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TP Particulars: Veh No: 68	ASTYYC .	INC( )/Non-INC(	)	
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1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:	( ) \$3000] ( ) \$3000] ( )  Inv 2) D 3) T 4) F 5) F	R: Accident Reporting (\$30); A: Damage Assessment (\$100); F: Towing Fee T: Follow-Through Survey T: Follow-Through Survey (Resurvey or claiming against INC Only (wef 10)	Ant (S)  fix Bill  INC (\$80)  \$40/\$45  \$120  ) \$30  Jan 2005)	Amt (3
1) Apply for Transport Allowance ( ) (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Claimant's Particulars :- Driver/Owner: Contact No:	( ) \$3000] ( ) \$3000] ( )  Interpolation ( )  2) D 3) T 4) F 5) F 6) T	Veice Preparation Checklist R: Accident Reporting (\$30); A: Darnage Assessment (\$100); F: Towing Fee T: Follow-Through Survey T: Follow-Through Survey (Resurvey or claiming against INC Only (wef 10) R: Re-inspection	Ant (S)  fit Bill  INC (\$80)  \$40/\$45  \$120  \$30	Amt (3
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1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Claimant's Particulars:  Contact No:  Damaged Portion:	( ) \$3000] ( ) \$3000] ( )  Inv 2) L 3) T 4) F 5) F 6) T 7) R 8) L	Veice Preparation Checklist R: Accident Reporting (\$30); A: Damage Assessment (\$100); F: Towing Fee T: Follow-Through Survey T: Follow-Through Survey (Resurvey or claiming against INC Only (wef 10); R: Re-inspection N1: Idao DA + SMRT Survey VTUC Additional Services:-	Ant (5) The Bill  INC (580) \$40/\$45 \$120 ) \$30  Jan 2005) \$75	Amt (3
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Veice Preparation Checklist R: Accident Reporting (\$30); DA: Damage Assessment (\$100); F: Towing Fee T: Follow-Through Survey T: Follow-Through Survey (Resurvey or claiming against INC Only (wef 10 R: Re-inspection VI: Idao DA + SMRT Survey VTUC Additional Services: DI: N5: Courtesy Car / Tpt Allowance N6: Repair Co-ordination	Ant (S)  The Bill  INC (\$80)  \$40/\$45  \$120  ) \$30  Jan 2005)  \$75  \$160	Amt (3
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Weice Preparation Checklist  R: Accident Reporting (\$30);  A: Damage Assessment (\$100);  F: Towing Fee  T: Follow-Through Survey  T: Follow-Through Survey (Resurvey or cleiming against INC Only (wef 10);  R: Re-inspection  N1: Idae DA + SMRT Survey  TUC Additional Services:  ODE  N5: Courtesy Cas / Tpt Allowance  N6: Repair Co-ordination  ONE: Fost Repair Inspection	Anit (S) fit Bill  INC (\$80) \$40/\$45 \$120  Jan 2005) \$75 \$160  \$5 \$10 \$25	Amu(t)
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Veice Preparation Checklist R: Accident Reporting (\$30); A: Damage Assessment (\$100); F: Towing Fee T: Follow-Through Survey T: Follow-Through Survey (Resurvey or cleiming assingt INC Only (wef 10 R: Re-inspection N1: Idae DA + SMRT Survey VTUC Additional Services: DIP N5: Courtesy Car / Tpt Allowance N6: Repair Co-ordination N7: Fost Repair Inspection N8: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC	Ant (S) The Bill  INC (S80) S40/S45 S120 ) S30 Jan 2005) S75 S160  S5 S10 S25 S5 S20	Amt (1
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>  Injury:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Veice Preparation Checklist  R: Accident Reporting (\$30);  A: Darnage Assessment (\$100);  F: Towing Fee  T: Follow-Through Survey  T: Follow-Through Survey (Resurvey  or claiming against INC Only (wef 10  R: Re-inspection  N1: Idao DA + SMRT Survey  TUC Additional Services:  OD:  N5: Courtesy Cos / Tpt Allowance  N6: Repair Co-ordination  N7: Fost Repair Inspection  N8: DV / Collect Excess Coordination  IP (N11): TP (Non INC) against INC  N12: Idao Mobile	Anit (S)  fit Bill  INC (\$80)  \$40/\$45  \$120  ) \$30  Jan 2005)  \$75  \$160  \$55  \$100  \$25  \$55	Amt (3

