

## 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	23/09/2020 12:40
Date Of Accident	18/09/2020 01:15
Exact Location Of Accident	BLK 323 BUKIT BATOK STREET 33 OPEN CARPARK LOT 31
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5707E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAHADEVAN THILLAI GOVINDAN
NRIC No	SXXXX818H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96538912
Alternative Phone No	OFFICE-96538912

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5075397264-04
Cover Note Number	

### Driver

Name of Driver	SAHADEVAN THILLAI GOVINDAN
NRIC No	SXXXX818H
Date Of Birth	14/05/1979
Occupation	INDOOR
Date Of Driving Pass	31/10/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96538912
Fax Number	
Contact Number	OFFICE-96538912
EEmail Address	NOEMAIL

Address	BLK 323 BUKIT BATOK STREET 33 #03-110
Postcode	650323
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	FIRE, EXPLOSION OR LIGHTNING
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20200918/2044 (PREFERRED WORKSHOP UNIVERSAL MOTOR)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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.

*L. Png* 23/09/20  
11:00am

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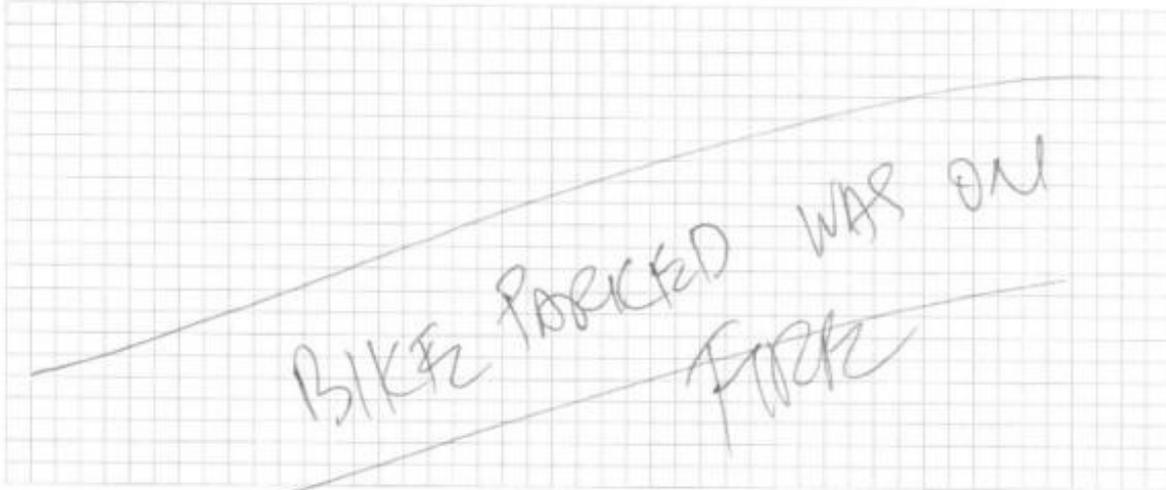
Policyholder's Signature  
Date & Time:

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

*[Signature]* 23/09/2020  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REPORT TO POLICE REPORT 5/20200918/2044

[A large handwritten checkmark is drawn across the remaining lines of this section.]

DECLARATION

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

*L. M. [Signature]* 23/09/20  
11.00am

Policyholder's Signature  
Date & Time:

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

*[Signature]* 23/09/2020  
Reporting Centre Personnel's Signature  
Name: *Robi [Signature]*  
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



J/20200918/2044

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20200918/2044

Police Station Of Origin  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Date/Time Report Made 18/09/2020 12:43	Vide Report No. J/20200918/0011	Station Diary No. 47	
Name Of Informant SAHADEVAN THILLAI GOVINDAN	Address APT BLK 323 BUKIT BATOK STREET 33 #03-110 SINGAPORE 650323		
ID Type / ID No. NRIC NO / S7963818H	Contact No. Home/Office	Mobile 96538912	
Nationality INDIAN	Email Address		
Occupation Welder	Sex Male	Age 41	Date of Birth 14/05/1979
Institution/School Name	Race Indian		
Date/Time Of Incident 18/09/2020 01:15	Language		
	Location Of Incident 323 BUKIT BATOK STREET 33 HDB-BUKIT BATOK SINGAPORE 650323 Open Space Carpark, lot 31		

**Brief details.**

On 18/09/2020 at 0112hrs, I heard cracking sound from the carpark. I got up from my bed and saw through my windows that the recycle bin was on fire. My motorcycle (FBK5707E) was parked near to the recycle bin. Immediately, I told my wife to call the SCDF while I head down to the carpark to shift my motorcycle to another parking lot. I made a check on my motorcycle and the left side was damaged by the fire.

Signature Of Officer Recording The Report: J / Sr Staff Sgt MUHAMMAD ASHRAF BIN RAHUMAN SHAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2020 12:43
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / ASP ONG WEI SHENG, ALVIN Contact No.:	Classification Of Case:

**Authentication Stamp**



POLICE REPORT



SINGAPORE  
POLICE FORCE



J/20200918/2044

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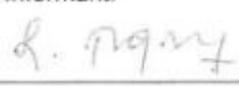
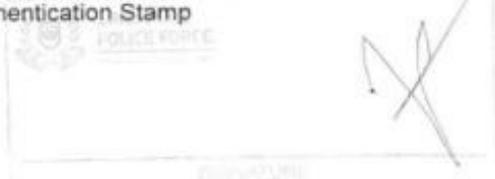
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200918/2044

SCDF came down and extinguisher the fire. There was a van and another motorcycle affected from this fire. Police issued me the case card ref: J/20200918/0011

I am lodging this report for insurance claims.

Signature Of Officer Recording The Report: J / Sr Staff Sgt MUHAMMAD ASHRAF BIN RAHUMAN SHAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2020 12:43
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / ASP ONG WEI SHENG, ALVIN Contact No.:	Classification Of Case:
Authentication Stamp 	

PREFERRED WORKSHOP

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**UNIVERSAL MOTORS PTE LTD**

Service Centre: SENG MOTOR HUNG

Headquarter:  
Blk 1006 Bukit Merah Lane 2  
#01-04 Singapore 159762

MICHAEL TAN

**JOHNNY T. G. TAN**

Managing Director

96423147

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*Your Complete Motorcycle Company for Best Quality And Services*

Telephone: 65-2782029, 65-2727056 Facsimile: 65-2732039

Accident Photo



Accident Photo



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