

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 18/06/2019 18:38 (SGT)
Date of Accident 21/03/2019 19:20 (SGT)
Exact Location of Accident WOODLANDS IND PK E9
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK7990P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAN KRISHNAN
NRIC No S1627691Z
Email Address mohankrishnan2005@yahoo.com.sg
Mobile Phone No (Phone) +65-81813735
Alternative Phone No (Phone) +81813735

VEHICLE PARTICULARS

Manufacturer Kawasaki
Model ZG1400C
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission -
CC -

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D19MTMC01000803
Cover Note Number 20/2/19-19/2/20

DRIVER

Name of Driver MOHAN KRISHNAN
NRIC No S1627691Z

Date Of Birth	22/06/1964
Occupation	Indoor
Date Of Driving Pass	08/08/1995
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81813735
Alt. Phone Number	(Phone) +-81813735
Email Address	mohankrishnan2005@yahoo.com.sg
Address	BLK 211 PETIR RD #13-469
Address complement	-
Postcode	670211
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 1	-
Insurance Company of Other Vehicle Owned by Driver 1	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2	-
Insurance Company of Other Vehicle Owned by Driver 2	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3	-
Insurance Company of Other Vehicle Owned by Driver 3	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	11
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Woodlands East N.p.c
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20190322/2116

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	-
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8605H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD EFFENDY BIN ASARI
NRIC No	S8512940F
Contact Number	(Phone) +-84441148
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBD9238G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	FP7971X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	FT3087D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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) -

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number FBH1790E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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) -

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number JPY1516
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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) -

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number JSX415
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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) -

DETAILS OF OTHER VEHICLE PROPERTY 8

Vehicle Registration Number JRV2488
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 9

Vehicle Registration Number	FV1471E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 10

Vehicle Registration Number	FBA976E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

SKETCH PLAN

VEHICLE NO.: FBK 7990 P
 INSURER : SOMPO
 DATE & TIME: 21/03/19 19:20 PM

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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.
- (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.

 18/06/2019
 Policyholder's Signature
 Date & Time:

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

 18/6/19
 Reporting Centre Personnel's Signature
 Name: Etel
 NRIC/FIN No: W

SKETCH PLAN

Woodlands Ind PK E9



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

GBD 8605 H

REFER TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

[Signature]
 18/06/2019
 Policyholder's Signature
 Date & Time:

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

[Signature] 18/6/19
 Reporting Centre Personnel's Signature
 Name: *[Signature]*
 NRIC/FIN No.:

SHRMC Sketch Plan Form V3 Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop ()



Police Station Of Origin:
Woodlands East N.P.
3 Woodlands Drive 6C
Tel No: 1800-7679999
SINGAPORE 737890



T/20190322/2116

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Report No. T/20190322/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2019 15:18
Vide Report No.:
Station Diary No.: 139

Informant's Particulars

Name of Informant: WONG CHEE LEONG			Address: APT BLK 208 BOON LAY PLACE #04-181 SINGAPORE 640208		
ID Type / ID No.: NRIC NO / S7501500C			Contact No.: Home/Office: Mobile: 96261029		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 08/01/1975	Type of Informant: Witness		
Race: Chinese			Language:		Institution / School Name:
Occupation: AUTOMOBILE MECHANIC			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

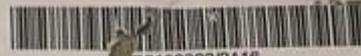
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/03/2019 19:20	Type of Location: Within shop compound
Location: WOODLANDS INDUSTRIAL PARK E9 Within 61 Woodlands industrial Park E9 Premier 9s (01-17) Singapore 757047				
Weather: Inside building no rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA976E	Motorcycle	YAMAHA	YZF-R6S	Black	Seriously Damaged	0
FBB2973U	Motorcycle	HONDA	CBR1000RR	Black	Seriously Damaged	0
FBD9238G	Motorcycle				Seriously Damaged	0
FBH1790E	Motorcycle	KAWASAKI	KLX125D	Black	Seriously Damaged	0
FBK7990P	Motorcycle	KAWASAKI	ZG1400C	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



20190322/2116

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Report No. T/20190322/2116

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FP7971X	Motorcycle	HONDA	CB400 SF VSV	Blue	Seriously Damaged	0
FT3087D	Motorcycle	HONDA	CB400SFYJ	Blue	Seriously Damaged	0
FV1471E	Motorcycle	HONDA	CB400SF2J	Blue	Seriously Damaged	0
GBD8605H	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Black	Slightly Damaged	0
JPY1516	Motorcycle				Seriously Damaged	0
JRV2488	Motorcycle				Seriously Damaged	0
JSX415	Motorcycle				Seriously Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Muhammad Effendy Bin Asari	ID No.	S8512940F
Related Vehicle	GBD8605H (Van)	Contact No.	NIL
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 21/03/2019 at about 1920HRS I was at my workshop namely(M2 Garage Pte Ltd) repairing a motorcycle(FBA3861H) , when I heard a loud bang sound. I looked up and saw a van (GBD8605H) approaching me but only manage to come to a stop after colliding with the following motorcycles, (FBD9238G), (FP7971X), (FT3087D), (FBH1790E), (FBK7990P), (JPY1516), (JSX415), (JRV2488), (FV1471E), (FBA976E), (FBB2973U). After coming to a stop the van driver namely (Muhammad Effendy Bin Asari) alighted the vehicle and took a look at the surrounding vehicles that had been affected by the collision. Thereafter he approached me and asked if I was injured. As I was stunned I did not respond to the driver. I called for police assistance afterwards.I requested for his particulars and mobile number but he did not give me his mobile number but instead he gave me his company name card. He told me that if I had any further queries I can wait for his manager namely (Pel, 91066266) to arrive at the scene as he had already contacted his manager.



**SINGAPORE
POLICE FORCE**



T/20190322/2116

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20190322/2116

CONTINUATION OF REPORT

After the manager arrived, I requested for the van's insurance details but the manager did not want to disclose any information, instead, he gave me his colleague namely (Hien,64840711) number who is in charge of handling such incidents.
I am lodging this report for recording purposes and to claim for the damages and the loss.



**SINGAPORE
POLICE FORCE**



T/20190322/2116

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
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Report No. T/20190322/2116

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 /
Staff Sgt TOH ZI GUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/03/2019 15:18

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65476437

Classification Of Case:

Authentication Stamp

NP168



Signature:

SN 130









