

### 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	03/11/2020 14:31
Date Of Accident	30/10/2020 09:00
Exact Location Of Accident	BT BATOK EAST AVE 4
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8257G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VUDA SRIRAMA CHANDRA RAO
Passport No/FIN	SXXXX665J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91691845
Alternative Phone No	OFFICE-91691845
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CB190X
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108350746-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	VUDA SRIRAMA CHANDRA RAO
Passport No/FIN	SXXXX665J
Date Of Birth	10/02/1972
Occupation	INDOOR
Date Of Driving Pass	15/05/2017
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91691845
Fax Number	
Contact Number	OFFICE-91691845
Email Address	NOEMAIL

Address	BLK 444 #04-323 CHOA CHU KANG AVENUE 4
Postcode	680444
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 - HEAD TO REAR
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

\* REFER TO POLICE REPORT ATTACHED

#### 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	SBB988J
Vehicle Make/Model/Colour	MERCEDES/RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	SXXXX011H
Contact Number	98150980
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	VUDA SRIRAMA CHANDRA RAO
Approximate Age	
Injuries Sustain	BOTH LEGS INJURIES
Injured person in which vehicle?	FBM8257G
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



**SINGAPORE  
POLICE FORCE**



T/20201030/2051

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

Report No. T/20201030/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/10/2020 13:40		Vide Report No.:		Station Diary No.: 43
<b>Informant's Particulars</b>				
Name of Informant: VUDA SRIRAMA CHANDRA RAO		Address: APT BLK 444 CHOA CHU KANG AVENUE 4 #04-323 SINGAPORE 680444		
ID Type / ID No.: NRIC NO / S7261665J		Contact No.: Home/Office: Mobile: 91691845		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 48	Date of Birth: 10/02/1972	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: SERVICE ENGINEER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/10/2020 09:00	Type of Location: Bend
Location:  BUKIT BATOK EAST AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8257G	Motorcycle	HONDA	CB190X MANUAL	White	Seriously Damaged	0
SBB98J	Car	MERCEDES BENZ		Red	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8257G	NTUC Income Insurance Co-Operative Limited	5108350746-01	21/04/2020	20/04/2021



**SINGAPORE  
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T/20201030/2051

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659840  
Tel No: 1800-6659999

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Report No. T/20201030/2051

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	VUDA SRIRAMA CHANDRA RAO	ID No.	S7261665J
Related Vehicle	FBM8257G (Motorcycle)	Contact No.	91691845
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/10/2020	Date Discharge	30/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name			
TAN SHI YING, ANTHEA	ID No.	S9202011H	
Related Vehicle	SBB98J (Car)	Contact No.	98150980
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 30th October 2020 at about 0900hrs, I was riding my motorcycle bearing the registration number FBM8257G, along Bukit Batok East Avenue 4. I then entered the filter lane, intending to turn left into Bukit Batok East Avenue 3. Prior exiting the filter lane, I made a check on my right for oncoming vehicles and noticed one vehicle approaching from Bukit Batok East Avenue 3. As such, I stopped in the filter lane to give way to the oncoming vehicle.

Suddenly, a car, bearing the registration plate number SBB98J hit me on my rear. As a result, I fell to my left side and could not get up. The driver of the car disembarked her vehicle to make a check on me. At that point of time, I realised that I was unable to move as both of my legs sustained injuries. There were a few passers-by that assisted to push my motorcycle to the side while some of them contacted the ambulance and the police.

The police and the ambulance arrived shortly after, and I was placed on a stretcher. From there, I exchanged particulars with the driver and took pictures of the damages that both our vehicles sustained. My motorcycle sustained damages to its left fairing, left lever guard and mud guard while the car's front paint was chipped off a little. I was then conveyed to Ng Teng Fong General Hospital to get myself checked. I was informed by the nurse that I sustained bruises on my left leg, specifically from my left knee to my left ankle, while cuts on my right shin. I was given 5 days MC.



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Report No. T/20201030/2051

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20201030/2051

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Police Station Of Origin:  
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659840  
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Report No. T/20201030/2051

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:  
J/  
Sgt 2 MOHAMAD NURHADIE SYAFIQ BIN  
MOHAMAD SANI

Signature Of Interpreter:  
Not applicable

Signature Of Informant:

*V. S. Rama Chandra P.*

Date/Time:  
30/10/2020 13:40

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMED ALI  
Contact No.: 65476960

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE

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.

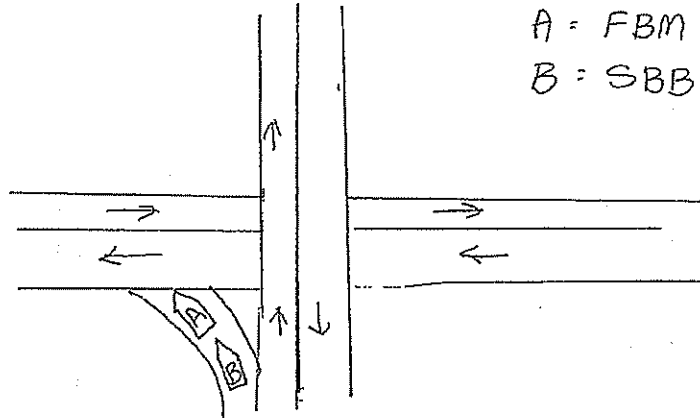
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



A = FBM 8257 G  
B = SBB 98 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Date:

Date: Refer to Police Report

DECLARATION

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

Policyholder's Signature 9/SPR Charles D  
Date & Time: 3/11/20

Driver's Signature [Signature]  
(If driver is not the policyholder)  
Date & Time: 3/11/20

IDAC BUKIT BATOK (VAC)  
511 PULAU 23  
511 PULAU 25  
Tel: 0567 9477 / 0567 3312  
Fax: 0569 0712  
Email: vacbb@singnet.com.sg  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: