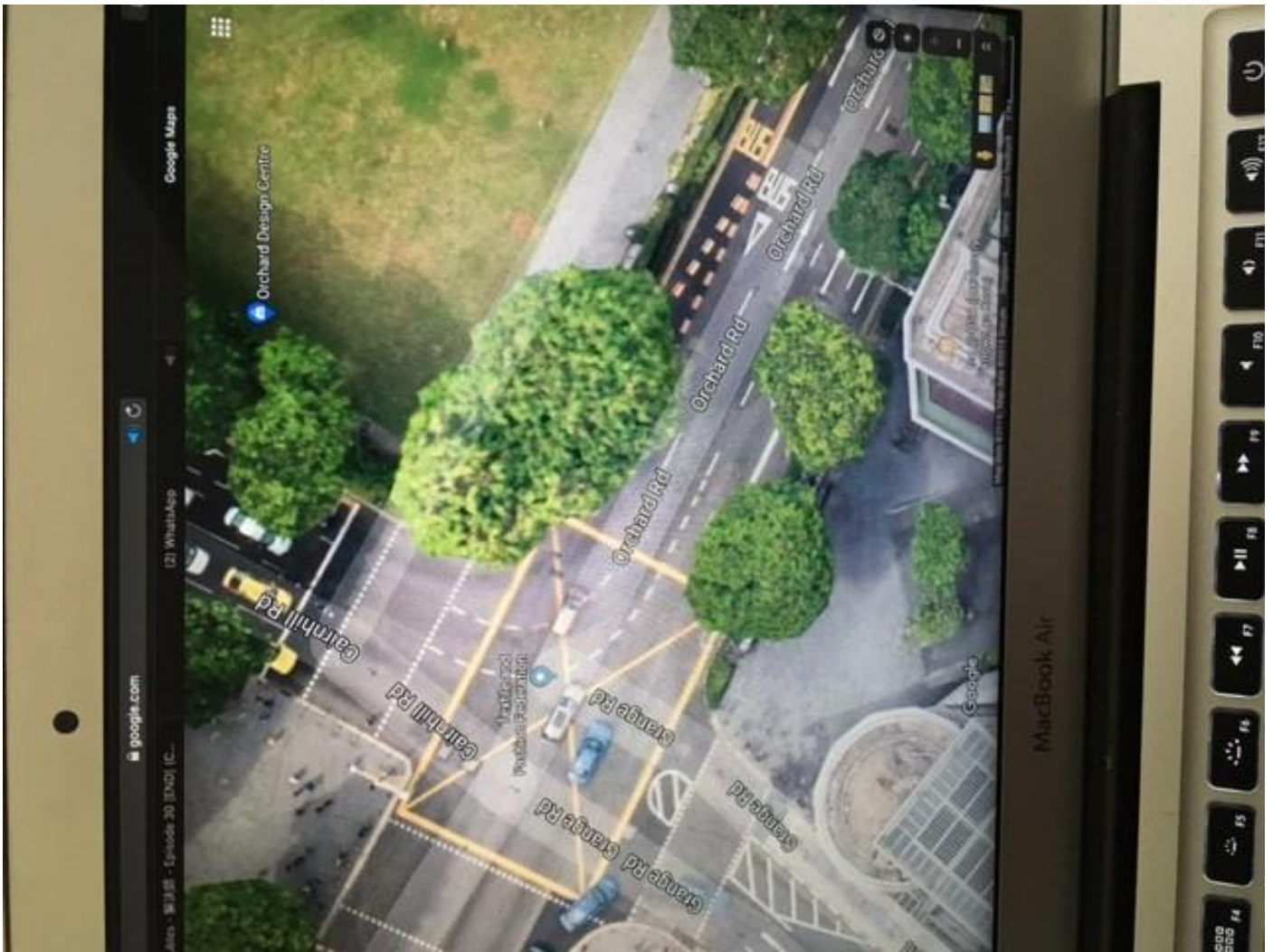
FIN:
G3348467X

G3348467X

K1016799



PIC BY INSURED



PIC BY INSURED



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH19157369 Vehicle Registration No: FBM2355X
Name(as shown in NRIC) : ILIOPOULOS ALEXIOS NRIC/FIN/Passport No : G3348467X
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 65-92339388
Email Address : _____
Date of Accident : 19/11/2019 Time of Accident : 09:50
Place of Accident : JUNCTION OF CAIRNHILL ROAD AND ORCHARD ROAD
Insurance Company: DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) ADDED THIRD PARTY VEHICLE NUMBER

2) ATTACHED POLICE REPORT

Policyholder / Driver's Signature
Date:

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