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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aloresala.	
	ACCIDENT STATEMENT
Date Of Report	18/06/2020 08:58
Date Of Accident	11/06/2020 09:20
Exact Location Of Accident	ADAM RD TWDS FARRER RD FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD8834M
Insured/Policyholder	
Name Of Registered Owner	YASHOK KUMAR S/O RAJAGOPAL
NRIC No	SXXXX829F
Email Address	VEHICLEMATTERS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96624016
Alternative Phone No	OFFICE-96624016
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R6S
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5111979255
Cover Note Number	
Driver	
Name of Driver	YASHOK KUMAR S/O RAJAGOPAL
NRIC No	SXXXX829F
Date Of Birth	04/11/1986

Gender MALE

Mobile Number (LOCAL) +65-96624016

Fax Number

Occupation

Date Of Driving Pass

Driving Experience

Contact Number OFFICE-96624016

EMail Address VEHICLEMATTERS@GMAIL.COM

INDOOR

08/03/2011

9 YEARS AND 3 MONTHS

Address BLK 224 AMK AVE 1 #10-539

Postcode 560224

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 CHAIN COLLISION

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4519999 - **FAX NO**: 65535679

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT & POLICE REPORT T/20200616/2096

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 UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKZ3113X

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)

DETAILS OF INJURED PERSON 1

Name YASHOK KUMAR S/O RAJAGOPAL

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FBD8834M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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.
- 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.
- 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.
- 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.
- 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 ".
 - 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")
- 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:
 - 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

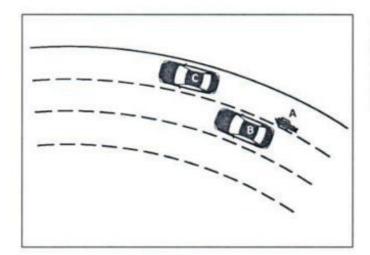
Name:

NRIC/FIN No.:

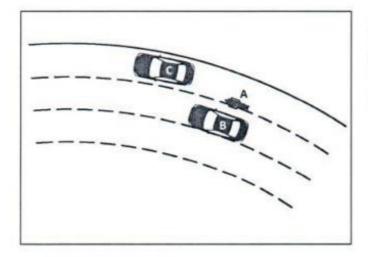
KETCH PLAN	
	A = FED 8834
	8 - Unknown
1 1	0 = 0 = 0
C LAS	
scondingset B -	- Unit
find support of our A	tome,
	· cm+ 3.
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was povelley along Adam and to	week forcer flyerer, of around Doom, when
I was involved in an accident.	week former flywer, of around Doom, when
	ye have mbetween land and land 2,
and was in the process of overfoling to	(ar B (a ser) when car B shifted
The to the and court of the the	nor colliding wife me. This raised my
off my Sife and landed new line 3.	The state of the s
off my spe sin some since	
After for accident, the dower of 1	for a proceded and chained I had him
and pook down my perfectors. I contid	not get his perpendes as I was feeling
goldy and was objetly injured with.	associons. A polite state papel car
was wer by and reintered help.	
-1 -1 -1 -1	1 2 1 1 1 2 2
the occident score.	I realized that can be mad undry from
the occuping scene	
DECLARATION	. 1
I/We declare the foregoing particulars are true in every respect.	
44	Time
Policyholder's Signature Date & Time: / / (If driver is not the policyholder's Signature)	Reporting Centre Personnel's Signature holder) Name:
it let luon 1810/wi	MODIC (CINI NIC.)

I'm Yashok kumar s/o Rajagopal and the following is my recount of the road traffic accident I was involved in, along Adam Road, towards Farrer Flyover on Thursday, the 11th of June 2020.

