



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	05/03/2022 14:13 (SGT)
Date of Accident	05/03/2022 01:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMS AVE BEF TURNING INTO LOR 15 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY89S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MAHESWARAN MANICKAM
NRIC No	S8848077E
Email Address	MAHES.M.1988@GMAIL.COM
Mobile Phone No	(Phone) +65-82881655
Alternative Phone No	+65-82881655

VEHICLE PARTICULARS

Manufacturer	Ktm
Model	1290 SUPER DUKE R
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	1300

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123629046
Cover Note Number	-

DRIVER

Name of Driver	MAHESWARAN MANICKAM
NRIC No	S8848077E

Date Of Birth	16/11/1988
Occupation	Indoor
Date Of Driving Pass	11/10/2019
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82881655
Alt. Phone Number	+65-82881655
Email Address	MAHES.M.1988@GMAIL.COM
Address	BLK362A SEMBAWANG CRES #16-835
Address complement	-
Postcode	751362
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AMIRAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-84443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of Intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	ADV TO UPLOAD ONTO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM3927J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MAHESWARAN MANICKAM
Gender	Male
Phone No.	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FY89S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	IVY
Phone	(Phone) +65-90799915
Email	-

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodging 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: 5/3/2022 1400

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

Reporting Centre Personnel's Signature
Name: HONG DA
NRIC/FIN No.: S992334

SKETCH PLAN

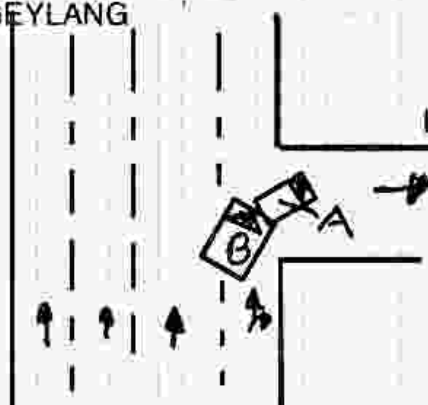
T JUNCTION OF SIMS AVE / LOR 15

GEYLANG

A: FY89S

B:SMM3927J

LOR 15 GEYLANG



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature

Date & Time: 5/3/2022 1400

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name: **HONG DA**

NRIC/FIN No. S992334



**SINGAPORE
POLICE FORCE**



G/20220305/7010

1 of 3

POLICE REPORT (NP299)

Report No. G/20220305/7010

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 05/03/2022 10:09	Vide Report No.	Station Diary No.
Name Of Informant MAHESWARAN MANICKAM	Address 362A SEMBAWANG CRESCENT #16-835 SINGAPORE 751362	
ID Type / ID No. NRIC NO / S8848077E	Contact No. Home/Office:	Mobile: 82881655
Nationality SINGAPORE CITIZEN	Email Address MAHES.M.1988@GMAIL.COM	
Occupation Registered nurse	Sex Male	Age 33
Institution/School Name	Date of Birth 16/11/1988	Race Indian
Date/Time Of Incident 05/03/2022 01:40 - 05/03/2022 01:50	Location Of Incident LORONG 15 GEYLANG	

Brief details.

Traffic Police Report Number: G/20220305/0632

DD IO Farhan

I met with an accident at the entrance of lor 15 geulang after turning in from Sims Ave.

I was stationary and was trying to adjust the angle of my motorcycle (FY89S) to park the vehicle when a

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
05/03/2022 10:09

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220305/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220305/7010

Mobile No.	82881655	Is Informant A Victim?	Yes
Person Name	MAHESWARAN MANICKAM (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
05/03/2022 10:09

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220305/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220305/7010

white Mercedes car (SMM 3927J) rear ended me while turning into the road. The bike dropped and me and my pillion dropped together with the bike. The driver talked me asking me to settle the issue privately. He told he would park his car and come to me to settle the issue as his car was blocking the way. The driver did not return and took away his licence plate that dropped off his car.

Subjects Involved			
Suspect			
Person Name	Uncertain		
Gender	Male	Age	27-40
Race	Chinese	Language	English
Complexion	Fair	Build	Medium
Height About	170cm	Attire Last Worn	Cap, black tee and jeans, white sneakers
Hair Colour	Black	Hair Style	Short-Straight
Habits & Oddities	Uncertain		
Victim			
Person Name	MAHESWARAN MANICKAM		
ID Type	NRIC NO	ID No	S8848077E
Gender	Male	Age	33
Race	Indian	Language	English
Occupation	Registered nurse	Address	362A SEMBAWANG CRESCENT #16-835 SINGAPORE 751362

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2022 10:09
Officer In-Charge Of Case:	Classification Of Case: