

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 25/03/2022 14:06 (SGT)
Date of Accident 24/03/2022 17:00 (SGT)
Exact Location of Accident Halton Rd, Singapore
Additional Location Information TOWARDS LOYANG AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP2777X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner K KUBEARAN
NRIC No SXXXX857G
Email Address kubein27@gmail.com
Mobile Phone No (Phone) +65-81212444
Alternative Phone No +65-81212444

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Mt-09
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 847

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMMPHQ22-000167
Cover Note Number -

DRIVER

Name of Driver K KUBEARAN
NRIC No SXXXX857G

Date Of Birth	27/10/1994
Occupation	Outdoor
Date Of Driving Pass	21/11/2018
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81212444
Alt. Phone Number	+65-81212444
Email Address	kubein27@gmail.com
Address	BLK 6 GHIM MOH ROAD #04-194
Address complement	-
Postcode	270006
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	DRIZZLING
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?	Yes

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220325/2010

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2188T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	LEONG KAI MENG
NRIC No	SXXXX942H
Contact Number	(Phone) +65-81332551
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	K KUBEARAN
Gender	Male
Phone No	(Phone) +65-81212444
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBP2777X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

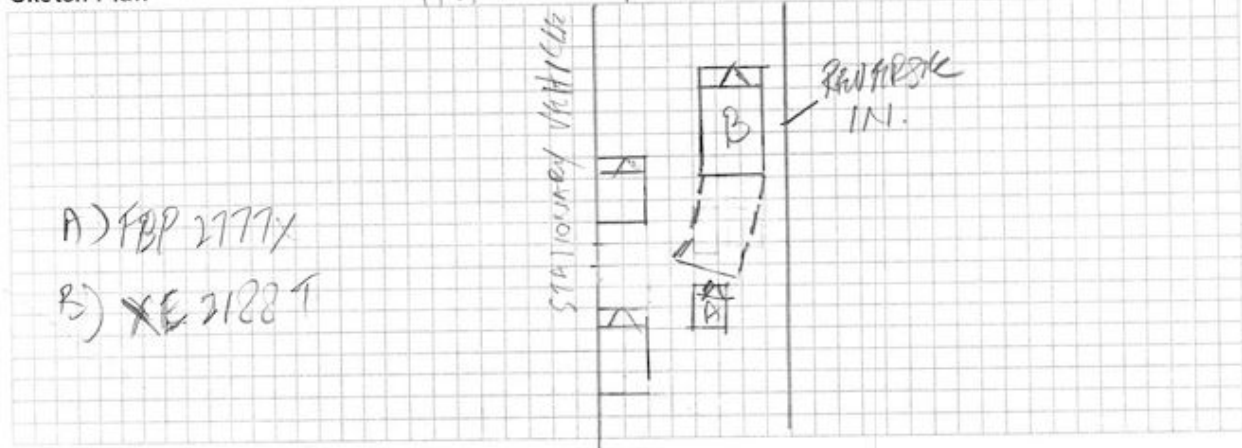
SKETCH PLAN**IMPORTANT NOTICE**

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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.
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] 25/03/22 1030HR
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
HALTON ROAD

[Signature] 25/03/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer to Police Report 7/20220325/2010

Declaration

We declare the foregoing particulars are true in every respect.

 25/03/22 1030HRS
Policyholder's Signature / Date & Time

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

 25/03/2022
Witnessed by Reporting Centre Personnel




























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20220325/2010

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Report No. T/20220325/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2022 02:25	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: S KUBEARAN	Address: APT BLK 6 GHIM MOH ROAD #04-194 SINGAPORE 270006		
ID Type / ID No.: NRIC NO / S9441857G	Contact No.:	Mobile: 81212444	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 27	Date of Birth: 27/10/1994	Type of Informant: Rider
Race: Indian	Language: English	Institution / School Name:	
Occupation: AIR FORCE REGULAR	Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

General Information of the Accident

General Information of the Accident				Type of Location:
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2022 17:00	Straight Road
Location: HALTON ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBP2777X	Motorcycle	YAMAHA	MT-09 ABS TRACER GT	Grey	Seriously Damaged	0
XE2188T	Lorry				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP2777X	EQ INSURANCE COMPANY LTD.	DMMPHQ22-000167	22/01/2022	21/01/2023



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Report No. T/20220325/2010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	S KUBEARAN	ID No.	S9441857G
Related Vehicle	FBP2777X (Motorcycle)	Contact No.	81212444
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	24/03/2022	Date Discharge	24/03/2022
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	LEONG KAI MENG	ID No.	S1334942H
Related Vehicle	NIL	Contact No.	81332551
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 24/3/22 at about 1700 hrs, I was riding my motor cycle reg no: FBP 2777X along Halton Rd towards Loyang Ave. While riding along the road, there was a lorry along the road thus blocking the road. The lorry had its hazard lights switched on and I thought that the lorry was not moving. After which the said, lorry started reversing onto my motorcycle path. After the rear of the lorry hit on motorcycle, my motorcycle topple on its side and I manage to jump away from my motorcycle. Prior to this I did managed to

The lorry driver did alight from the lorry and we exchanged particulars. I did asked the lorry driver why he had reversed on to me and he claimed that he did not see me or hear I honking at me.

The injury that I suffered were a fractured left wrist and fractured left knee. I was also given 14 days Hospitalisation leave from Alexandra Rd. At the point of time after the accident, I only felt pain on my knee and able to walk limping.

I wish to add during the accident my colleague was behind me inside the car and the accident was captured in his car dash cam.



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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20220325/2010

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Report No. T/20220325/2010

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 / SR STAFF SGT HERMAN
BIN OTHMAM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/03/2022 02:25

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08223P0001 Vehicle Registration No: FBP 277X
 Name (as shown in NRIC): K. KUBARON NRIC/FIN/Passport No: SXXXG 8576
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 812/2444
 Email Address: _____
 Date of Accident: 24/03/2022 Time of Accident: 17:00
 Place of Accident: HARSON ROAD TOWARDS LAYONG AVE
 Insurance Company: EQI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____