

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	04/08/2020 11:02
Date Of Accident	26/07/2020 21:00
Exact Location Of Accident	SEBBAWANG ROAD TWRDS GAMBAS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6690L
Insured/Policyholder	
Name Of Registered Owner	ARUNKUMAR RAMAMURTHY
NRIC No	SXXXX203H
Email Address	MYARTS123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93394306
Alternative Phone No	OTHERS-93394306

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5112017263
Cover Note Number	

Driver

Name of Driver	ARUNKUMAR RAMAMURTHY
NRIC No	SXXXX203H
Date Of Birth	18/06/1982
Occupation	INDOOR
Date Of Driving Pass	26/05/2009
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93394306
Fax Number	
Contact Number	OTHERS-93394306
Email Address	MYARTS123@GMAIL.COM

Address	BLK 269 #03-12 YISHUN STREET 22 SINGAPORE 760269
Postcode	760269
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	AFTER RAIN
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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200727/2136;

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	SHA3721H
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
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	ARUNKUMAR RAMAMURTHY
Approximate Age	38
Injuries Sustain	
Injured person in which vehicle?	FBK6690L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 269 #03-12 YISHUN STREET 22
Postcode	760298

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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

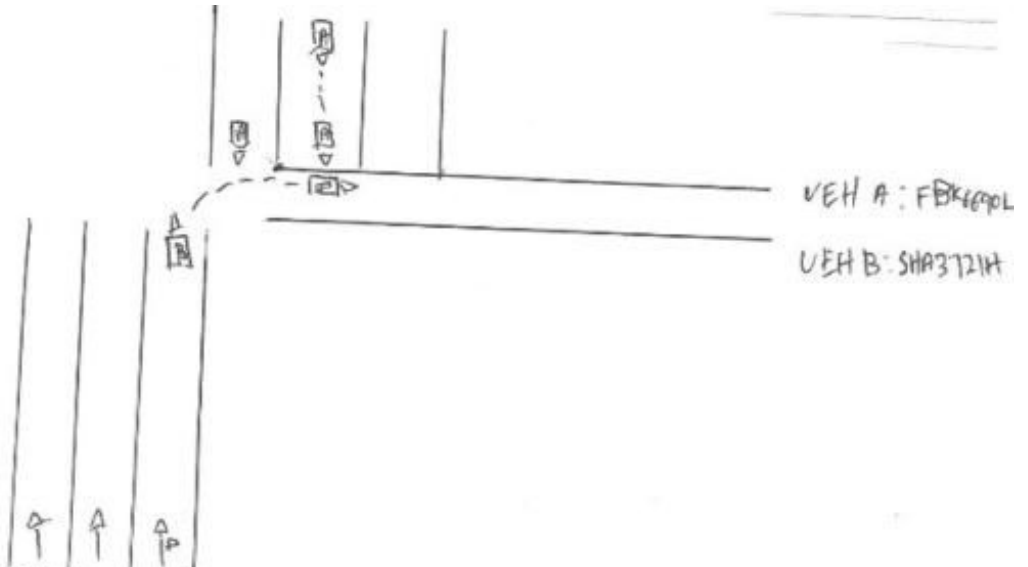

Policyholder's Signature
Date & Time:


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

Reporting Centre Personnel's Signature
Name: - 4 AUG 2020
NRIC/FIN No.:

Accident Sketch Plan

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:

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
Name: - 4 AUG 2020
NRIC/FIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200727/2136

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200727/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2020 21:31	Vide Report No.:	Station Diary No.: 132
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Informant's Particulars

Name of Informant: ARUNKUMAR RAMAMURTHY			Address: APT BLK 298 YISHUN STREET 20 #10-51 SINGAPORE 760298		
ID Type / ID No.: NRIC NO / S8260203H			Contact No.: Home/Office: Mobile: 93394306		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 18/06/1982	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Electrical engineer (general)			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/07/2020 21:00	Type of Location: Straight Road
Location: Along Road 1 SEMBAWANG ROAD GAMBAS AVENUE				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle					Color	Condition	No of Passenger
Vehicle No.	Motorcycle	YAMAHA	150	CB-R15	Red	Seriously Damaged	0
SH3721H	Taxi					Slightly Damaged	0

Vehicle No.	Insurance No	Effective	Expiry
FBK6680L	0112017263	19/08/2019	18/08/2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200727/2136

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200727/21

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ARUNKUMAR RAMAMURTHY	ID No.	S8260203H
Related Vehicle	NIL	Contact No.	93394306
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/07/2020	Date Discharge	27/07/2020
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 26 July 2020 at about 9p.m., I was riding my motorbike bearing the registration number FBK66901 along Sembawang road heading towards Gambas Road when I collided into a taxi bearing the registration number SHA3721H.

I was heading straight while the taxi was about to turn right. I did not manage to stop in time and collided into the taxi.

The traffic police came to the accident scene. I was conveyed to Khoo Teck Phuat hospital via ambulance. Because of the accident, I had broken left hand and cuts on my lips. The taxi driver was injured. I did not exchange particulars with the taxi driver as I was already injured.

Because of the accident, I am given 4 days medical certificate from 26 July 2020 to 29 July 2020. I making this report to update on my accident.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20200727/2136

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200727/2136

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:

L /

Sgt 3 KOH JIN BAO

ASD Mohamed Nazir

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:

27/07/2020 21:31

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTI MOHAMMAD
FUAT

Classification Of Case:

Contact No.: 65476016

Authentication Stamp

NP158

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo

