

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 26/03/2021 11:24 (SGT)
Date of Accident 23/03/2021 15:35 (SGT)
Exact Location of Accident Ang Mo Kio Ave 10, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM324Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAN S/O KERISNA SAMI
NRIC No SXXXX719Z
Email Address blue12devo@gmail.com
Mobile Phone No (Phone) +65-84938208
Alternative Phone No +65-84681637

VEHICLE PARTICULARS

Manufacturer Honda
Model Fs150f
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
Transmission Manual
CC 149

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5117610219
Cover Note Number -

DRIVER

Name of Driver SANDRA MOHAN
NRIC No SXXXX379F

Date Of Birth	16/10/1974
Occupation	Outdoor
Date Of Driving Pass	08/01/2008
Driving experience	13 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84681637
Alt. Phone Number	-
Email Address	andrewsandra9@gmail.com
Address	BLK 473 ANG MO KIO AVENUE 10 #03-736
Address complement	-
Postcode	560473
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210324/2094

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	GZ1296L
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	SANDRA MOHAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBM324Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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")

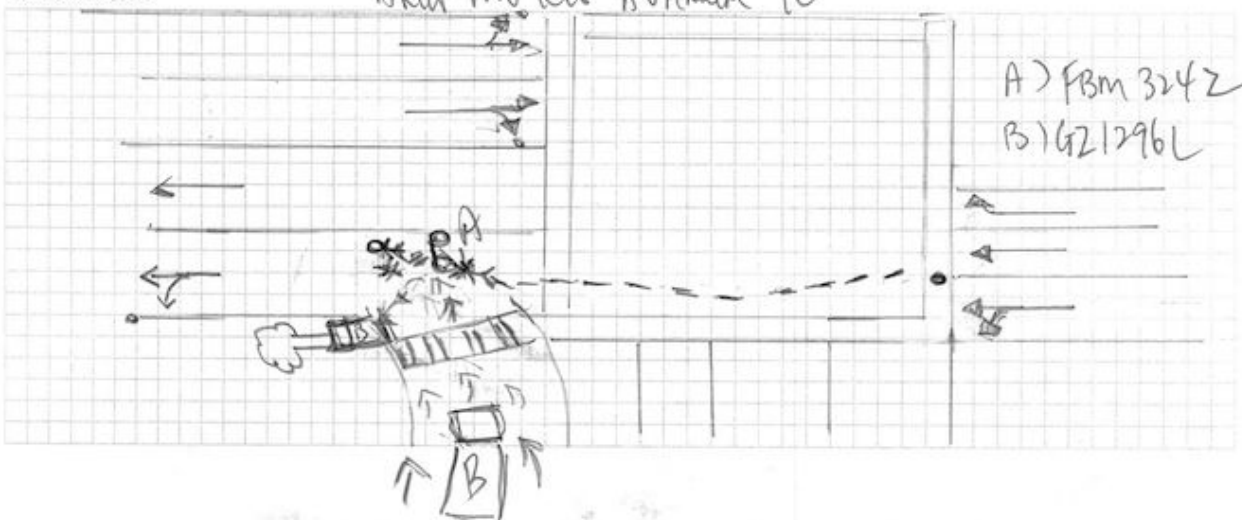
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

[Signature]
25/03/21
Policyholder's Signature / Date & Time

[Signature]
25/03/21
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
26/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident


REFER to Police Report 7/20210324/2084

Declaration

We declare the foregoing particulars are true in every respect.

 25/05/21
Policyholder's Signature / Date & Time

X  25/03/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 26/03/2021
Witnessed by Reporting Centre Personnel













