

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 | 24/03/2020 10:13 |
| Date Of Accident | 19/03/2020 15:30 |
| Exact Location Of Accident | JUNC GRANGE RD & NAPIER RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBG955J |
| Insured/Policyholder | |
| Name Of Registered Owner | SANKARAN SHANMUGAM |
| Passport No/FIN | GXXXX948N |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98666641 |
| Alternative Phone No | OFFICE-98666641 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | CBF150 |
| 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 | 5096071041-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | SANKARAN SHANMUGAM |
| Passport No/FIN | GXXXX948N |
| Date Of Birth | 20/06/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/10/2017 |
| Driving Experience | 2 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98666641 |
| Fax Number | |
| Contact Number | OFFICE-98666641 |
| Email Address | NOEMAIL |

| | |
|---|----------------|
| Address | 25 GRANGE ROAD |
| Postcode | 239699 |
| 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 - CROSS JUNCTION |
| 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 | ORCHARD NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7359999 - FAX NO: 67331934 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20200320/2028.

Attachment(s)

| | |
|---|---------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLG4116U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name SANKARAN SHANMUGAM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG955J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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.

X

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

(A 040) FBG 955J

(B) SLG 4116 U

Grange Road

TANGLIN
MALL

Napier Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to Police Report

No: 7/20200320/2028.

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/20200320/2028

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No: T/20200320/2028

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 20/03/2020 11:25 | | Vide Report No.: | | Station Diary No.: 40 | |
| Informant's Particulars | | | | | |
| Name of Informant: SANKARAN SHANMUGAM | | | Address: 25 Grange Road SINGAPORE 239699 | | |
| ID Type / ID No.: FIN NO / G7007948N | | | Contact No.: Home/Office: Mobile: 98666641 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 42 | Date of Birth: 20/06/1977 | Type of Informant: Rider | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: ENGINEERING TECHNICIAN | | | Driving Licence Information: Class: 2B,3 Date of Expiry: 16/03/2023 | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 19/03/2020 15:30 | Type of Location: X-Junction |
| Location: Along Road 1 GRANGE ROAD NAPIER ROAD Rider was on Grange Road towards Napier Road. Accident happened at the cross junction after traffic light. Lamp Post Number: 9 | | | | |
| Weather: Sunny | | Road Surface: Dry | | Road Speed Limit: 60 Km/h |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| 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 |
|-------------|------------|-------|-------------------------------------|-------|------------------|-----------------|
| FBG955J | Motorcycle | HONDA | CBF150 | Blue | Slightly Damaged | 0 |
| SLG4116U | Car | MINI | COOPER S CABRIO 1.6 AT HID D/AB ABS | Blue | Slightly Damaged | 0 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200320/2028

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20200320/2028

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBG955J | NTUC Income Insurance Co-Operative Limited | 5096071041-02 | 13/03/2020 | 12/03/2021 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | SANKARAN SHANMUGAM | ID No. | G7007948N |
| Related Vehicle | FBG955J (Motorcycle) | Contact No. | 98666641 |
| Hospital/Clinic | RAFFLES MEDICAL | Class of Driving Licence & Expiry Date | Class: 2B.3 Date of Expiry: 16/03/2023 |
| Date Treatment | 19/03/2020 | Date Discharge | 19/03/2020 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | Serious |

Brief Details.

On 19/03/2020 at about, 1530hrs I was riding on my motorcycle (FBG955J). I was riding along Grange Road heading towards Napier Road. As the traffic light was in my favor, I then move off. When I was riding forward, a blue car (SLG4116U) hit my motorcycle from the right. The vehicle was on the opposite direction of me, which was on the Napier Road and turning towards Tanglin Road. My motorcycle front side was damaged with the headlight came off. The front side and its cover was also cracked and broken. The indicator light was also broken. There are also several scratches on the motorcycle body.

I was also conveyed to Raffles Medical by Ambulance for medical treatment. I suffered injuries on my left arm with some stitches done. I was then given a total of 14 days Medical Leave.

This accident is vide to T/20200319/2101.

I am also lodging this report for my insurance to follow up.

Police Report



SINGAPORE
POLICE FORCE



T/20200320/2028

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

Report No: T/20200320/2028

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:

E /

Sgt 2 BRYAN LIM KAH LOK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/03/2020 11:25

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

