

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	28/02/2020 17:14
Date Of Accident	25/02/2020 19:30
Exact Location Of Accident	CLEMENTI WEST ST 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4001P
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	MOHAMED RABIK ATHAM ANSARI
NRIC No	SXXXX619D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81136610
Alternative Phone No	OFFICE-81136610

Vehicle Particulars

Manufacturer	DUCATI
Model	848 EVO
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
Fleet Policy	NO
Policy Number	5113444424
Cover Note Number	

Driver

Name of Driver	DIVAKAR NADARAJAN
NRIC No	SXXXX830B
Date Of Birth	07/11/1993
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2019
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81136610
Fax Number	
Contact Number	OFFICE-81136610
Email Address	NOEMAIL

Address	BLK 115 HO CHING ROAD #06-100
Postcode	610115
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	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

REFER TO POLICE REPORT - T/20200226/7004.

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	GBD5328C
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WILLIAM
NRIC/Passport Number	
Contact Number	97763265
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	DIVAKAR NADARAJAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK4001P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN


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. 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:


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

Accident Sketch Plan

- SKETCH PLAN

VEHICLE A - FBK 4001P
VEHICLE B - GBD 5328C

The diagram illustrates a road layout with a T-junction. Two horizontal roads intersect a vertical road. The vertical road has a 'CARPARK' label and arrows pointing up and down. The horizontal roads have arrows indicating traffic flow. Two vehicles, labeled 'A' and 'B', are shown at the intersection.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200226/7004

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

1 of 3

Report No. T/20200226/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2020 01:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DIVAKAR NADARAJAN			Address: APT BLK 115 HO CHING ROAD #06-100 SINGAPORE 610115		
ID Type / ID No.: NRIC NO / S9343830B			Contact No.: Home/Office: Mobile: 81136610		
Nationality: SINGAPORE CITIZEN			Email: divakarn93@hotmail.com		
Sex: Male	Age: 26	Date of Birth: 07/11/1993	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SAILOR			Driving Licence Information: Class: 2,3C		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2020 19:30	Type of Location: Straight Road
Location: CLEMENTI WEST STREET 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4001P	Motorcycle	DUCATI	848 EVO	Red	Seriously Damaged	0
GBD5328C	Van	TOYOTA	Toyota Hiace	Silver		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/20200226/7004

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

2 of 3

Report No. T/20200226/7004

CONTINUATION OF REPORT

Rider			
Name	DIVAKAR NADARAJAN	ID No.	S9343830B
Related Vehicle	FBK4001P (Motorcycle)	Contact No.	81136610
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3C Date of Expiry: NIL
Date Treatment	25/02/2020	Date Discharge	25/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 25/02/2019 at about 1930 hours I was riding my said bike along Clementi West Street 2. I was heading straight on a two way lane. As i was approaching the carpark, I noticed a Van (GBD5328C), coming out of the carpark, after the gantry, inching out over the stop sign, and eventually moving into my lane instead of moving forward before turning right. I was not able to stop in time, instead, I swirled towards the left and his vehicle knocked on the right side of my bike.

Therefore, I fell of my bike towards my left. The driver came out of the vehicle to check on me. However, I was still able to stand and move after awhile. There was ambulance at scene, however i was not conveyed by ambulance as we agree on private settlement. However awhile later, I was informed but the said driver that he would like to proceed with insurance claim instead. Hence, I proceeded down to NUH, A&E to seek my own medical treatment.

I was treated for outpatient, with several injuries and medical certificate for 5 days.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200226/7004

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

3 of 3

Report No. T/20200226/7004

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 / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
26/02/2020 01:53

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



Accident Photo



Accident Photo