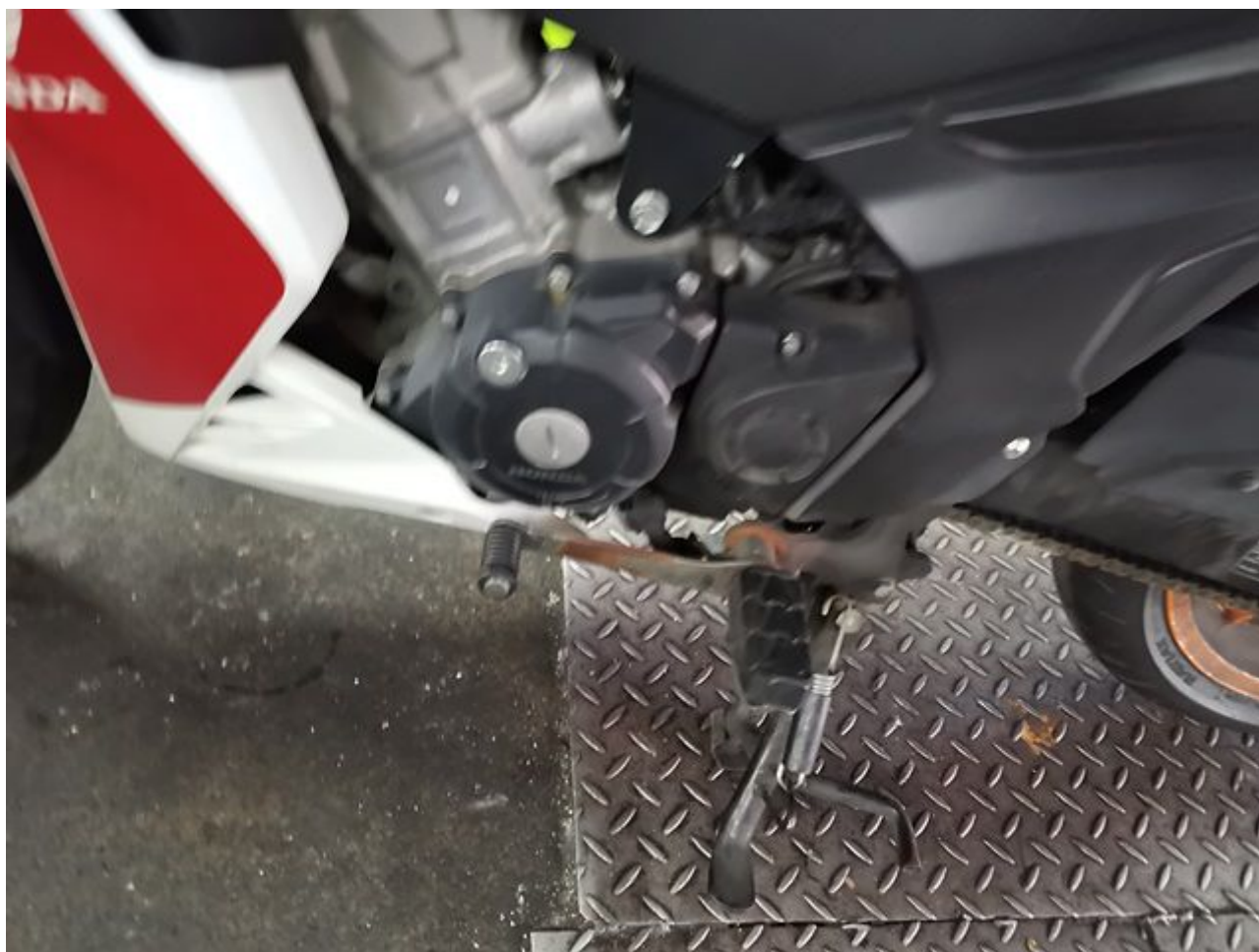


















**SINGAPORE
POLICE FORCE**



T/20210324/2094

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210324/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2021 15:49	Vide Report No.: F/20210323/0095	Station Diary No.:
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Informant's Particulars			
Name of Informant: SANDRA MOHAN		Address: APT BLK 473 ANG MO KIO AVENUE 10 #03-736 TECK GHEE HORIZON SINGAPORE 560473	
ID Type / ID No.: NRIC NO / S7488379F		Contact No.: Home/Office: Mobile: 84681637	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 46	Date of Birth: 16/10/1974	Type of Informant: Rider
Race:		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 2B,2A,3,4A,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/03/2021 15:35	Type of Location: Bend
Location: ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
FBM324Z	Motorcycle					0
	Lorry					0

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



SINGAPORE
POLICE FORCE



T/20210324/2094

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210324/2094

CONTINUATION OF REPORT

Rider			
Name	SANDRA MOHAN	ID No.	S7488379F
Related Vehicle	FBM324Z (Motorcycle)	Contact No.	84681637
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4A,4 Date of Expiry: NIL
Date Treatment	23/03/2021	Date Discharge	23/03/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

ON 24/03/2021 AROUND @1535HRS, I WAS RIDING ALONG ANG MO KIO AVE 10 JUNCTION BY ANG MO KIO AVE 3. I WAS ALONG THE LINES BETWEEN THE LEFT AND MIDDLE LANE OF 3 LANES. WHILE RIDING ACROSS THE JUNCTION, I SAW A LORRY DRIVING DOWN THE SLIP ROAD VERY FAST INTO MY LANE, EVEN SPED THROUGH THE ZEBRA CROSSING EVEN, HE DID NOT TURNED HIS HEAD AROUND TO CHECKED HIS SIDES. THE DRIVER ALSO SEEM TO BE TALKING TO HIS PASSENGER BESIDE HIM, A LADY. I CROSSED THE JUNCTION AND JUST BEFORE THE SLIP ROAD ENTERING MY LANE, I TRIED KEEPING AS MUCH AS I COULD TO THE RIGHT OF MY LEFT LANE OF 2 LANES, AS THERE ARE VEHICLES ALONG THE RIGHT LANE. THE LORRY DID NOT STOP OR EVEN SLOWED DOWN, AND ENDED UP HITTING ON ME. I FLEW AWAY FROM MY CAR INFRONT, THE LORRY WAS TRYING TO AVOID MY BODY AND SHARP TURNED TO THE LEFT CRASHING INTO A TREE. POLICE CAME DOWN TO ASSESS THE SITUATION, SOON AFTER THAT I WAS THEN CONVEYED TO SENGKANG GENERAL HOSPITAL.
IC IO ADELINA 65476066



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210324/2094

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Report No. T/20210324/2094

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:
TP /
SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT
Contact No.: 65476066

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/03/2021 15:49

Classification Of Case:

Signature: