

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	02/03/2021 16:46 (SGT)
Date of Accident	22/02/2021 06:45 (SGT)
Exact Location of Accident	Compassvale Cres, Singapore
Additional Location Information	BLK 286A CAR PARK COMPASSVALE CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1073K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VINAYAGAM S/O LATCHMINAN
NRIC No	S8733644A
Email Address	VINOD170511@GMAIL.COM
Mobile Phone No	(Phone) +65-98580430
Alternative Phone No	+65-98580430

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBF190X MANUAL
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	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	P2190112
Cover Note Number	16/07/2020 - 15/07/2021

DRIVER

Name of Driver	VINAYAGAM S/O LATCHMINAN
NRIC No	S8733644A
Date Of Birth	17/10/1987
Occupation	Outdoor

Date Of Driving Pass	27/11/2017
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98580430
Alt. Phone Number	+65-98580430
Email Address	VINOD170511@GMAIL.COM
Address	BLK 293B COMPASSVALE CRESCENT #03-55
Address complement	-
Postcode	542293
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	Collided into Property
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)	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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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	SHC1717Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

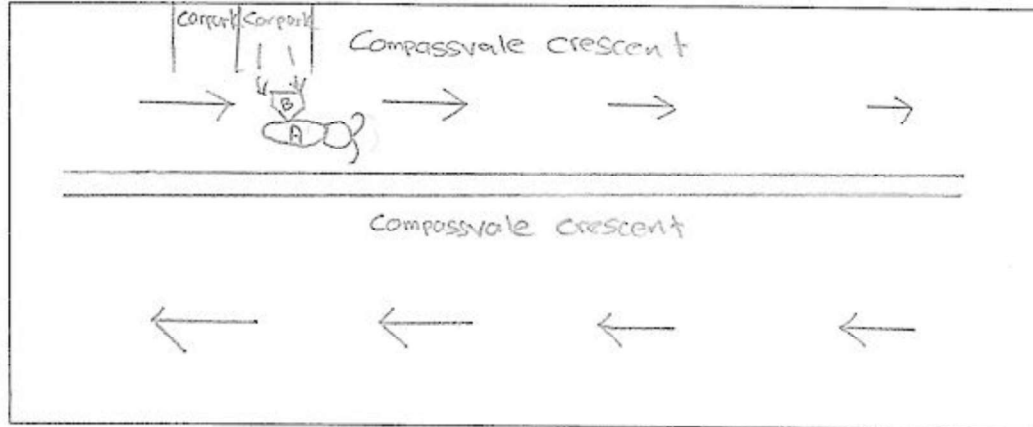
INJURED 1

Name of injured person	VINAYAGAM S/O LATCHMINAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT LEG, RIGHT HAND, STOMACH, BACK PAIN.
Injured person in which vehicle?	FBN1073K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

81K 2864 Car park

Date of accident: 22/02/2021 Time: 6:45am Location: Compassvale Crescent
 My Vehicle A: FBN 10731K Vehicle B: SAC 17172 Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No. T/20210226/2073

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :
 Email address :
 & myself :
 Email address :


Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 02/03/2021

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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