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#### 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 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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/08/2020 09:52
Date Of Accident	08/08/2020 12:35
Exact Location Of Accident	BALMORAL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG5975T
Insured/Policyholder	
Name Of Registered Owner	SIVAM A/L VEERASINGAM
NRIC No	SXXXX110C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94831174
Alternative Phone No	OFFICE-94831174
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16ST
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	5117068779
Cover Note Number	
Driver	
Name of Driver	SIVAM A/L VEERASINGAM
NRIC No	SXXXX110C
Date Of Birth	09/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	29/07/1999
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94831174
Fax Number	
Contact Number	OFFICE-94831174
EMail Address	NOEMAIL

BLK 114 HOUGANG AVENUE 1 Address #09-1294 530114 Postcode NO Was driver an employee of the Insured's Company 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 - CHANGE/CROSS LANE Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by YES ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO 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 PAYA LEBAR NEIGHBOURHOOD POLICE POST ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270, POSTCODE: 530114, Police Station Address **COUNTRY: SINGAPORE** TEL NO: 1800-2899999 - FAX NO: 62815961 Police Station Contact Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200808/2116 & T/20200809/2067. Attachment(s) YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** GBH5944C Vehicle Registration Number

# Vehicle Registration Number Vehicle Make/Model/Colour Details Of Properties Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name

SIVAM A/L VEERASINGAM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBG5975T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

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
  - (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;
  - (ii) 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:
  - 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
  - (i) for complying with requirements under any regulations, laws or court orders.

0020

Policyholder's Signature Date

& Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Person el's Signature

Name:

NRIC/FIN No .:

ETCH PLAN					
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Asa	police	Raport	T/20200 for	12110	
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		/			
DECLARATIO	N continue continue	are are true in every	respect		
I/We declare th	e foregoing particul	ars are true in every	respecti		$\sim$ 1 $\sim$
	dt /				the
Policyholder's Si	gnature Date	Driver's Signatu	re		ersonnel's Signature
& Time:	O	(If driver is not t & Time:	he policyholder) Date	Name: NRIC/FIN No.:	1

GIARMC StatchPlanForm\_V3

Email: sm@idac.com.sg Tel no: 6555 6888 \*\* If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: Of / Of /2020 (dd/mm/yy)	Time of Accident: 12 : 35 (24-HR-FORMAT)
Vehicle No.: FBG S975 / Vehicle Make &	Model:
Exact location of Accident: Balmoral	Rd.
Policyholder's Name / IC No. Sivam A/L	Veerasingam 57872110C
Driver's Name IC No. :	(As Above)
Driver's Contact No. : 94831174 Con	mpany Contact No (Company Veh Only):
Driver's Address:	
Email address :	Insurance Company: NTUC
Relationship between Owner & Driver: (Please CII Owner) / Spouse / Children / Friend / Parents / Sibling	RCLE one only)  Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one of	only)
Own Insurance / Other Vehicle (The one you	u want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver): 0
*Passanger Name:	Gender: Male / Female *Passange Gender: Male / Female
Weather condition & Road conditions? (On the day	of accident)
Clear & Dry / Raining & Wet / Afte	r-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera	? Yes / No
Any Injuries: Yes / No (If YES) Injure	d Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES	Which Police Station:
<u>T1</u>	ne Other Party(s) Details:
1. Driver's Name / IC No:	Vehicle No: GBH 5944C
	Insurance Company :
	Vehicle No:
Driver's Contact No:	Insurance Company :
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	



Date of Expiry:

1 of 4

Report No. T/20200808/2116

Station Diary No.:

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

# REPORT OF A TRAFFIC ACCIDENT

Occupation:

PERSONAL DRIVER

Date/Time Report Made: 08/08/2020 21:29			Vide Report No.: E/20200808/0111	Station Diary No.: 37	
Informa	nt's Particu	ulars	THE PARTY OF STREET		
Name of	Informant: VL VEERA		Address: APT BLK 114 HOUGA 530114	NG AVENUE 1 #09-1294 SINGAPORE	
ID Type / ID No.: NRIC NO / S7872110C			Contact No.: Home/Office: Mobile: 94831174		
Nationality: MALAYSIAN		Email:			
Sex: Age: Date of Birth: Male 42 09/07/1978		Type of Informant: Rider			
Race:		Language:	Institution / School Name:		