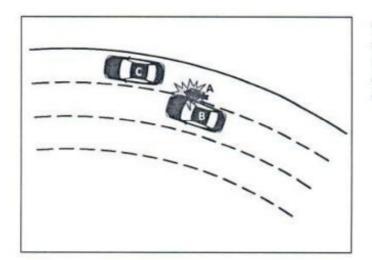
On the morning of 11th June 2020, at around 920hrs, I was riding along Adam road, towards Farrer Flyover, when I was involved in an accident, purportedly with 2 cars. The is the usual route I take to work. The weather was normal and the road condition was dry. The following describes the accident from my perspective.



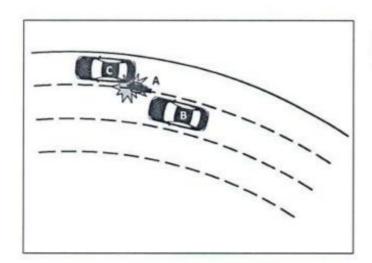
I was riding on vehicle A on the first lane, near the road dash-markings, preparing to overtake vehicle B, which was on the second lane.



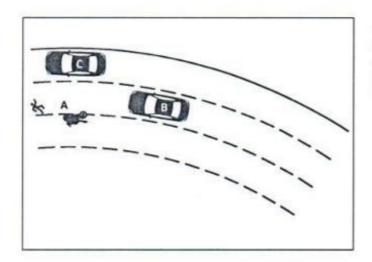
Vehicle B shifted out the lane and seemed to be changing to the left lane. I took this opportunity to overtake vehicle B slowly in-between the lanes.



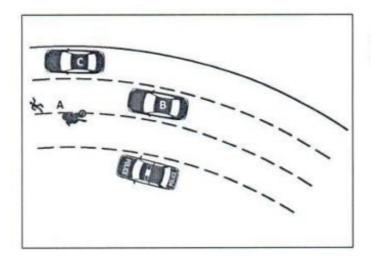
Vehicle B shifted back to the right and caused me to hit its right -side mirror, causing me to wobble, lose control and skid.



As it was a bend, I skidded and crashed onto vehicle C; onto its rear-left bumper.



The accident caused me to be flung off my bike a good distance from the point of initial impact. My bike landed near lane 3.



A state patrol car, which was nearby, quickly came to my aid.

After the accident, I got up and went to the side of the road. I received aid from passers-by and two police officers who happened to be travelling along Adam Road in the same direction as me, while waiting for the paramedics. A fellow motorcyclist helped me in shifting my vehicle to the side of the road.

During the accident, I remember that all the vehicles stopped on their respectively lanes. But after my bike and I were moved to the side of the road, the traffic resumed.

The driver of vehicle C later walked up to me, demanding for my particulars despite me feeling giddy and injured. The two police officers took down both our particulars. Help was also rendered by two other people, who later revealed themselves to be passer-by. An ambulance arrived shortly and the paramedics later rendered professional assistance.

While being treated by the paramedics, I realised that vehicle B was nowhere to be seen. Until I gained proper conscious, I initially thought that the two passer-by, who came to my aid, were the driver and passenger of vehicle B. It become conclusive that vehicle B did not stop after the accident and drove away. I remember it being an SUV.

As I was initially shocked and feeling light-headed, I did not even take down the particulars of the driver of vehicle C. One of the passer-by, however, did a favour for me by snapping pictures of the damaged vehicle (vehicle C) and its plate number. Vehicle C sustained minor damages on the left side of its rear bumper; dents and paintwork (images attached below)

The following are some details of the accident:

Location of accident:

Adam road, towards Farrer flyover, after Camden Park. Location is indicated on the map below by an arrow.



Details of my vehicle (vehicle A):

Vehicle registration plate: FBD 8834 M

Type of vehicle: Motorbike

Make and model: Yamaha R6S

Details of vehicle B:

Yet to find. I recall it being an SUV.

