

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	20/02/2020 10:31
Date Of Accident	21/01/2020 09:15
Exact Location Of Accident	ALONG CENTRAL EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4774S
Insured/Policyholder	
Name Of Registered Owner	THANALETCHUMI D/O JAH AIRAM
NRIC No	SXXXX891F
Email Address	ITSMETHANAJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93844124
Alternative Phone No	OTHERS-88942044

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA PRIMAVERA-150CC
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073907002-04
Cover Note Number	

Driver

Name of Driver	THANALETCHUMI D/O JAH AIRAM
NRIC No	SXXXX891F
Date Of Birth	31/03/1986
Occupation	INDOOR
Date Of Driving Pass	22/07/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93844124
Fax Number	
Contact Number	OTHERS-88942044
Email Address	ITSMETHANAJ@GMAIL.COM

Address	BLK 93 WHAMPOA DRIVE #03-106
Postcode	320093
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200129/7015

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 INJURED PERSON 1

Name	THANALETCHUMI D/O JAH AIRAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK4774S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 19/2/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/2/2020

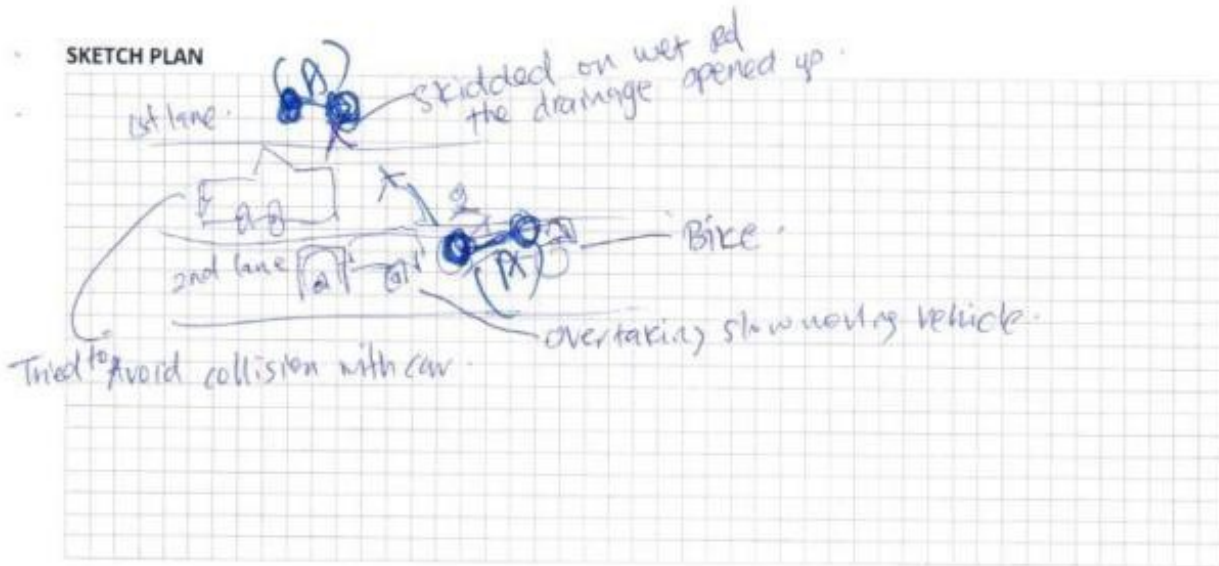
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS in Police Report (attached) T/20200129/2015.

DECLARATION

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

Policyholder's Signature
Date & Time: 19/02/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/02/2020

Reporting Centre Personnel's Signature
Name: 19/02/2020
NRIC/FIN No.: 19/02/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200129/7015

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

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Report No. T/20200129/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2020 19:37		Vide Report No.: E/20200121/0055		Station Diary No.:
Informant's Particulars				
Name of Informant: THANALETCHUMI D/O JAHAIRAM		Address: APT BLK 93 WHAMPOA DRIVE #03-106 SINGAPORE 320093		
ID Type / ID No.: NRIC NO / S8608891F		Contact No.: Home/Office: Mobile: 93844124		
Nationality: SINGAPORE CITIZEN		Email: simi.arian86@gmail.com		
Sex: Female	Age: 33	Date of Birth: 31/03/1986	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Project Executive		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2020 09:15	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear	Road Surface: Wet		Road Speed Limit: 80 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4774S	Motorcycle	PIAGGIO	VESPA+PRI MAVERA+1 50	Brown		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4774S	NTUC Income Insurance Co-Operative Limited	5073907002-04	27/09/2019	26/09/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200129/7015

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

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Report No. T/20200129/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	THANALETCHUMI D/O JAH AIRAM	ID No.	S8608891F
Related Vehicle	FBK4774S (Motorcycle)	Contact No.	93844124
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL ORTHOPAEDIC SPORTS AND JOINT CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	21/01/2020	Date Discharge	28/01/2020
No. of Days granted Medical Leave	20	Degree of Injury	Slight

Brief Details.

I was travelling to work along cte and before entering the tunnel between Orchard road exit and Havelock Road, I overtook a slow moving vehicle on 2nd lane. After checking blind spot I saw that the brake lights on a car on the 1st lane came on as if he was slowing down. I started braking and when I was pretty close I thought that I saw the car braked to an halt. I wanted to avoid collision and moved to the right side of the car. My bike skidded on the steel grided drainage due to wet weather and I had a fall. My right knee was badly injured with few other abrasions whereby I had to go for an operation on the knee. I'm on knee braces and clutches for awhile till my stitches are good to be removed.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200129/7015

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

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Report No. T/20200129/7015

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 / TPIB /
YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP158

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

Date/Time:
29/01/2020 19:37

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



Accident Photo



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