Driving Licence Information:

Class: 2B,3

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2020 12:35	Type of Location Straight Road
Location: Along Road 1 BALMORAL I towards Ande	ROAD .	Road Surface:		Road Speed Limit:
Weather: Clear		Dry		200 DEC - 120 Z 120 DE
Traffic Flow:		Traffic Control: Not Controlled	· 1	Traffic Volume: Heavy
Type of Collis	sion:	19	1	Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
BG5975T	Motorcycle	YAMAHA	FZ16ST	Red	Seriously Damaged	0
GBH5944C	Lorry				Slightly Damaged	1

	ehicle Insurance	Inches No	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No	The state of the s	
	NTUC Income Insurance Co-Operative	5117068779	03/04/2020	13/09/2021



2 of 4

Report No. T/20200808/2116

Police Station Of Origin: Pava Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

#### CONTINUATION OF REPORT

Details of Person Involved Any Pedestrian Involved: No Use of Pedestrian Crossing: NA No. of Pedestrians Injured: NIL Rider S7872110C ID No. SIVAM A/L VEERASINGAM Name Contact No. 94831174 Related Vehicle FBG5975T (Motorcycle) Class of Class: 2B.3 TAN TOCK SENG HOSPITAL Hospital/Clinic Date of Expiry: NIL Driving Licence & Expiry Date Date Discharge 08/08/2020 Date Treatment 08/08/2020 Degree of Injury | Serious No. of Days granted Medical Leave 10 Driver G7224662X ID No. Name LEE BAN LI Contact No. NIL GBH5944C (Lorry) Related Vehicle Class: NIL Class of Hospital/Clinic NIL Driving Date of Expiry: NIL

#### Brief Details.

Date Treatment

No. of Days granted Medical Leave

On 08/08/2020 at about 1235hrs -1240hrs, I was riding one red Yahama FZ16 (Registration Number. FBG5975T) along Balmoral Road towards Anderson Road. As I was riding on the said road, there was one white lorry (Registration Plate Number: GBH5944C) which was on the same road going the opposite direction which was proceed wanted to turn right into one of the condominium (unknown name) along Balmoral Road. The vehicle turned right out of a sudden. I could not react in time. As such, I collided into the vehicle when it was turning right.

NIL

Licence & Expiry Date

Date Discharge | NIL

Degree of Injury NIL

Upon collision, I was able to stand up with the assistance of passer-bys as well. The driver of the other vehicle - Mr LEE BAN LI (FIN No: G7224662X) came down and made a check on me. Mr Lee informed that he did not make a check to see the road is clear before turning right. At the point of collision, I was feeling pain on my chest, right leg, right shoulder, neck and face region.

The ambulance and police came to scene. The ambulance loaded me up on the ambulance and made a check on me. The police interviewed me as well to get my statement. Subsequently, I was conveyed to Tan Tock Seng Hospital where I was checked and given 10 days MC for my injuries which are severe pain on neck and chest as well as bruises on right chest and right knee region. I am not sure if the driver or his passenger was injured or not.

The damages on my motorcycle was that the front region was smashed. The damage to the other vehicle was that the windscreen cracked, paint marks on front-left region of vehicle, front left headlight cracked.



Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999



3 of 4 Report No. T/20200808/2116

### CONTINUATION OF REPORT

There is no in-built camera on my motorcycle. I am not sure if the other vehicle had any in-vehicle camera or whether there is any CCTV along the incident location which recorded footage of the accident.



