SN09212O000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 24/02/2021 16:52 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (24/02/2021 16:52 (SGT))

# **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.

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   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 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 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) 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 Model

Vehicle Manufacturer

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 Address Address Complement	VENGARAJ MURTY - -
Post Code Approximate Age Years Old	-
Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	BODY FBK8967B - Yes

# INJURED 2

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

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

Lunderstand, 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 law yers/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' law yers/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.

Jenga

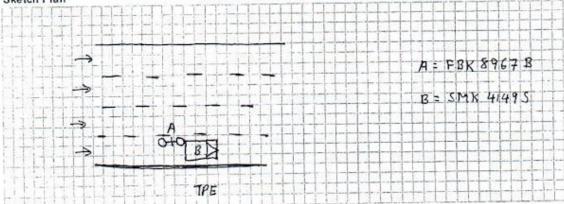
Policyholder's Signature / Date & Time

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

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Witnessed by Reporting Centre Personnel

#### Sketch Plan



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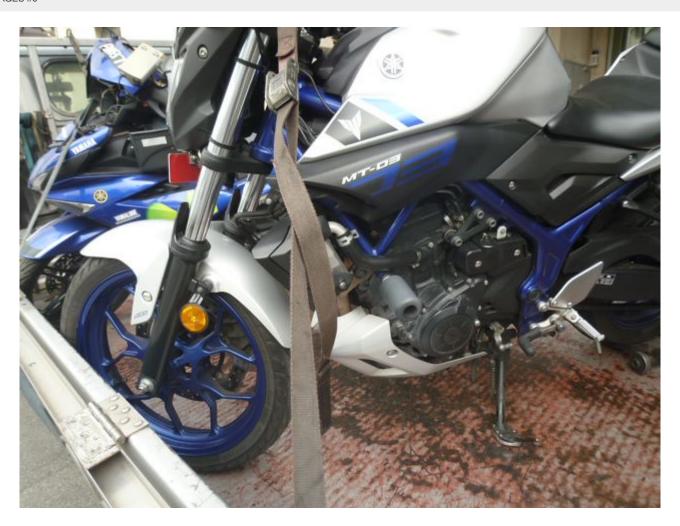


























Police Station Of Origin: Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

1 of 3 Report No. T/20210222/2151

# REPORT OF A TRAFFIC ACCIDENT

	ne Report M 21 22:25	Made:	Vide Report No.: F/20210222/0071	Station Diary No.: 109	
Informa	nt's Partic	ulars			
Name of Informant: VENGARAJ MURTY			Address: 786 YISHUN RING ROAD #05-3506 SINGAPORE 760		
	D Type / ID No.: NRIC NO / S9745071D		Contact No.: Home/Office: Mobile: 86128081		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 23	Date of Birth: 14/12/1997	Type of Informant: Rider		
Race:			Language: English	Institution / School Name:	
Occupation: SALESMAN			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

	Injury	Drink	Date/Time of	Type of Location:	
Type of Accident:	Attended by Police			Straight Road	
Location:					
Lamp Post N Weather:	XPRESSWAY umber: 437	Road Surface:		Road Speed Limit:	
01		Dry			
Clear	Traffic Flow:			Traffic Volume: Heavy	
Clear Traffic Flow:		Traffic Control: Not Controlled			

Detail's of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8967B	Motorcycle				Slightly Damaged	1
SMK4149S	Car	Thursday.	1,700-19	-		0

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



T/20210222/2151

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

2 of 3 Report No. T/20210222/2151

### CONTINUATION OF REPORT

Rider				All Size	
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 VIL
Date Treatment	22/02/2021 Date Disci				2/2021
			e of Injury Slight		
Passenger			SALES STA	H4455403	
Name	Gowri D/O Rengasamy		ID No		S9811019D
Related Vehicle	FBK8967B (Motorcycle)			ct No.	91448674
Hospital/Clinic	CHANGI GENERAL HOSPITAL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/02/2021	Date Disch	arge	22/02	/2021
No. of Days grant	ted Medical Leave 05	Degree of I		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.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 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	t: 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	Singapore Police Force