

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 Submission 22/12/2020 17:13 (SGT)
Date of Accident 21/12/2020 13:50 (SGT)
Exact Location of Accident Jurong West Street 91, Singapore
Additional Location Information NEAR NANYANG COMMUNITY CENTRE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN8542C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SHATISH KUMAR S/O INDIRAJITHU
NRIC No SXXXX285B
Email Address shatish27@gmail.com
Mobile Phone No (Phone) +65-88930026
Alternative Phone No +65-88930026

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb150r
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5106521229-01
Cover Note Number -

DRIVER

Name of Driver SHATISH KUMAR S/O INDIRAJITHU
NRIC No SXXXX285B
Date Of Birth 27/06/1993
Occupation Indoor

Date Of Driving Pass	05/12/2018
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-88930026
Alt. Phone Number	+65-88930026
Email Address	shatish27@gmail.com
Address	BLK 17 GHIM MOH ROAD
Address complement	#08-95
Postcode	270017
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201221/2138

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	SMP6874S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97311050

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHATISH KUMAR S/O INDIRAJITHU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBN8542C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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.

Policyholder's Signature / Date & Time: 22/12/2020 1452
 Driver's Signature (if driver is not the policyholder) / Date & Time: JURONG WASH SL 91
 Witnessed by Reporting Centre Personnel: 177 HANBES CHAN

Sketch Plan


A) FBN 8542C
 B) SMP 6874S
 762A CARPARK
 NAA VANUA CC
 (A) MOTORBIKE FBN 8542C
 (B) CAR SMP 6874S

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/2020/221/2138

Declaration

We declare the foregoing particulars are true in every respect.

 22/12/2020 14:50


























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20201221/2138

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Report No. T/20201221/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2020 23:34	Vide Report No.:	Station Diary No.: 73
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Informant's Particulars

Name of Informant: SHATISH KUMAR S/O INDIRAJITHU		Address: APT BLK 17 GHIM MOH ROAD #08-95 SINGAPORE 270017	
ID Type / ID No.:	NRIC NO / S9323285B	Contact No.:	Home/Office: Mobile: 88930026
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 27/06/1993	Type of Informant: Vehicle Owner
Race: Indian	Language: English		Institution / School Name:
Occupation: Private investigator	Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2020 13:50	Type of Location: T-Junction
Location: JURONG WEST STREET 91				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN8542C	Motorcycle	HONDA		Green	Seriously Damaged	0
SMP6874S	Car	TOYOTA		Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN8542C	NTUC Income Insurance Co-Operative Limited	5106521229-01	23/12/2019	22/12/2020



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T/20201221/2138

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Report No. T/20201221/2138

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SHATISH KUMAR S/O INDIRAJITHU	ID No.	S9323285B
Related Vehicle	FBN8542C (Motorcycle)	Contact No.	88930026
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	21/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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 21/12/2020, at about 1350hrs, I was riding to my Aunt's funeral at B/941 Jurong West St 91, with my motorbike (FBN8542C). I was on the left lane and the road is a 2-lane road. As I was travelling along Jurong West St 91, near Nanyang Community Centre, I saw a grey car (SMP6874S) coming out from the car park. However, as I was having the right of way, I did not stop or slow down. As I passed by the car park, I suddenly felt a knock from left side. Due to the knock, I flew off from my motorbike and landed on the other side of the road. I managed to get up by myself subsequently after the knock and I saw that the driver of the grey car was still in the grey and she seemed to be shocked due to the accident. She subsequently came out of her car and subsequently checked on me. She asked me if I need any ambulance and I told her that there is no need to. We then shifted our vehicles away as we were blocking the traffic. The driver subsequently suggested private settlement and I agreed. The driver then offered to bring me to a clinic. We went to Nanyang Centre Clinic and I was given 2 days of MC. The driver paid the clinic fee.

After the visit to clinic, the driver and I brought the motorbike to the workshop for a quote. However, the quote given by the workshop was about \$3k to \$4k, which was over the driver's budget. Thus, she told me to claim insurance instead. After a few hours later, I felt more pain on my left shoulder. Thus, I went to Alexandra Hospital for treatment and I was given 7 days of MC. I then decided to lodge a police report since it is a requirement for insurance claim. I wish to state that I did not have any camera on my motorbike or on my helmet. I also wish to state that I only know the driver as "Aunty" and her contact number is 97311050.



SINGAPORE
POLICE FORCE



T/20201221/2138

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Report No. T/20201221/2138

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20201221/2138

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Report No. T/20201221/2138

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: D/ Sr Staff Sgt TAN WEI JIAN	Signature Of Informant: 82
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2020 23:34
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65478436	Classification Of Case: SN 49
Authentication Stamp NP168	SIGNATURE