

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 29/12/2020 15:33 (SGT)
Date of Accident 26/12/2020 19:00 (SGT)
Exact Location of Accident 30 Bencoolen St, Singapore 189621
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL9648K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIN ZHENMING
NRIC No SXXXX341B
Email Address mukesh_varan07@hotmail.com
Mobile Phone No (Phone) +65-88140579
Alternative Phone No +65-88140579

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400
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 ThirdParty
Fleet Policy No
Policy Number 5119883345
Cover Note Number -

DRIVER

Name of Driver MUKESHVARAN S/O SHANKER
NRIC No SXXXX387H
Date Of Birth 13/12/1995
Occupation Indoor

Date Of Driving Pass	26/04/2017
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88140579
Alt. Phone Number	-
Email Address	mukesh_varan07@hotmail.com
Address	BLK 834 JURONG WEST STREET 81
Address complement	#03-13
Postcode	640834
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20201226/2108

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	SLT7641G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHAWN LOW JEK RAY
NRIC No	SXXXX463J

Contact Number	(Phone) +65-94779809
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUKESHVARAN S/O SHANKER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBL9648K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

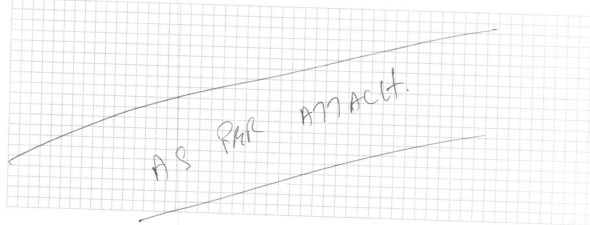
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. The 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.
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.

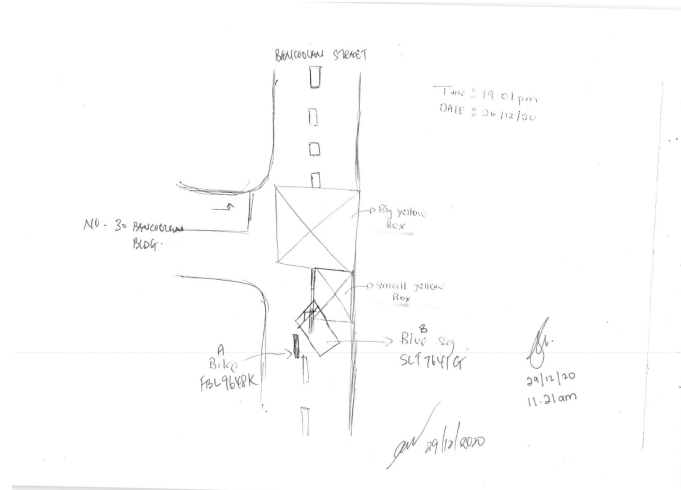
28/09/2020
Policyholder's Signature / Date & Time 11.21 am

Driver's Signature (if driver is not the policyholder) / Date & Time

28/09/2020
Witnessed by Reporting Centre Personnel

Sketch Plan







Describe Circumstances of the Accident


REFER to Police Report 7/20201226/2108

Declaration

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

31/12/20 
 Policyholder's Signature / Date &
 Time 11.21 am


 Driver's Signature (if driver is not the policyholder) / Date
 & Time


 Witnessed by Reporting Centre
 Personnel










































**SINGAPORE
POLICE FORCE**


T/20201226/2108

1 of 3

Police Station Of Origin:
Nanyang N.P.C.
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20201226/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2020 23:54 Vide Report No.: Station Diary No.: 81

Informant's Particulars

Name of Informant: MUKESHVARAN S/O SHANKER	Address: APT BLK 834 JURONG WEST STREET 81 #03-13 SINGAPORE 640834		
ID Type / ID No.: NRIC NO / S9546387H	Contact No.: Home/Office:	Mobile: 88140579	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 25	Date of Birth: 13/12/1995	Type of Informant: Rider
Race: Indian	Language: English	Institution / School Name:	
Occupation: National Service Full Time	Driving Licence Information: Class: 2B, 2A, 2, 3A	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/12/2020 19:00	Type of Location: Straight Road
Location: BENCOOLEN STREET				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
FBL9648K	Motorcycle	HONDA	CB400	Black	Slightly Damaged	0
SLT7641G	Car	BLUECAR	BLUECAR	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9648K	NTUC Income Insurance Co-Operative Limited	GMC2011A01456		



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20201226/2108

2 of 3

Report No. T/20201226/2108





CONTINUATION OF REPORT


Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUKESHVARAN S/O SHANKER	ID No.	S9546387H
Related Vehicle	FBL9648K (Motorcycle)	Contact No.	88140579
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	SHAUN LOW JEK RAY	ID No.	S9613463J
Related Vehicle	SLT7641G (Car)	Contact No.	94779809
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/12/2020 at around 1900hrs, I was riding my motorcycle bearing registration no. FBL9648K along a one way road at Bencoolen Street. I was riding my motorcycle in the middle of a two lane road. Suddenly, a BlueSG car bearing registration no. SLT7641G, from the rightmost lane turned left to the second lane and subsequently the car hit the right side of my motorcycle. After which I fell down together with my motorcycle. My motorcycle sustained some visual scratches on the fuel tank, rear coverset, crashbar, speedometer, handle and side mirror. I also suffered abrasions on my right feet. There was no Police and no one conveyed at the time of the accident and it happened just beside 30 Bencoolen Street.

This is the first time such incident happened to me and I am lodging this report of insurance purposes.

 SINGAPORE POLICE FORCE		 T/20201226/2108
Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999		3 of 3 Report No: T/20201226/2108
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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.</p>		
Signature Of Officer Recording The Report: J / Sgt 2 AHMAD SUFYAN BIN AMRAN	Signature Of Informant: 	Date/Time: 26/12/2020 23:54
Signature Of Interpreter: Not applicable	Classification Of Case:	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151		
Authentication Stamp:  NP168		

 **National University
Polyclinics**

MEDICAL CERTIFICATE (Ref: 1118567961)

NAME: MUKESHVARAN S/O SHANKER

ORIGINAL

NRIC: S9546387H

Type of Medical Leave granted: Outpatient Sick Leave

The above named is unfit for duty for 3 day(s) from 28/12/2020 to 30/12/2020 Inclusive.

The certificate is not valid for absence from court attendance.

28/12/2020
Date

Dr. Louisa LIU YING YING (041199)
Issued by

Signature

Location: PIO PIONEER POLYCLINIC