

# 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 ..... 24/02/2021 16:52 (SGT)  
Date of Accident ..... 22/02/2021 08:30 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBK8967B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... VENGARAJ MURTY  
NRIC No ..... SXXXX071D  
Email Address ..... MVENGARAJ@OUTLOOK.COM  
Mobile Phone No ..... (Phone) +65-86128081  
Alternative Phone No ..... +65-86128081

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Mt-03  
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 - Reporting only  
Vehicle Category ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5121088556  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... VENGARAJ MURTY  
NRIC No ..... SXXXX071D  
Date Of Birth ..... 14/12/1997  
Occupation ..... Indoor

Date Of Driving Pass .....	28/02/2017
Driving experience .....	4 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-86128081
Alt. Phone Number .....	+65-86128081
Email Address .....	MVENGARAJ@OUTLOOK.COM
Address .....	786 YISHUN RING RD #05-3506
Address complement .....	-
Postcode .....	760786
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 - Head to Rear
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? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	GOWRI D/O RENGASAMY
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210222/2151

#### 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 .....	SMK4149S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
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 .....	VENGARAJ MURTY
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	FBK8967B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	GOWRI D/O RENGASAMY
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	FBK8967B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes



Refer to Police report T/20210222 /2151

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel





































**SINGAPORE  
POLICE FORCE**



T/20210222/2151

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20210222/2151

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/02/2021 22:25		Vide Report No.: F/20210222/0071		Station Diary No.: 109	
<b>Informant's Particulars</b>					
Name of Informant: VENGARAJ MURTY			Address: 786 YISHUN RING ROAD #05-3506 SINGAPORE 760786		
ID Type / ID No.: NRIC NO / S9745071D			Contact No.: Home/Office: Mobile: 86128081		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 14/12/1997	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SALESMAN			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/02/2021 08:30	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Lamp Post Number: 437				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8967B	Motorcycle				Slightly Damaged	1
SMK4149S	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
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T/20210222/2151

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Report No. T/20210222/2151

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	VENGARAJ MURTY		ID No. S9745071D
Related Vehicle	FBK8967B (Motorcycle)		Contact No. 86128081
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	22/02/2021	Date Discharge	22/02/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Passenger</b>			
Name	Gowri D/O Rengasamy		ID No. S9811019D
Related Vehicle	FBK8967B (Motorcycle)		Contact No. 91448674
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	22/02/2021	Date Discharge	22/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 22/02/2021 at about 0830hrs, I was riding my motorcycle (FBK8967B) along TPE(PIE) with one pillion. I was travelling between the extreme right and 2nd right lane. That time was heavy traffic.

The accident was happened along the TPE after the exit of Punggol Road. There were few motorcycles in front of myself started to jam brake. I tried to swerve to the right to avoid colliding into the motorcycle in front of me. After that, I tried to jam brake however unable to. Subsequently my motorcycle collided into the rear left side of a vehicle (SMK4149S).

Upon that time, ambulance and traffic police at scene. I was later conveyed by ambulance to Changi General Hospital. The injuries on me are open wound on my right middle finger, abrasion on the right hand, right knee and calf. I was given 7days hospitalization leave started from 22/02/2021.





**SINGAPORE  
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T/20210222/2151

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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20210222/2151

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:

L /

Sgt 3 FOO CHEA YEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/02/2021 22:25

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force