

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	29/05/2020 13:05
Date Of Accident	21/05/2020 11:25
Exact Location Of Accident	HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FD8811G
Insured/Policyholder	
Name Of Registered Owner	LOGENDRAN S/O SUGUMARAN
NRIC No	S8307432I
Email Address	LOGEN1836@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90264064
Alternative Phone No	OFFICE-90264064

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)-155CC
Exact Purpose for which vehicle was being used at time of accident	
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P20324414R00
Cover Note Number	

Driver

Name of Driver	LOGENDRAN S/O SUGUMARAN
NRIC No	S8307432I
Date Of Birth	18/03/1983
Occupation	INDOOR
Date Of Driving Pass	09/12/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90264064
Fax Number	
Contact Number	OFFICE-90264064
Email Address	LOGEN1836@GMAIL.COM

Address	BLK 310 HOUGANG AVE 5 #10-255
Postcode	530310
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	SIDE SWIPE
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	TRAFFIC POLICE DIVISION HQ
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/20200525/7002.

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	FBN4297L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	MOTORCYCLE
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	LOGENDRAN S/O SUGUMARAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FD8811G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

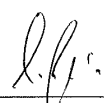
SKETCH PLAN

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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.

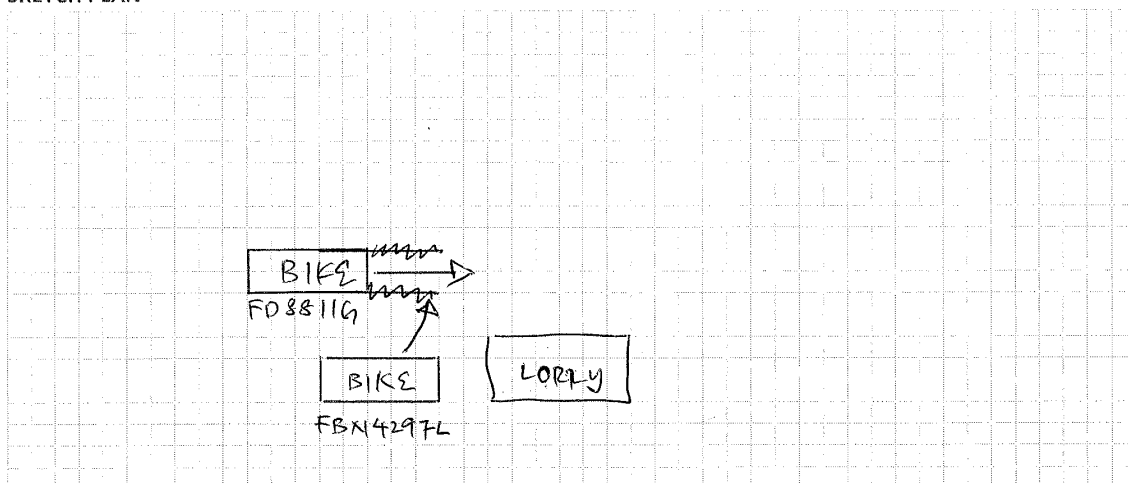


Policyholder's Signature
Date & Time:
29.05.2020 / 1235 pm

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

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

SKETCH PLAN



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: 29.05-2020 / 1238 PM

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

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



**SINGAPORE
POLICE FORCE**



T/20200525/7002

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

1 of 3

Report No. T/20200525/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2020 13:34			Vide Report No.: F/20200521/0094		Station Diary No.:
Informant's Particulars					
Name of Informant: LOGENDRAN S/O SUGUMARAN			Address: APT BLK 310 HOUGANG AVENUE 5 #10-255 SINGAPORE 530310		
ID Type / ID No.: NRIC NO / S8307432I			Contact No.: Home/Office: Mobile: 90264064		
Nationality: SINGAPORE CITIZEN			Email: logen1836@gmail.com		
Sex: Male	Age: 37	Date of Birth: 18/03/1983	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: FOOD DELIVERY MAN			Driving Licence Information: Class: 2B,2A,2,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2020 11:25	Type of Location: Straight Road
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4297L	Motorcycle	YAMAHA	XMAX300	Grey	Slightly Damaged	1
FD8811G	Motorcycle	YAMAHA	GDR155A+ %2528AER OX%2529	Black		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FD8811G	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P20324414R00	30/01/2020	29/01/2021



**SINGAPORE
POLICE FORCE**



T/20200525/7002

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

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Report No. T/20200525/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOGENDRAN S/O SUGUMARAN	ID No.	S83074321
Related Vehicle	FD8811G (Motorcycle)	Contact No.	90264064
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3A Date of Expiry: NIL
Date Treatment	21/05/2020	Date Discharge	21/05/2020
No. of Days granted Medical Leave	08	Degree of Injury	Slight

Brief Details.

I was riding straight between 40 to 50km/h.

All of a sudden, I got hit from my right side with another motorcyclist who was changing his lane.

The impact threw me to my left and my handlebar got stuck with a moving lorry and I was dragged for a few metres.

When the lorry came to a stop, I fell on my left shoulder and my motorcycle fell on my left foot.

I was unable to move and another lorry driver came to assist me.

Due to the injury of my shoulder, I had to be conveyed in an ambulance to Raffles Hospital at North Bridge Road.



SINGAPORE
POLICE FORCE



T/20200525/7002

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

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Report No. T/20200525/7002

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 /
PHUA TIAK YEE
Contact No.: 65472077

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:
25/05/2020 13:34

Classification Of Case:

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S83074321**

Name: **LOGENDRAN S/O SUGUMARAN**

Birth Date: **18 Mar 1983**


Issue Date: **09 Dec 2003**

001043343D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S83074321**



Name: **LOGENDRAN S/O SUGUMARAN**

Race: **INDIAN**

Date of birth: **18-03-1983** Sex: **M**

Country of birth: **SINGAPORE**

S83074321

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: FD 8811G

Date of Accident: 21/05/20

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


	PASS DATE	
Class 2B	Motorcycles <= 200 CC	09 Dec 2003
Class 2A	Motorcycles between 201 CC and 400 CC	17 Feb 2006
Class 2	Motorcycles > 400 CC	27 May 2008
Class 3A	Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	23 Feb 2018

S / No. 9000305543


S83074321

NP 428A


Licence No: S83074321



4950490



NRIC No. **S83074321**



Date of issue: **18-03-2013**

Address: **APT BLK 310 HOUGANG AVENUE 5
#10-255
SINGAPORE 530310**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSME20048464 Vehicle Registration No: FD88119
Name(as shown in NRIC) : LOJENDRAN S/O SUBUMARAN NRIC/FIN/Passport No : 883074321
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 310 HOUEMAY AVE 5 #10-255 Singapore(530310)
Contact (Tel) : _____ Mobile No. : 9026 4064
Email Address : _____
Date of Accident : 21/05/2020 Time of Accident : 1125
Place of Accident : HOUEMAY AVE 5
Insurance Company: BUPOT

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ADD IN INJURY DETAILS.

Policyholder / Driver's Signature
Date:

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