

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 06/04/2021 13:17 (SGT)
Date of Accident 17/03/2021 23:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information JURONG TOWN HALL ROAD TWRDS AYE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH4469P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SARAVANAN BATUMALAY @SARAVANAN S/O BATUMALAY
NRIC No S8075644E
Email Address saravanan1138@yahoo.com
Mobile Phone No (Phone) +65-83157505
Alternative Phone No +65-83157505

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YAMAHA / JUPITER 135 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
Transmission Manual
CC 135

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5091967131-03
Cover Note Number -

DRIVER

Name of Driver SARAVANAN BATUMALAY @SARAVANAN S/O BATUMALAY
NRIC No S8075644E

Date Of Birth	11/03/1980
Occupation	Outdoor
Date Of Driving Pass	08/05/2000
Driving experience	20 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83157505
Alt. Phone Number	+65-83157505
Email Address	saravanan1138@yahoo.com
Address	NO 14 JLN PALMA 5, TMN PULAI HIJAUAN 81110 KANGKAR PULAI JOHOR, MALAYSIA
Address complement	-
Postcode	-
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)	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210318/2181;

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	SKG9948P
Vehicle Manufacturer	Mercedes
Vehicle Model	MERCEDES BENZ / GLC250 4MATIC AUTO
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	WONG
NRIC No	-1
Contact Number	(Phone) +65-97157105
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	SARAVANAN BATUMALAY @SARAVANAN S/O BATUMALAY
Address	NO 14 JLN PALMA 5, TMN PULAI HIJAUAN 81110 KANGKAR PULAI JOHOR, MALAYSIA
Address Complement	-
Post Code	-
Approximate Age Years Old	41
Injuries Sustained	-
Injured person in which vehicle?	FBH4469P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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. 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 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:

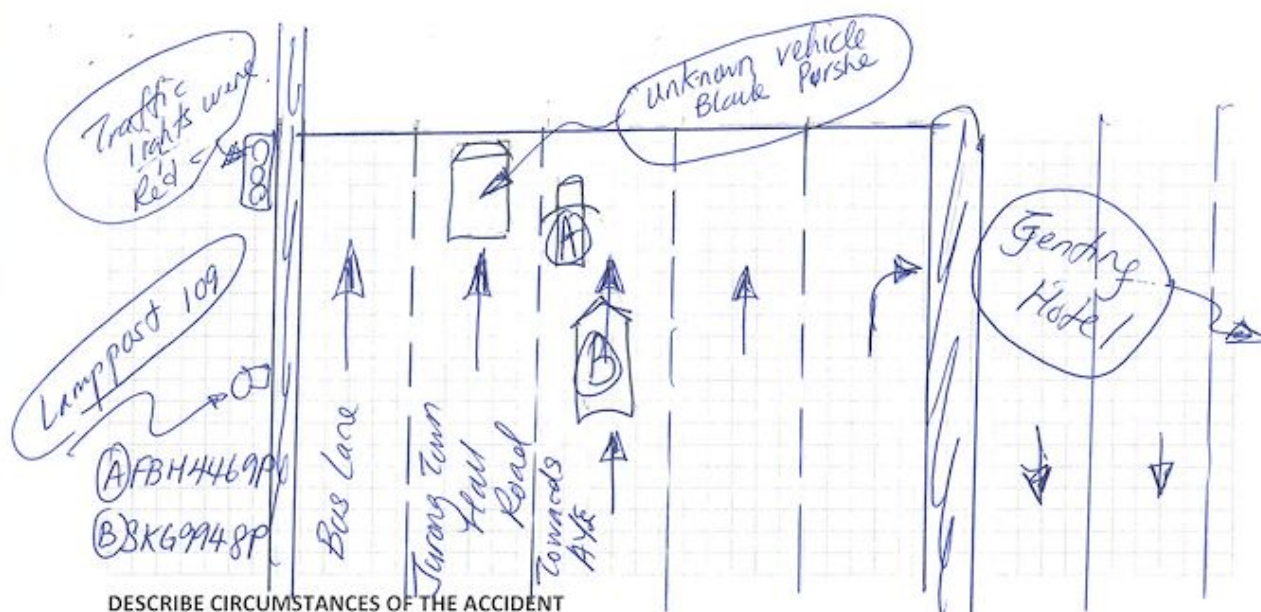
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 674 16697 Fax: 674 92305
 Email: vac-kb@vicom.com.sg

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 06 APR 2021



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref: Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
Name: 06 APR 2021
NRIC/FIN No.:





















