

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	14/10/2020 16:32
Date Of Accident	10/10/2020 17:40
Exact Location Of Accident	CUSCADEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL797Y
Insured/Policyholder	
Name Of Registered Owner	VICTOR RAJESH NAIDU
NRIC No	SXXXX267A
Email Address	VRNPEST@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98282210
Alternative Phone No	OTHERS-98282210

Vehicle Particulars

Manufacturer	KYMCO
Model	KYMCO / DOWNTOWN 200I

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	5116814973
Cover Note Number	

Driver

Name of Driver	VICTOR RAJESH NAIDU
NRIC No	SXXXX267A
Date Of Birth	31/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2013
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98282210
Fax Number	
Contact Number	OTHERS-98282210
EEmail Address	VRNPEST@HOTMAIL.COM

Address	BLK 115 #03-573 PASIR RIS STREET 11
Postcode	510115
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	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20201011/2066;

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	SMP9519Z
Vehicle Make/Model/Colour	TOYOTA / NOAH HYBRID 7-SEATER 1.8X CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	VICTOR RAJESH NAIDU
Approximate Age	48
Injuries Sustain	
Injured person in which vehicle?	FBL797Y
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 115 #03-573 PASIR RIS STREET 11
Postcode	510115

Accident Sketch Plan

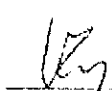
SKETCH PLAN

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.


Policyholder's Signature
Date & Time:

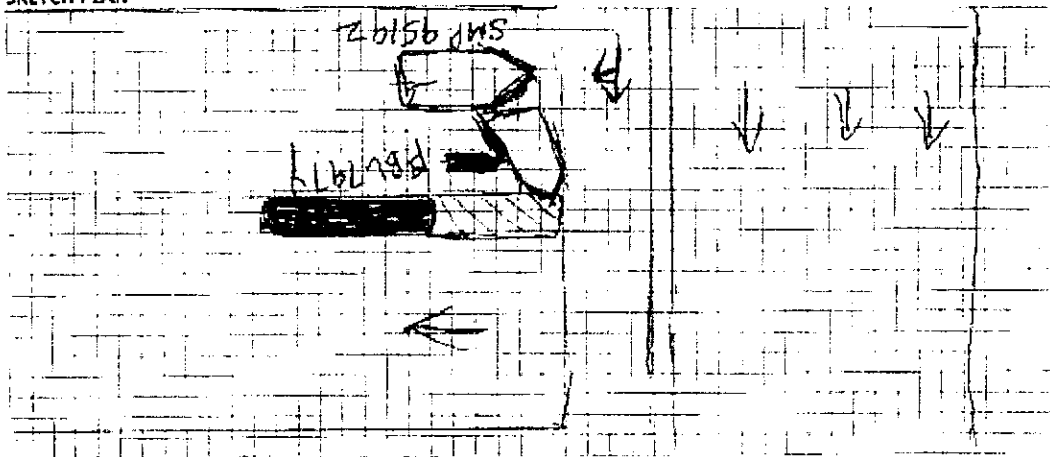
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRUC/FIN No: 1 OCT 2019

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.

Pubcyholder'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: _____
 NRIC/FIN No 14 OCT 2011



SINGAPORE POLICE FORCE



T/20201011/2066

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20201011/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2020 19:04		Vide Report No.:		Station Diary No.: 77
Informant's Particulars				
Name of Informant: VICTOR RAJESH NAIDU		Address: APT BLK 115 PASIR RIS STREET 11 #03-573 SINGAPORE 510115		
ID Type / ID No.: NRIC NO / S7147267A		Contact No.: Home/Office: Mobile: 98282210		
Nationality: SINGAPORE CITIZEN		Email: vrnpest@hotmail.com		
Sex: Male	Age: 48	Date of Birth: 31/12/1971	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: MANAGER		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: 10/10/2020 17:40	Type of Location: T-Junction
Location: CUSCADEN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL797Y	Motorcycle	KYMCO	DOWNTOWN 200I	Black		0
SMP9519Z	Car	TOYOTA				0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL797Y	NTUC Income Insurance Co-Operative Limited	5116814973	20/03/2020	03/06/2021



**SINGAPORE
POLICE FORCE**



T/20201011/2066

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20201011/2066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	VICTOR RAJESH NAIDU	ID No.	S7147267A
Related Vehicle	FBL797Y (Motorcycle)	Contact No.	98282210
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 10/10/2020 at about 5.40pm, I (FBL797Y) was travelling on Cuscaden Road near to Delfi Orchard towards Orchard Road with no pillion on board. I was stationary on the stop line. There was a car (SMP9519Z) on my left beside me sharing one lane. The lane was a single lane. The traffic was heavy thus, I waited for the traffic to clear. Suddenly, the car make a right turn and he turned into me. He hit me on my left side of my motorcycle and continue to move forward instead of stopping. Due to the hit, I fell together with my motorcycle and landed on the right side. I get up and the driver stopped at the side of the road.

The driver came out and asked me how to settle the accident. I told the driver that my leg is swollen, and I will call for police. I then called for police assistance. Shortly after, ambulance came and checked on me. I then took 2 photos of the scene. Traffic police came and took my particulars. Traffic police informed me that my motorcycle will be impound to Traffic police. I was then conveyed to Tan Tock Seng Hospital via ambulance. Thus, I did not exchange any particulars with the driver.

I do not know what the damages to my motorcycle is as I didn't manage to make a check. I wish to state that I does not have any camera installed. I was unsure if there is any CCTV around the vicinity. Doctor issued me with 2 days MC from 10/10/2020 to 11/10/2020. I felt pain on my right groin and my right upper shoulder. My left shin is swollen and bruised. IO Maria 81216333 called me and advised me to lodge a traffic accident report. IO informed me to collect my motorcycle on Monday 12/10/2020.



**SINGAPORE
POLICE FORCE**



T/20201011/2066

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20201011/2066

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:

G /

Sgt 2 JOHNNY TAN KOK JOO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt JOFILIANO BIN MOHAMED ALI

Contact No: 65476960



Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

11/10/2020 19:04

Classification Of Case:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5116814973

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **FBL797Y**

Chassis Number

: RFBK40AEG1000357

2. Name of Policyholder

: VICTOR RAJESH NAIDU

3. Effective Date of Insurance

: 20 Mar 2020

4. Expiry Date of Insurance

: 03 Jun 2021

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: VICTOR RAJESH NAIDU

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 19 Mar 2020 18:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive