# **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 witholding 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο 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

#### IMPORTANT NOTICE

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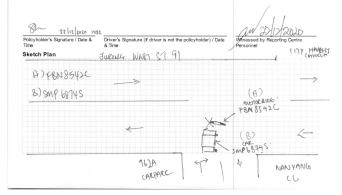
report being medie available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)
Lunderstand, achinov ledge, 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 distances on a first or the florm and any other personal information provided by micro
and/or process my personal distances and the flores of the flores and formation to all insurers (s)
who have insured whick(s) involved in this accident (all insurers). The insurers is a personal information to all insurers (s)
who have insured vehicle(s) involved in this accident (all insurers). He horizers have present and the provided of the property of the propose of the following provided of the provided of the propose of the propose of the claims and any
the claims;

(ii) processing, handing and/or dealing with my claims including the settlement of the claims and any
the claims;

- (i) processing, herizoning ancior dealing with my claims a sounding we settlement of 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 ms;
  (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of carbain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail (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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information mysteron or more of the above Purposes; and (c) my Personal information mysteron be disclosed by any of the Insurers and/or GNA to their third party service providers or agents (notuding their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

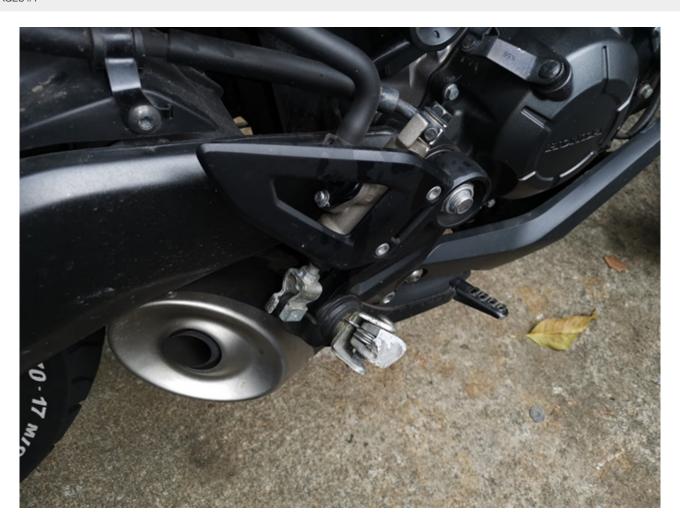


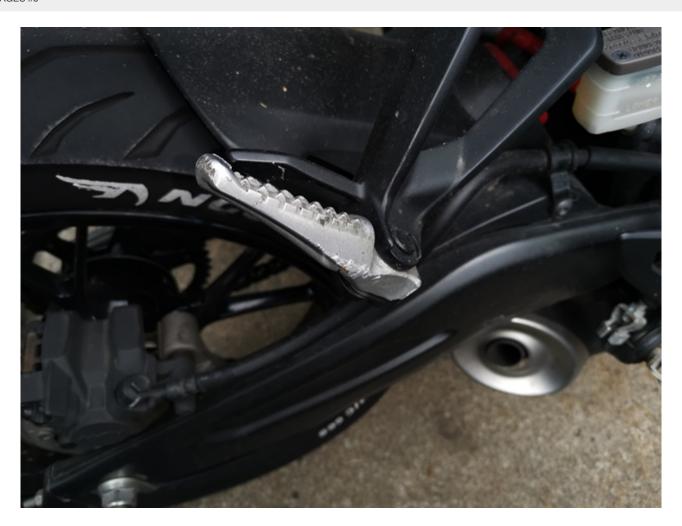
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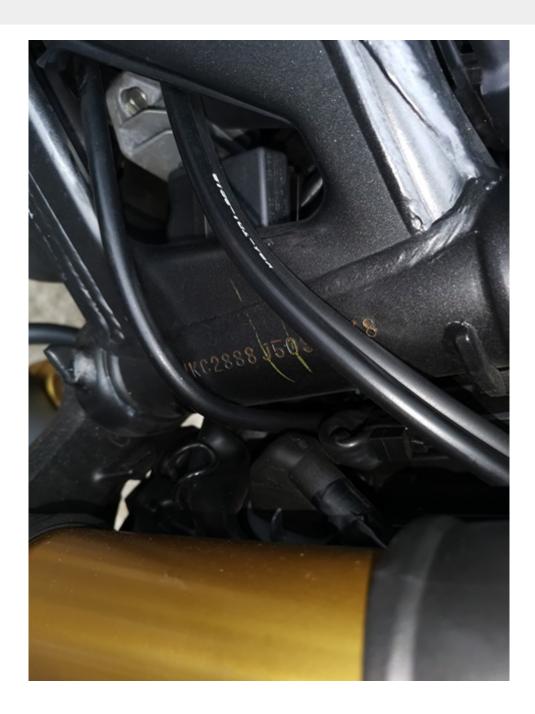


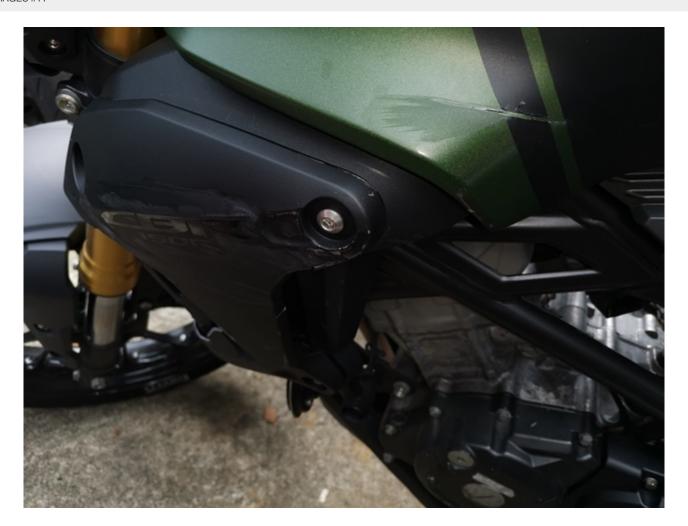




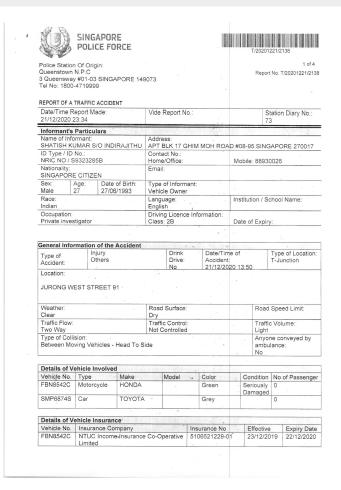














T/20201221/2138

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

Report No. T/20201221/2138

CONTINUATION OF REPORT

Any Pedestrian	on Involved			
No. of Pedestria	ns Injured: NIII	111 (5		
Vehicle Owner	no injured. IVIE	Use of Pe	destrian Cro	ssing: NA
Name	SHATISH KUMAR S/O INDIRAJITHU		ID No.	S9323285B
Related Vehicle	FBN8542C (Motorcycle)	Contact N	o. 88930026	
Hospital/Clinic	LEXANDRA HOSPITAL		Class of Driving Licence & Expiry Dat	Class: 2B Date of Expiry: NIL
Date Treatment	21/12/2020 Date Disc			
No. of Days granted Medical Leave 07		Degree of		ious
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	NIL		Contact No	o. NIL
Hospital/Clinic	NIL .		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		7
No. of Days grant	ed Medical Leave NIL	Degree of		

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 BI941 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 of the St 91, near Nanyang Community Centre, I saw of the St 91, ear Nanyang Community Centre, I saw of the St 91, ear Nanyang Community Centre, I saw of the St 91, ear Nanyang Community Centre, I saw of the St 91, ear Nanyang Community Centre, I saw of the St 91, ear Nanyang Community Centre, I saw of the St 91, ear Nanyang Community Centre, I saw of the St 91, ear Nanyang Community Centre, I saw of the St 91, ear Nanyang Centre Centre of the St 91, ear Nanyang Centre Office of the St 91, ear Nanyang Centre Office of the St 91, ear Nanyang Centre of t