Details of vehicle C:

Vehicle registration plate: SKZ 3113 X

Type of vehicle: Sedan

Make and model: BMW 2-series, 228i

Photos of the damage sustained by vehicle C are as follows:







Police Report





T/20200616/2096

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

of 3 Report No. T/20/2007 5/2090

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

	me Report I 020 21:07	Made:	Vide Report No.:	Station Diary Vo.
Informa	nt's Partic	ulars		ON MARKS OF STREET
	f Informant K KUMAR	S/O RAJAGOPAL	Address: APT BLK 224 ANG MO KIO / 560224	AVENUE 1 #10-539 SINGAF OR
NRIC N	/ ID No.: O / S86318	29F	Contact No.: Home/Office:	Mobile: 96624016
National SINGAP	lity: PORE CITIZ	EN	Email:	model of our control of
Sex: Male	Age:	Date of Birth: 04/11/1986	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name
Occupat ARCHIT		SSISTANT	Driving Licence Information: Class: 2B,2A,2	Date of Expiry

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/06/2020 09:20	Type of Location Straight Road
Location: Along Road 1 ADAM ROAD Towards Farre	er Road Flyover		TO SHEAR TO SEC	
Weather: Clear		Road Surface: Dry		Road Speed Lim
Weather:	30			Road Speed Lim Traffic Volume: Light

Details of V	ehicle Involve	d	GIVE ASSESSED	N. 1000 SEA	NR G 103	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Past enge
FBD8834M	Motorcycle	YAMAHA	YZF-R6S	Red	Seriously Damaged	0
SKZ3113X	Car				Slightly Damaged	0

Details of Vo	ehicle Insurance	355 30 day 10	9 25 3111		-
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry	Date
FBD8834M	NTUC Income Insurance Co-Operative Limited	5111979255	08/09/2019	the second	

Police Report





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

c of 3 Report No. T/202000 6/2096

CONTINUATION OF REPORT

Any Pedestrian In	rvolved: No				
No. of Pedestrian	is Injured; NIL	Use of Ped	estriar	Cross	ing: NA
Rider		SHEW ST	1800	99 %	\$250 F1 16 F
Name	YASHOK KUMAR S/O RAJAGO	OPAL	ID No		S8631829F
Related Vehicle	FBD8834M (Motorcycle)		Conta	ct No.	96624016
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licent Expiry	g ce &	Class: 2B,2A.2 Date of Expiry: NIL
Date Treatment	11/06/2020	Date Disch	arge	11/06	72020
No. of Days gran	ted Medical Leave 02	Degree of		Slight	

Brief Details.

On 11th June 2020 at about 0920 hours, I was riding my vehicle bearing registration number FBD8 334M along Adam Road towards Farrer Road Flyover on the 2nd lane. I wanted to overtake the car in front of me and while overtaking, I thought the car wanted to change lane to the 3rd lane. The unknown car then sideswipe my vehicle, which caused me to collide with the vehicle bearing registration number SKZ3113X, which was on the 1st lane.

I remembered that my helmet hit onto the right side mirror of the unknown car. However, the car lessubsequently. Police officers came and gave assistant to us E/20200611/0037. The damages on nay vehicle was heavily damaged. The other vehicle SKZ3113Z had minor scratches on the left side of the fender and some paintwork damages.

I went to Tan Tock Seng Hospital due to abrasions on my legs, hands and lower back. I wish to state that when the police was attending to me, I told them that I self-skidded. However, after recalling the in-ident. I remembered that the unknown car had sideswiped me.

I wish to also add that this is not the first time such an incident happened. I remembered that the unknown car was an SUV vehicle.

Police Report





0200616/2096

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999 of 3 Report No. T/202006: 6/2096

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
F /
Sgt 3 MASLINA BINTE MOHAMAD ALI

Signature Of Interpreter:
Not applicable

Date/Time:
16/06/2020 21:07

Classification Of Case:
TP / HRT /
SI TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168

Singapore Police Force

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don have the certificate with you now, please fax a copy to 65474885 stating the report number as reference