**SINGAPORE
POLICE FORCE**



T/20210318/2181

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20210318/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2021 12:20		Vide Report No.:		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: SARAVANAN BATUMALAY			Address: NO 14 JLN PALMA 5, TMN PULAI HIJAUAN 81110 KANGKAR PULAI JOHOR, MSIA		
ID Type / ID No.: NRIC NO / S8075644E			Contact No.: Home/Office: Mobile: 83157505		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 11/03/1980	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/03/2021 23:15	Type of Location: Straight Road
Location: JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4469P	Motorcycle	YAMAHA	JUPITER 135 MANUAL	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH4469P	NTUC Income Insurance Co-Operative Limited	5091967131-03	19/06/2020	18/06/2021



**SINGAPORE
POLICE FORCE**



T/20210318/2181

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20210318/2181

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SARAVANAN BATUMALAY	ID No.	S8075644E
Related Vehicle	FBH4469P (Motorcycle)	Contact No.	83157505
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 5 Date of Expiry: NIL
Date Treatment	17/03/2021	Date Discharge	18/03/2021
No. of Days granted Medical Leave	10	Degree of Injury	Serious

Brief Details.

On 17/03/2021 at about 2315hrs, I was riding my motorcycle bearing the plate number of (FBH4469P) along Jurong Town Hall Road towards AYE. I was riding at the second lane going straight. As the traffic light turns red I slow down and try to stop. Suddenly I felt a strong impact come from behind, I was knocked down and fell over. I could not remember what is the car plate number or what color/ model of the car that hit onto me. After the impact the driver beat the red light and stopped a few distance away afterwards came to assist me. Someone called for the ambulance and traffic police. Subsequently I was conveyed to NG Teng Fong Hospital and was given 10 days of Hospital Leave. The only particulars I have was the other party's contact number (HP:97157105) and his name Mr Wong. The injuries I suffered was, Fractured right arm, scratches/ bruises on the right ankle and left knuckle. No government property was damaged. I am unable to check on my bike status as I was conveyed to hospital immediately. I do not have any photos of the scene and does not have any police report number and was informed by the traffic police to lodge a Traffic accident report once I am being discharged.



**SINGAPORE
POLICE FORCE**



T/20210318/2181

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20210318/2181

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:

J /

Sgt 2 KELVIN KOK JING XIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Authentication Stamp

Signature Of Informant:

Date/Time:

18/03/2021 12:20

Classification Of Case:



T/20210323-2093

1 of 3

Report No. T/20210323/2093

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20210318/2021

Report Number T/20210323/2093

Vide Report Number T/20210318/2181

Date/Time of Report Made 23/03/2021 16:54

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant SARAVANAN BATUMALAY

ID Type / ID No. NRIC NO / S8075644E

Home/Office

Mobile 83157505

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 17/03/2021 23:15

Accident Location JURONG TOWN HALL ROAD

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4469P	Motorcycle	YAMAHA	JUPITER 135 MANUAL	White		0
SKG9948P	Car	MERCEDES BENZ	GLC250 4MATIC AUTO	White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: Nil	Use of Pedestrian Crossing: N/A



T/20210323/2093

2 of 3

Report No. T/20210323/2093

Continuation of CSF For NP168

Rider			
Name	SARAVANAN BATUMALAY	ID No.	S8075644E
Related Vehicle	FBH4469P (Motorcycle)	Contact No.	83157505
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

ON THE STATED DATE, TIME AND LOCATION

ON THE 17TH OF MARCH 2021 AT APPROXIMATELY 2315HRS, I WAS RIDING MY MOTORCYCLE BEARING REGISTRATION PLATE NUMBER (FBH4469P) ALONG JURONG TOWN HALL ROAD TOWARDS AYE. I WAS RIDING ON THE SECOND LANE GOING STRAIGHT. I SLOWLY CAME TO A STOP AS THE RED LIGHT WAS TURNING RED. SUDDENLY I FELT A STRONG IMPACT COMING FROM THE BACK WHICH MADE FELL OFF MY BIKE. AFTER THE IMPACT, THE DRIVER BEAT THE RED LIGHT AND ONLY STOPPED A FEW DISTANCE AWAY TO ASSIST ME. SUBSEQUENTLY, I WAS CONVEYED TO NG TENG FONG HOSPITAL WHERE I WAS GIVEN 10 DAYS MC. THAT IS ALL



T/20210323/2093

3 of 3

Report No. T/20210323/2093

Continuation of CSF For NP168**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / TAN JUN YAN
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE



MEDICAL CERTIFICATE (Ref:1140337616)

ORIGINAL

NAME: SARAVANAN BATUMALAY @SARAVANANS/O
BATUMALAY

NRIC: S8075644E

Type of Medical Leave granted: **Hospitalisation Leave**

The above named is unfit for duty for 60 day(s) from 27/03/2021 to 25/05/2021 Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was admitted from 27/03/2021 10:57 to 02/04/2021 08:18.

02/04/2021
DateDr. Si Min Cherry TAN (P2103G)
Issued by
Signature

Location: WARD B09 SUBSIDISED