

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	12/09/2020 11:25
Date Of Accident	19/01/2020 20:10
Exact Location Of Accident	JUNCT OF ANG MO KIO AVENUE 5/ ANG MO KIO AVENUE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1855K
Insured/Policyholder	
Name Of Registered Owner	SUBRAMANIAM S/O C CHINNAYYA
NRIC No	S2162056D
Email Address	MANEAMSRI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93863474
Alternative Phone No	OTHERS-93863474

Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	5107727609
Cover Note Number	22/02/2019 - 21/02/2020

Driver

Name of Driver	SUBRAMANIAM S/O C CHINNAYYA
NRIC No	S2162056D
Date Of Birth	16/10/1956
Occupation	INDOOR
Date Of Driving Pass	07/08/1985
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93863474
Fax Number	
Contact Number	OTHERS-93863474
Email Address	MANEAMSRI@GMAIL.COM

Address	BLK 151 #09-3046 ANG MO KIO AVENUE 5
Postcode	560151
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 - CROSS JUNCTION
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	KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4589999 - FAX NO: 64574454
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SFF3737K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SUBRAMANIAM S/O C CHINNAYYA
Approximate Age	64
Injuries Sustain	
Injured person in which vehicle?	FBP1855K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 151 #09-3046 ANG MO KIO AVENUE 5
Postcode	560151

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 12/09/2020 / 11:32

Report No: MT/

D.O.A: 19/01/2020

Time: 20:10 hrs

Vehicle No: FBPI855K

Reporting Type:

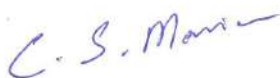
SKETCH PLAN

IMPORTANT NOTICE

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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.



12/09/20 / 11:32

Policyholder's Signature / Date & Time



THOMAS CHEN (S098890)
Customer Care Executive
Motor Service Centre

12/09/20 / 11:32

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

UNABLE TO PROVIDE
SKETCH PLAN.

JUNCT OF ANG MO KIO AVENUE 5/ ANG MO KIO AVENUE 10

Vehicle A: FBP1855K

Vehicle B: SFF3737K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

Declaration

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

C. S. Mame

12/09/20 / 11:32

Policyholder's Signature / Date & Time

12/09/20 / 11:32

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

THOMAS CHEN (S098890)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200324/2067

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

1 of 3

Report No. T/20200324/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2020 13:11	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: SUBRAMANIAM S/O C CHINNAYYA			Address: APT BLK 151 ANG MO KIO AVENUE 5 #09-3046 SINGAPORE 560151		
ID Type / ID No.: NRIC NO / S2162056D			Contact No.: Home/Office: Mobile: 93863474		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 16/10/1956	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Operation Supervisor			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/01/2020 20:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 5 ANG MO KIO AVENUE 10 Junction of Ang Mo Kio Avenue 5 and Ang Mo Kio AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Not able to recall				Anyone conveyed by ambulance: No

Details of Vehicle Involved

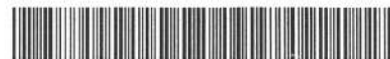
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1855K	Motorcycle	YAMAHA	NMAX155 ABS	Grey		0
SFF3737K	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1855K	NTUC Income Insurance Co-Operative Limited	5107727609-01	22/02/2020	21/02/2021



**SINGAPORE.
POLICE FORCE**



T/20200324/2067

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

2 of 3

Report No. T/20200324/2067

CONTINUATION OF REPORT

Brief Details.

On 19/01/2020 at about 2000hrs, I was riding on my motorcycle bearing registration no: FBP1855K along Ang Mo Kio Avenue 5. heading back home from giving out my daughter's wedding invitation card. That was the only thing I can recalled until when I wake up, I was already at the hospital.

I wish to state that Traffic Police IO had recorded my statement of the accident on 23/03/2020 at about 1400hrs. I was advised to lodge a traffic accident report by the IO.



**SINGAPORE
POLICE FORCE**



T/20200324/2067

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 3

Report No. T/20200324/2067

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 /

Staff Sgt SHAHRUL SOPHAN BIN JUMAAT

Signature Of Informant:

C. S. Maniam

Signature Of Interpreter:

Not applicable

Date/Time:

24/03/2020 13:11

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORAMEERA BINTE MOHAMED
HUSSEIN

Contact No.: 65476236

Classification Of Case:

Authentication Stamp

NP168

SN 085



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