T/20200808/2116

/20200808/2116

4 of 4

Report No. T/20200808/2116

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

CONTINUATION OF REPORT

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Ske	tcn	P	lan

Info	rmant is	not	able	to	provide	sketch	plan

Singapore Police Force

Signature Of Officer Recording The Report: F / Sgt 3 MOHAMAD ZULHIZWAN AQMA BIN	Signature Of Informant:
MOHD ZULKEFLEE Signature Of Interpreter: Not applicable	Date/Time: 08/08/2020 21:29
	Classification Of Case:
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No. 65476083	Classification Of Case:

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have



T/20200809/2067

1 of 3

Report No. T/20200809/2067

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

# REPORT OF A TRAFFIC ACCIDENT

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Date/Time Report Made:	Vide Report No.:	Station Diary No.	
09/08/2020 21:35	T/20200808/2116	21	

00/00/2020 21.00			1/202000012110	377.73.8			
Informa	nt's Particu	ulars					
Name of Informant: SIVAM A/L VEERASINGAM			Address: APT BLK 114 HOUGANG AVENUE 1 #09-1294 SINGAPORE 530114				
ID Type / ID No.: NRIC NO / S7872110C			Contact No.: Home/Office: Mobile: 94831174				
Nationality: MALAYSIAN			Email:				
Sex: Age: Date of Birth: Male 42 09/07/1978			Type of Informant:				
Race:			Language:	Institution / School Name:			
Occupation: PERSONAL DRIVER			Driving Licence Information Class: 2B,3	: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2020 12:35	Type of Location Straight Road	
Location: Along Road 1 BALMORAL Towards And Weather:	ROAD	Road Surface:	•	Road Speed Limit:	
Clear		Dry		S-22	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	sion:			Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5975T	Motorcycle .	YAMAHA	FZ16ST	Red	Seriously Damaged	10.10 K
GBH5944C	Lorry				Slightly Damaged	1

THE RESERVE AND DESCRIPTION OF THE PARTY OF	ehicle Insurance			1
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG5975T	NTUC Income Insurance Co-Operative Limited	5117068779	03/04/2020	13/09/2021





2 of 3

Report No. T/20200809/2067

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

#### CONTINUATION OF REPORT

Any Pedestrian Ir	nvolved: No						
No. of Pedestrian	s Injured: NIL	e work seemon	Use of Pede	estrian	Cross	ing: NA	
Rider	Service California Complete	and Salary		17.25			
Name	SIVAM A/L VEERAS	SINGAM		ID No.		S7872110C	
Related Vehicle	FBG5975T (Motorcycle)				ct No.	94831174	
Hospital/Clinic	TAN TOCK SENG H	ENG HOSPITAL		Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL	
Date Treatment	08/08/2020		Date Disch	arge	08/08	3/2020	
No of Days gran	ted Medical Leave	10	Degree of	Injury	Serio	us	
Driver			tour of the ser	7548		A STATE OF THE PARTY OF THE PAR	
Name	LEE BAN LI			ID No	•	G7224662X	
Related Vehicle	GBH5944C (Lorry)				ct No.	NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	-v	Date Disch	arge	NIL	N. H	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		

# Brief Details.

I am lodging this report as I want to add in additional facts to my previous report T/20200808/2116. I wish to add in for my injuries part my right wrist was fractured.





3 of 3 Report No. T/20200809/2067

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

#### CONTINUATION OF REPORT

Ske	tch	P	lan
ONE	LUII		an

Informant i	S	not	able	to	provide	sketch	plan
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Signature Of Officer Recording The Report: F / Sgt 2 TAI YOONG CHAN, DOMINIQUE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/08/2020 21:35
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:

<b>eBao</b> Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second		Change	Language	• Chan	ge Password	· Log Out
My Desktop	Policy Query									7.
Notice of Loss	Policy No.				Date o	of Accident	[c	8/08/2020	12:35	
	Vehicle No.(For Motor)	FBG59	75T		Certific	cate Number				
				B	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5117068779		SIVAM A/L VEERASINGAM	S7872110C	GMC	Third Party	FBG597ST	FBG5975T	03/04/2020	13/09/2021
				C	continue					

