

## 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	13/07/2021 19:19 (SGT)
Date of Accident	12/07/2021 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CLEMENTI AVENUE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9198C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GENERAL SRI GNANA VEL S/O RAMAHCHANDRAN
NRIC No	S9609811A
Email Address	general_1996@hotmail.com
Mobile Phone No	(Phone) +65-93201296
Alternative Phone No	+65-93201296

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400sf
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	400

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5115430179-01
Cover Note Number	-

#### DRIVER

Name of Driver	GENERAL SRI GNANA VEL S/O RAMAHCHANDRAN
NRIC No	S9609811A

Date Of Birth .....	18/03/1996
Occupation .....	Indoor
Date Of Driving Pass .....	02/11/2017
Driving experience .....	3 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93201296
Alt. Phone Number .....	+65-93201296
Email Address .....	general_1996@hotmail.com
Address .....	BLK 4 DOVER ROAD #10-398
Address complement .....	-
Postcode .....	130004
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	No
Was any other vehicle 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 .....	Dover Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007788999
Alt. Police Station Phone No .....	(Fax) +65-67762859
Police Station Address .....	Blk 3 Dover Road #01-368 Singapore 130003
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	INFORM DRIVER TO EMAIL TO INCOME
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SCG607C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	KOH HWAI TONG
NRIC No .....	S1768852I
Contact Number .....	(Phone) +65-96503806
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1


Name of injured person .....	GENERAL SRI GNANA VEL S/O RAMAHCHANDRAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	25
Injuries Sustained .....	PAIN IN LOWER BACK, HIPS AND RIGHT LEG INJURY
Injured person in which vehicle? .....	FBJ9198C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

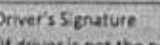
**SKETCH PLAN****IMPORTANT NOTICE**


1. Please report correctly the details of the accident to speed up the claims process.
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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)**

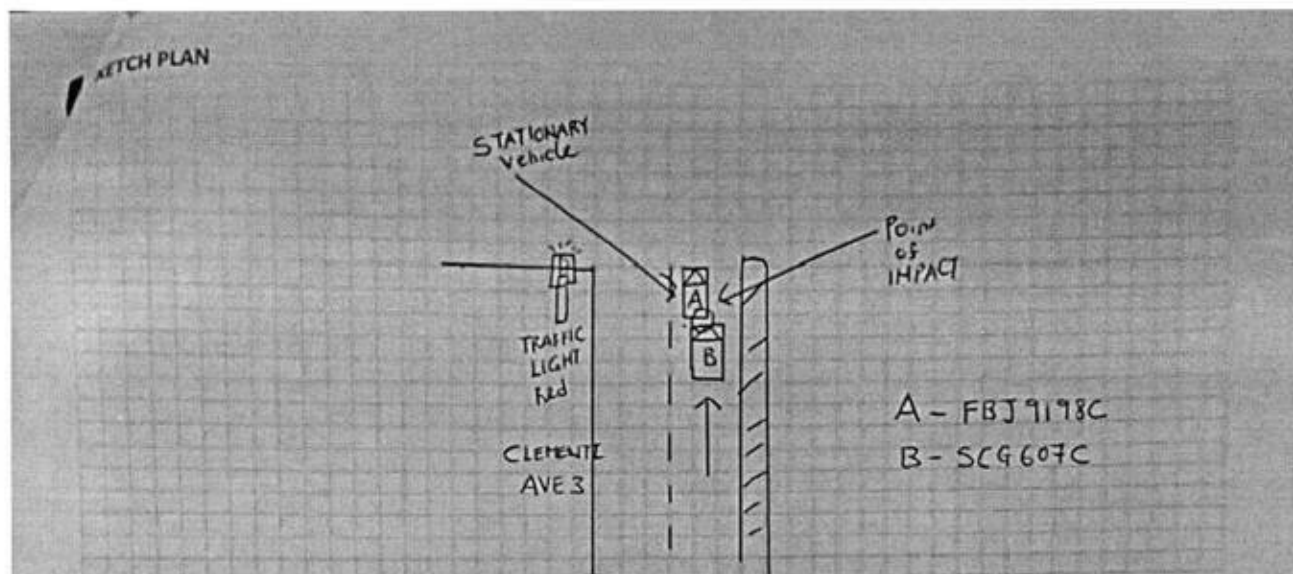
I understand, acknowledge, agree and consent that:

- (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: 13/07/2021  
 1700HRS

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

  
 Reporting Centre Personnel's Signature  
 Name: VINCENT SOH  
 NRIC/FIN No: 599138



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT : T/20210713/2063

*[The remaining lines of the form are crossed out with a diagonal line.]*

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 13/07/2021  
1900HRS

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: VINCENT SCH  
NRIC/FIN No.: S991038




**SINGAPORE  
POLICE FORCE**


T/20210713/2063

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

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Report No. T/20210713/2063

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/07/2021 13:29	Vide Report No.:	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: GENERAL SRI GNANA VEL S/O RAMAHCHANDRAN			Address: APT BLK 4 DOVER ROAD #10-398 SINGAPORE 130004		
ID Type / ID No.: NRIC NO / S9609811A			Contact No.: Home/Office: Mobile: 93201296		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 18/03/1996	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Regular SAF Officer			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2021 19:00	Type of Location: T-Junction
Location:  COMMONWEALTH AVENUE WEST				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
FBJ9198C	Motorcycle	HONDA	CB400 SF M	Red	Slightly Damaged	0
SCG607C	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ9198C	NTUC Income Insurance Co-Operative Limited	5115430179-01	16/06/2021	15/06/2022

#21906



**SINGAPORE  
POLICE FORCE**



T/20210713/2063

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

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Report No. T/20210713/2063

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	GENERAL SRI GNANA VEL S/O RAMAHCHANDRAN	ID No.	S9609811A
Related Vehicle	FBJ9198C (Motorcycle)	Contact No.	93201296
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	12/07/2021	Date Discharge	12/07/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	KOH HWAI TONG	ID No.	S1768852I
Related Vehicle	SCG607C (Car)	Contact No.	96503806
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 Details.**

On the 12/07/2021 @ 1859, while I was riding the said motorcycle along Clementi Ave 3, junction of C'wealth Ave West, at said traffic junction, on the right side of the two lanes, and suddenly the said vehicle moving towards my motorcycle and did not stop at all and collided onto the rear of my motorcycle. Due to the accident, I sustained injuries, pain on my lower back hips and right ankle.


**SINGAPORE  
POLICE FORCE**


T/20210713/2063

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

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Report No. T/20210713/2063

**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:  
D /

Staff Sgt YIP KUM HOONG

 Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN

Signature Of Informant:

Date/Time:

13/07/2021 13:29

Classification Of Case: