

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	06/03/2020 17:16
Date Of Accident	04/03/2020 17:30
Exact Location Of Accident	ALONG ALEXANDRA RD (OPPOSITE AIA) TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5197S
Insured/Policyholder	
Name Of Registered Owner	PERUMAL MARIAPPAN
NRIC No	SXXXX976G
Email Address	PERUMAL2521@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83729828
Alternative Phone No	OTHERS-83729828

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16ST-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5116439434
Cover Note Number	

Driver

Name of Driver	PERUMAL MARIAPPAN
NRIC No	SXXXX976G
Date Of Birth	21/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1991
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83729828
Fax Number	
Contact Number	OTHERS-83729828
Email Address	PERUMAL2521@GMAIL.COM

Address	BLK 21 JALAN TENTERAM #03-445
Postcode	320021
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200306/2103

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	SMP2740X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG
NRIC/Passport Number	SXXXX133F
Contact Number	84312607
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	PERUMAL MARIAPPAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH5197S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

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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.

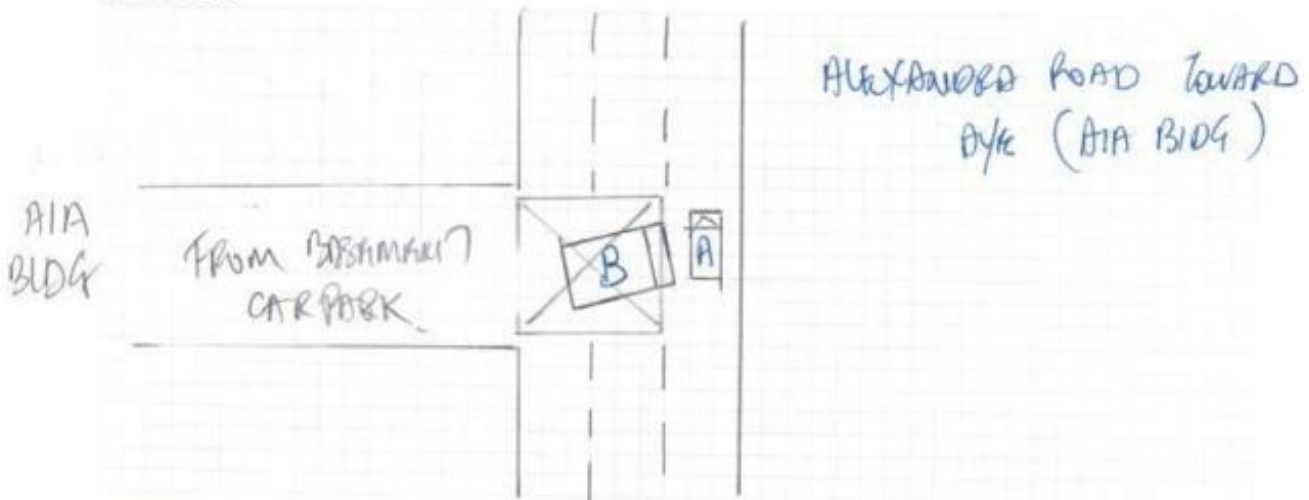
 06/03/2020 17.00
Policyholder's Signature
Date & Time:

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

 06/03/2020
Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200306/2103

DECLARATION

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

[Signature] 06/03/2020 17:00

Policyholder's Signature
Date & Time:

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

[Signature] 06/03/2020
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200306/2103

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20200306/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2020 16:37		Vide Report No.:		Station Diary No.: 56	
Informant's Particulars					
Name of Informant: PERUMAL MARIAPPAN			Address: APT BLK 760 WOODLANDS AVENUE 6 #05-12 SINGAPORE 730760		
ID Type / ID No.: NRIC NO / S2738976G			Contact No.: Home/Office: Mobile: 83729828		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 54	Date of Birth: 21/01/1966	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: TUNNEL SUPERVISOR			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2020 17:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ALEXANDRA ROAD AYER RAJAH EXPRESSWAY Along Alexandra Road toward AYE Tuas. Infront of AIA Alexandra Building, at the 1st lane, beside yellow box. Lamp Post Number: 141				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5197S	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SMP2740X	Car	HONDA		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
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T/20200306/2103

Police Station Of Origin:
Queenstown N.P.C.
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20200306/2103

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH5197S	NTUC Income Insurance Co-Operative Limited	5116439434	26/02/2020	25/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	PERUMAL MARIAPPAN		ID No.	S2738976G
Related Vehicle	FBH5197S (Motorcycle)		Contact No.	83729828
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	04/03/2020		Date Discharge	NIL
No. of Days granted Medical Leave		07	Degree of Injury	Slight
Driver				
Name	Wong		ID No.	S6946133F
Related Vehicle	SMP2740X (Car)		Contact No.	84312607
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 04/03/2020 at about 1730hrs, I was riding my motorcycle bearing registration number FBH5197S, along Alexandra Rd toward AYE tuas, on the 1st lane. There were total of 3 lanes and the yellow box only cover lane 2 and 3. Suddenly vehicle bearing registration number SMP2740X came out from AIA building Carpark, and drove straight into lane 1. The said vehicle then hit onto my left paddle which caused me to fell off from my vehicle and my right leg was stuck underneath my motorcycle. I sustain swallow on my right ankle, right knee and slight pain on my back. The said vehicle driver then assisted me to get up and we moved to the side of the road to exchange particulars. The driver did not sustain any injury.

On 04/03/2020, I went to Ng Teng Fong hospital to consult doctor. I was give 7 days of MC from 5 March - 11 March. I would like to state that my motorcycle gear paddle, back paddle and side mirrors were broken. I have send it to my workshop.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200306/2103

Police Station Of Origin:
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Report No: T/20200306/2103

CONTINUATION OF REPORT

POLICE REPORT



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POLICE FORCE



T/20200306/2103

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20200306/2103

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:
D /
Sgt 2 SURAIYAH PARVEEN BINTE HABIB
MUHAMAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/03/2020 16:37

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168



374-19

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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