

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 12/04/2022 17:21 (SGT)
Date of Accident 08/04/2022 21:00 (SGT)
Exact Location of Accident Upper Weld Rd, Singapore
Additional Location Information LAMP POST NUMBER 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN5988U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SAVARIMUTHU FRANCIS LEO
Passport No/FIN FXXXX980R
Email Address s.francisleo2305@gmail.com
Mobile Phone No (Phone) +65-94874315
Alternative Phone No +65-94874315

VEHICLE PARTICULARS

Manufacturer Honda
Model Cbf190wh
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 184

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC01006064
Cover Note Number -

DRIVER

Name of Driver SAVARIMUTHU FRANCIS LEO
Passport No/FIN FXXXX980R

Date Of Birth	23/05/1975
Occupation	Outdoor
Date Of Driving Pass	16/06/2009
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94874315
Alt. Phone Number	+65-94874315
Email Address	s.francisleo2305@gmail.com
Address	BLK 1 MAUDE ROAD #06-30
Address complement	-
Postcode	200001
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220412/2068 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SMN2970J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	PAUL SUGANG
Passport No/FIN	GXXXX638R
Contact Number	(Phone) +65-81888007
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	SLG7195X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JASON ANG WAI HANG
NRIC No	SXXXX826D
Contact Number	-
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	SAVARIMUTHU FRANCIS LEO
Gender	Male
Phone No	(Phone) +65-94874315
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBN5988U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

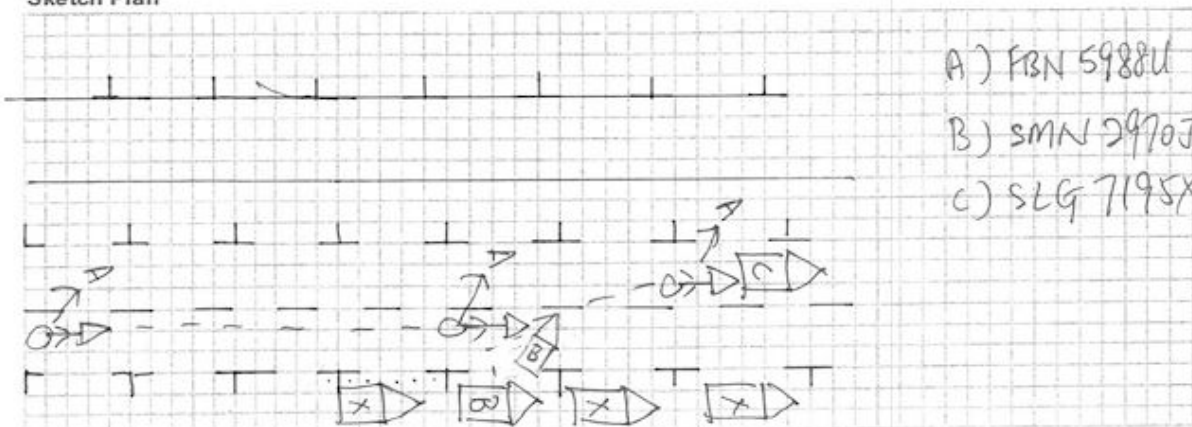
SKETCH PLAN**IMPORTANT NOTICE**

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


Policyholder's Signature / Date & Time


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

 12/04/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer police report - 7/20220412/2068

