

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	22/10/2020 16:51
Date Of Accident	08/10/2020 19:00
Exact Location Of Accident	ALONG AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5135S
Insured/Policyholder	
Name Of Registered Owner	BIJOY OLIVER
NRIC No	GXXXX234L
Email Address	BIJOYOLIVER@ME.COM
Mobile Phone No	(LOCAL) +65-98225123
Alternative Phone No	OTHERS-98225123

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200-199CC DTS-I
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5081688329-04
Cover Note Number	

Driver

Name of Driver	BIJOY OLIVER
NRIC No	GXXXX234L
Date Of Birth	02/03/1985
Occupation	INDOOR
Date Of Driving Pass	23/12/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98225123
Fax Number	
Contact Number	OTHERS-98225123
Email Address	BIJOYOLIVER@ME.COM

Address	BLK 162 YUNG PING ROAD #10-21
Postcode	610162
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20201009/7009

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	SLQ6635Y
Vehicle Make/Model/Colour	
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	BIJOY OLIVER
Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FBD5135S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

 22/10/2020 17:00 hrs
Policyholder's Signature
Date & Time:

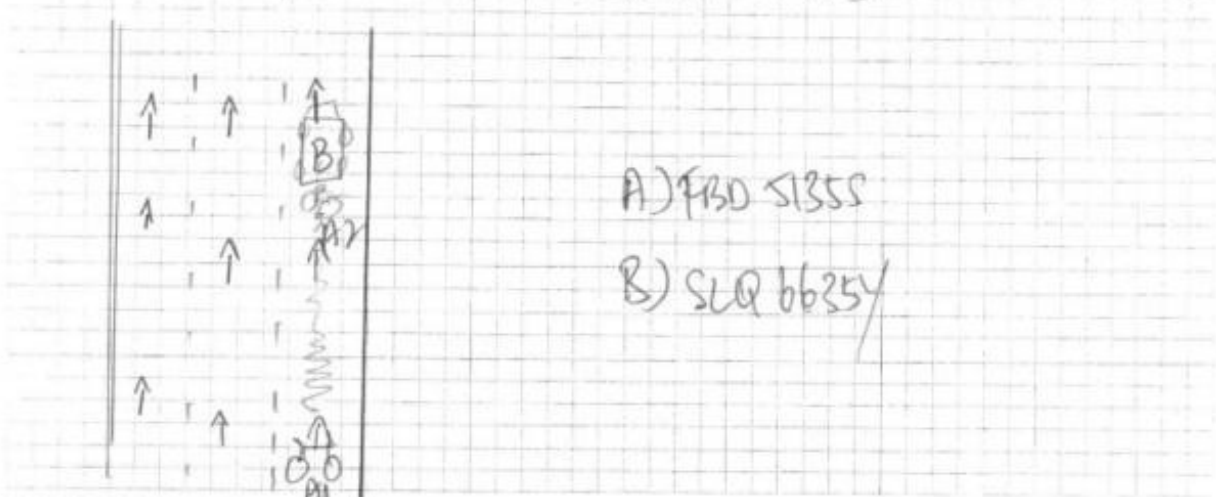
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 22/10/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A/R TOWARDS MUGS (DINAR NUT)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT D/20201009/7009

DECLARATION

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

Policyholder's Signature
Date & Time: 22/10/20
17:00 hrs

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

Reporting Centre Personnel's Signature
Name: 22/10/2020
NRIC/FIN No.: KESJ MA/03

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20201009/7009

1 of 2

POLICE REPORT (NP299)

Report No. D/20201009/7009

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 09/10/2020 11:22	Vide Report No.	Station Diary No.
Name Of Informant BIJOY OLIVER	Address	
ID Type / ID No. FIN NO / G6432234L	Contact No. Home/Office:	Mobile: 98225123
Nationality INDIAN	Email Address BIJOYOLIVER@YAHOO.COM	
Occupation Logistics officer	Sex Male	Age 35
Institution/School Name	Date of Birth 02/03/1985	Race Indian
Date/Time Of Incident 08/10/2020 19:00 - 08/10/2020 19:30	Language English	
	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

It was raining and the car (SLQ6635Y) in front jam break and quickly turned on the hazard light . I saw it tried to break but my bike(FBD5135S) wobbled and slipped . I fell on the road and slides on road for few meters. The bike also slides on the road for few meters and ended in rear of the car. What the driver of car told me that the car in front of her jam break and that lead her to jam break as well . She called the ambulance and I was taken to NUH.I have some bruises and swelling on my first right toe(skin tear) ,elbows and knees .

Subjects Involved	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/10/2020 11:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20201009/7009

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201009/7009

Victim			
Person Name	BIJOY OLIVER		
ID Type	FIN NO	ID No	G6432234L
Gender	Male	Age	35
Race	Indian	Language	English
Occupation	Logistics officer	Mobile No	98225123
Is Informant A	Yes		
Victim?			
Person Name	BIJOY OLIVER (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/10/2020 11:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

