

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	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

Address	BLK 114 HOUGANG AVENUE 1 #09-1294
Postcode	530114
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 - 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) 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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
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)

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	GBH5944C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	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	

Accident Sketch Plan

SKETCH PLAN

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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.

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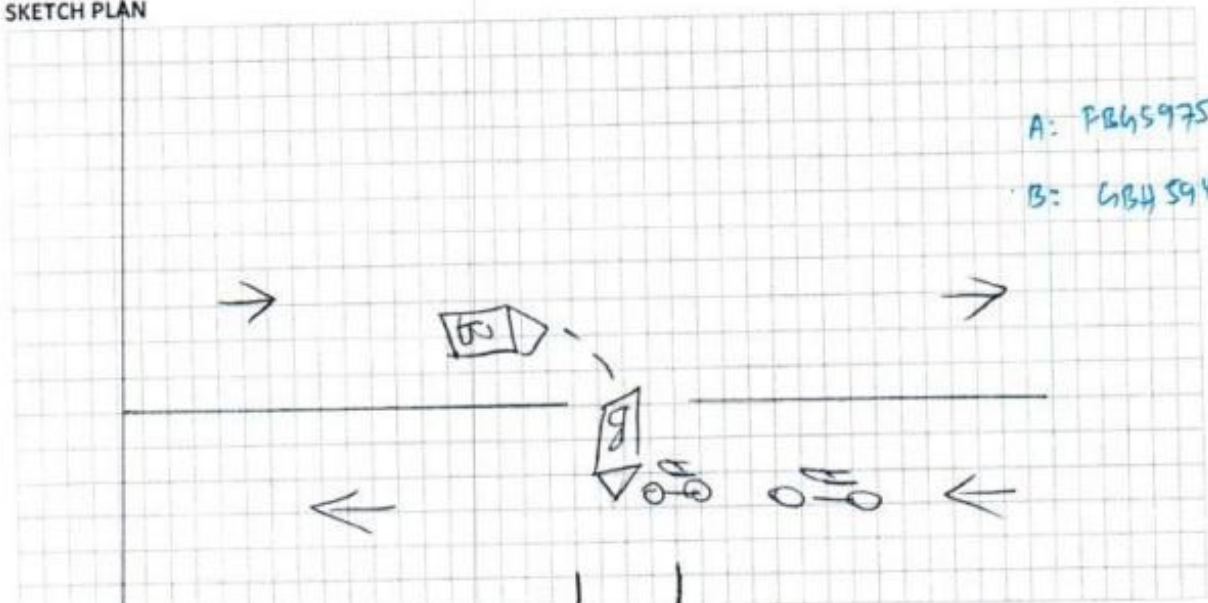
Policyholder's Signature Date
& Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/20200808/2116

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date
& Time:

GUASAC Signet/PrintForm_V3

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/20200808/2116

1 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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2020 21:29	Vide Report No.: E/20200808/0111	Station Diary No.: 37
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Informant's Particulars			
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: Male	Age: 42	Date of Birth: 09/07/1978	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: PERSONAL DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
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 ROAD towards Anderson Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5975T	Motorcycle	YAMAHA	FZ16ST	Red	Seriously Damaged	0
GBH5944C	Lorry				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG5975T	NTUC Income Insurance Co-Operative Limited	5117068779	03/04/2020	13/09/2021

Police Report



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114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20200808/2116

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Report No: T/20200808/2116

CONTINUATION OF REPORT

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

Brief Details.

On 08/08/2020 at about 1235hrs -1240hrs, I was riding one red Yamaha 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.

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 Report



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T/20200808/2116

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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.

Police Report



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SINGAPORE 530114
Tel No: 1800-2899999



T/20200808/2116

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Report No. T/20200808/2116

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:

F /

Sgt 3 MOHAMAD ZULHIZWAN AQMA BIN
MOHD ZULKEFLEE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / Gt /

Sr Staff Sgt CHONG GUAN FATT
Contact No. 65476083

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

08/08/2020 21:29

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



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

Date/Time Report Made: 09/08/2020 21:35	Vide Report No.: T/20200808/2116	Station Diary No.: 21
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Informant's Particulars				
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: Male	Age: 42	Date of Birth: 09/07/1978	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
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 ROAD				
Towards Anderson Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5975T	Motorcycle	YAMAHA	FZ16ST	Red	Seriously Damaged	0
GBH5944C	Lorry				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG5975T	NTUC Income Insurance Co-Operative Limited	5117068779	03/04/2020	13/09/2021

Police Report



**SINGAPORE
POLICE FORCE**

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SINGAPORE 530114
Tel No: 1800-2899999



T/20200809/2067

2 of 3

Report No. T/20200809/2067

CONTINUATION OF REPORT

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

Police Report



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114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20200809/2067

3 of 3

Report No. T/20200809/2067

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:

F /

Sgt 2 TAI YOONG CHAN, DOMINIQUE *Dom*

Signature Of Informant:

ff

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:

Authentication Stamp

NR185



Signature: *Dom*

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