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


Witnessed by Reporting Centre
Personnel



























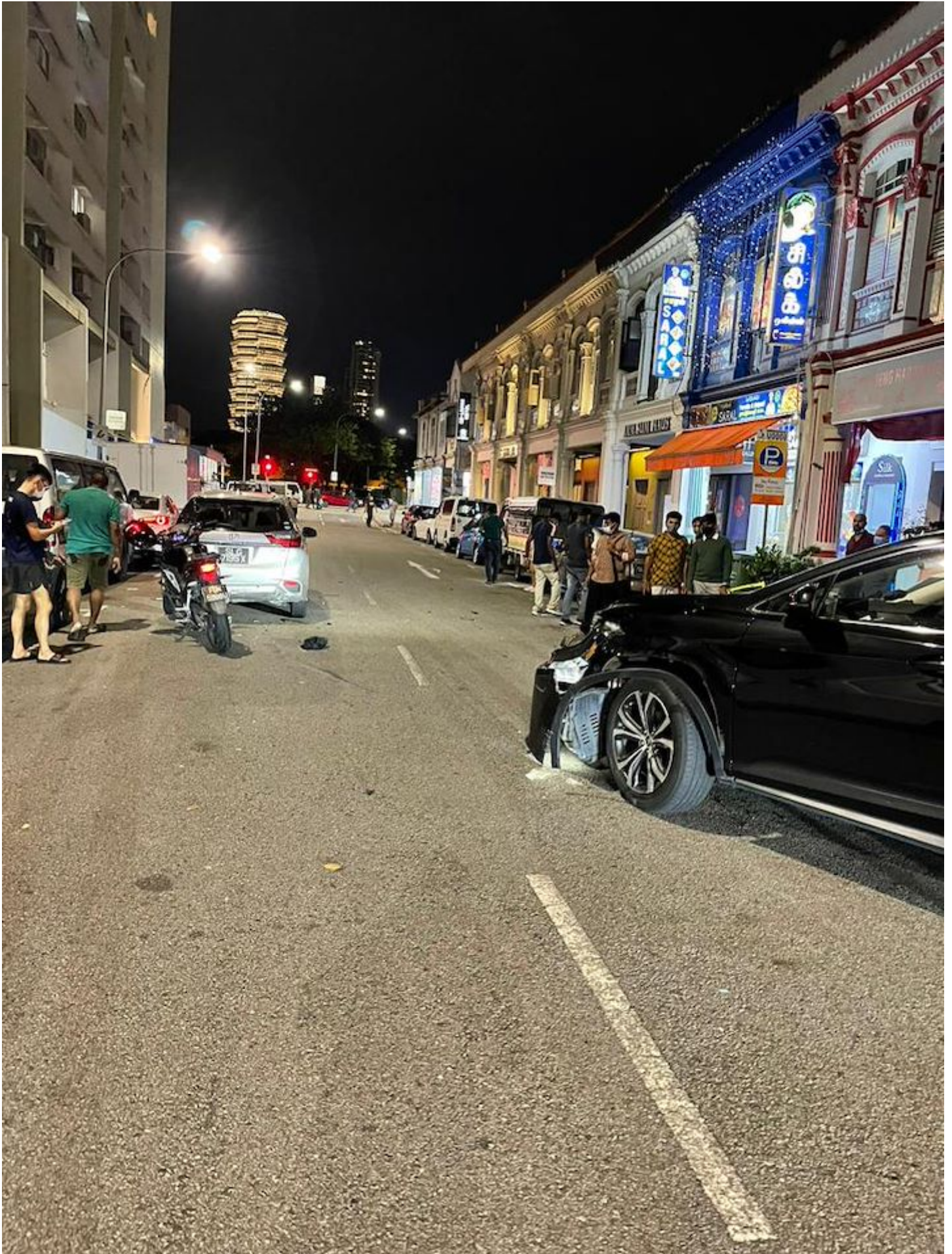














8 Apr 2022 at 9:01:07 PM
633 Veerasamy Road
Rochor 200633
Singapore


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999



T/20220412/2068

1 of 4

Report No. T/20220412/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2022 15:40	Vide Report No.: A/20220409/7028	Station Diary No.: 72
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: SAVARIMUTHU FRANCIS LEO			Address: APT BLK 1 MAUDE ROAD #06-30 SINGAPORE 200001		
ID Type / ID No.: FIN NO / F7887980R			Contact No.: Home/Office: Mobile: 94874315		
Nationality: INDIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 23/05/1975	Type of Informant: Rider		
Race: Indian			Language:	Institution / School Name:	
Occupation: SENIOR PROJECT SUPERVISOR			Driving Licence Information: Class: 2B,3		Date of Expiry: 15/06/2024

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2022 21:00	Type of Location: Straight Road
Location: UPPER WELD ROAD				
Lamp Post Number: 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN5988U	Motorcycle	HONDA	CBF190X MANUAL	Black	Seriously Damaged	0
SLG7195X	Car	HONDA	SHUTTLE 1.5 HYBRID CVT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	0
SMN2970J	Car	TOYOTA	LEXUS RX350L PREMIUM	Black	Seriously Damaged	0


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20220412/2068

2 of 4

Report No. T/20220412/2068

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN5988U	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC01006064	13/11/2021	12/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	SAVARIMUTHU FRANCIS LEO	ID No.	F7887980R	
Related Vehicle	FBN5988U (Motorcycle)	Contact No.	94874315	
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 15/06/2024	
Date Treatment	08/04/2022	Date Discharge	09/04/2022	
No. of Days granted Medical Leave	07	Degree of Injury	Serious	
Driver				
Name	Jason Ang Wai Hang	ID No.	S9641826D	
Related Vehicle	SLG7195X (Car)	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	
Driver				
Name	Paul Sugandi	ID No.	G5501638R	
Related Vehicle	SMN2970J (Car)	Contact No.	81888007	
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	



SINGAPORE
POLICE FORCE



T/20220412/2068

3 of 4

Report No. T/20220412/2068

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Brief Details.

On 08/04/2022 at about 2100hrs, I was riding my motorcycle (FBN5988U) along Upper Weld Rd towards Jalan Besar on the right lane. Out of a sudden, a Black Toyota car exited his parking lot (23) as such I was unable to brake on time and hit on to the front right side of the car. Subsequently, I fell on the road and my motorcycle hit on to a stationary car (SLG7195X) that stop at the left lane.

My motorcycle was seriously damaged. The Black Toyota car was also seriously damaged, the right front side of the car dislodged. The rear of the stationary car was slightly damaged. I was injured but the driver from the black Toyota car informed that he wish to settle privately as such I did not called the ambulance. I am not sure if there is any CCTV along the said road. No police attended to us.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20220412/2068

4 of 4

Report No. T/20220412/2068

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:

A /
SGT 1 MOHAMMAD SYHAZAN
BIN ALIAS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/04/2022 15:40

Officer In Charge Of Case:

TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168