AH LIM MOTOR COMPANY

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 02/03/2021

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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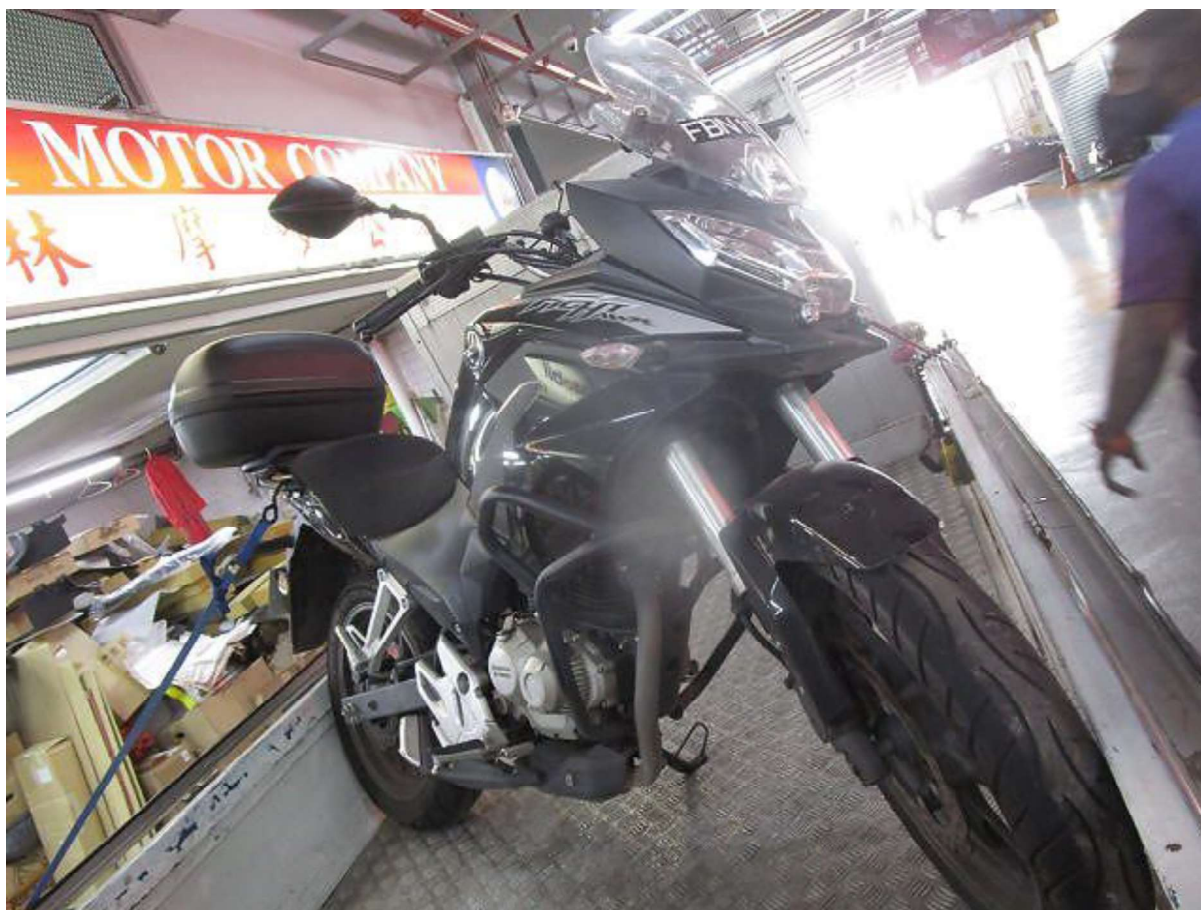
















**SINGAPORE
POLICE FORCE**



T/20210226/2073

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210226/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2021 16:12	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: VINAYAGAM S/O LATCHMINAN			Address: APT BLK 293B COMPASSVALE CRESCENT #03-55 SINGAPORE 542293	
ID Type / ID No.: NRIC NO / S8733644A			Contact No.:	Mobile: 98580430
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 33	Date of Birth: 17/10/1987	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: ASSISTANT ENGINEER			Driving Licence Information: Class: 2B,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 06:45	Type of Location:
Location: COMPASSVALE CRESCENT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1073K	Motorcycle	HONDA	CBF190X MANUAL	Black	Seriously Damaged	0
SHC1717Z	TAXI					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN1073K	AXA INSURANCE SINGAPORE PTE LTD	P2190112	16/07/2020	15/07/2021



**SINGAPORE
POLICE FORCE**



T/20210226/2073

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210226/2073

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	VINAYAGAM S/O LATCHMINAN	ID No.	S8733644A
Related Vehicle	FBN1073K (Motorcycle)	Contact No.	98580430
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	22/02/2021	Date Discharge	24/02/2021
No. of Days granted Medical Leave	17	Degree of Injury	Serious

Brief Details.

On 22/02/2021 at 0645hrs, I was riding my black Honda CBF190X motorcycle bearing registration number: FBN1073K, along Compassvale Crescent towards TPE (near to Blk 286A Compassvale Crescent) when I got involved in a traffic accident with a Comfort taxi bearing registration number: SHC1717Z.

I was riding along the road going straight when the taxi suddenly came out from the service road of the block and knocked onto my left side. As a result of the collision, I fell onto the road and the driver called for ambulance. The paramedics had also told me that police were going to attend to the scene. When the ambulance arrived, I was conveyed to Changi General Hospital and was warded for 3 days from 22/02/2021 to 24/02/2021. I was then given 17 days MC from 22/02/2021 to 10/03/2021. I sustained back sprain, left leg extremely bad sprain, bruises on right arm and right stomach area, and cuts on both knees. I also have to use a walking aid now and my mobility is affected due to the accident.

Subsequently, TP IO Jofi called me to make a police report. That is all.



**SINGAPORE
POLICE FORCE**



T/20210226/2073

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Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210226/2073

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: F / SI SITI NORAINI BINTE RAMLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2021 16:12
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ZICKIE BIN AHMAD SUYUTI	Classification Of Case:
Contact No: 65476904 Authentication Stamp NP168	