<b>▽</b> Endors	ements						
Insure	Object: FBG5975T						
init No.		Related Number		5117068779			
ddress 4		Address	Туре	Singapore address	9	Post Code	530114
Address 1	BLK 114 #09-1294	Address	5 2	HOUGANG AVENUE	1	Address 3	SINGAPORE 530114
▽ Policyh	older Mailing Address						
Certificate nfo							
Open Policy Info							
nsurance lag	No						
Agent Co-	NEW TIMES MOTORS INS AGE	Agent Tel.	67478705		GST Flag	Υ	
Singapore OD Excess	NEW TIMES MOTOR& INS AGY	Singapore TP Excess					Inexperience Driver Excess
Excess Outside		Premium Outside	o ,				
Additional		Excess OS	0				
Third Party Excess	0		0		Windscreen Excess		
excess Type	Per Accident	All Claims Excess					
Policy ssue Date	03/04/2020	Effective Date	03/04/2020	00:00	Expiry Date	13/09/2021 23	:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 114 #09-1294 HOUGANG A	VENUE 1 SING	APORE 530:	114			
Certificate No.					1773275		
Policy No.	5117068779	Policyholder Name	SIVAM A/L	VEERASINGAM	Policyholder NRIC	S7872110C	

Claim Handling					
Accident MT/1099897					
Policy No.	5117068779	Vehicle No.	PBG5975T	GST Registration No.	
Dertificate No.				AUT 1780 TO TO TO TO TO TO TO	
Policyholder Name	SIVAM A/L VEERASINGAM			Policyholder NRIC	57872110C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Perty	Loading	0
Consact No. (Mobile)	94831174	Contact No.(Office)	0	Contact No.(Home)	0
Emas Address		Special Remark		eCode	
KPK	® No ○Yes	TCA	® No ⊜ Yes	eCode Reason	1 v
NCO Protection	No	NCD (Intitlement(%)	20		
▼ Accident Details	5,500	ACD Elithement[46]	20	Private Hire	No
Report Date	14/08/2020 10:05	7,250 (200,000)	0.00		
100000000000000000000000000000000000000		Accident Report Within 24 hr	rs Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	08/08/2020	Time of Accident Inhomm	12:35	Country of Acadent	Singapore
keporting Centre		Grange Force		ICM No.	
Accident Location	BALMORAL RD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
TED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
fotal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
♥ Benefits					
GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
SST Registration No.			GST Status venfied	Yes	
fodification History					
Policyholder Mailing Ac	idress				
Address 1	BLK 114 #09-1294	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530114
Address 4		Address Type	Singapore address	Post Code	530114
Init No.		Related Policy Number	5117068779		
OI Driver Info					
Oriver Name	SIVAM A/L VEERASINGAM	Driver Type	Main Driver		
Innamed driver Name		Driver NRIC	S7872110C	Driver DOB	09/07/1979
egister Date of Driver License	29/07/1999	Driver Age	42	Driving Experience	21
Contact No.(Mobile)	94831174	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 114	Address 2	HOUGANG AVENUE 1	Address 3	
ddress 4		Address Type	Singapore address	Post Code	SINGAPORE 530114
init No.	09-1294	Address Type	angepore educess	Post Code	530114
oes he own a Singapore		120000000000000000000000000000000000000			
legistered car?	C) Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathelyser or Blood Test					
eading?	Omg	Any injury?	Yes ○ No		
lodification History					
Claim 001 New					
Nam Type •	ОВ-МХ	950000000000000000000000000000000000000		100000000000000000000000000000000000000	Contract of the Contract of th
		Insured Name	SIVAM A/L VEERASINGAM	Insured NR3C	57872110C
ontact No. (Mobile)	94831174	Contact No. (Home)	072358854	Centact No.(Office)	64623635
maii Address	SIVAMCAR@YAHGO.COM	Of Vehicle Number	FBG5975T	TP Vehicle Number	G8H5944C
almant Type Claimant Type *		Type of Benefit *	Please Select		
almani Name *		≥≥ Claimant NRIC +			
laimant Address					
aim Description	FBGS97ST / GBHS944C ON 8 Aug	2020		Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault		
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ote Registered	14/08/2020 10:07	Claim Otose Date		Date Received	14/08/2020 00:00
port Taken By	Dackson			Control of the Contro	. 400,2020 00.00
and the Contract					
Print AK letter					
			Save Submit		
Attachment			terrorised managementalist		
Year 1.14.55					
9					
ccident No.	MT/1099897	Claim No.	001		
ant Doc. Received					
The second secon	● Yes ○ No	Upload Date	14/08/2020 10:08		
	Path. •	I VOICE AND	Category *	Confidential Urgen	
		Browse	2   Char   Please Select	V Normal	<u> </u>
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