

# 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 ..... 09/05/2022 19:28 (SGT)  
Date of Accident ..... 06/05/2022 20:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BOON LAY AVE(JLN BOON LAY)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGX2243T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BOSS CAR LEASING PTE LTD  
Company Reg No ..... 2XXXXX709H  
Email Address ..... dreamcarrentalsg@gmail.com  
Mobile Phone No ..... (Phone) +65-81288789  
Alternative Phone No ..... +65-81288789

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Axio  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... SD22V02830/VPZ/R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SURESH S/O SUPPIAH  
NRIC No ..... SXXXX493D

Date Of Birth .....	17/03/1979
Occupation .....	Outdoor
Date Of Driving Pass .....	31/10/2003
Driving experience .....	18 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91165057
Alt. Phone Number .....	-
Email Address .....	dreamcarrentalsg@gmail.com
Address .....	BLK 851 JURONG WEST ST 81
Address complement .....	#04-287
Postcode .....	640851
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Collided into Bicyclist
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 .....	VIKNESWARI D/O HARIDASS
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220507/2019

#### 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 .....	BICYCLE
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	NUR FARIANDY BIN KAMARUL ZAMAN
NRIC No .....	SXXXX758A
Contact Number .....	(Phone) +65-87337839
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 .....	NUR FARIANDY BIN KAMARUL ZAMAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	BICYCLE
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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.

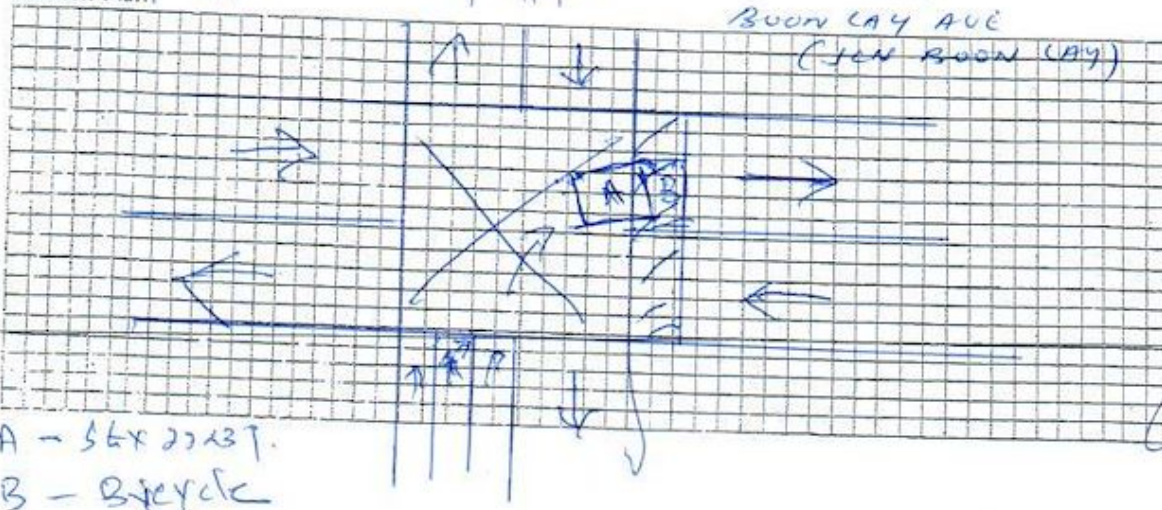


Policyholder's Signature / Date & Time  
534 4/5/22

Driver's Signature (if driver is not the policyholder) / Date & Time  
534 4/5/22

Witnessed by Reporting Centre Personnel  
shy 09/05/22

Sketch Plan





## Describe Circumstances of the Accident

Refer to police Report No. T/20220507/2019

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

3.59pm 9/5/22

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

3.59pm 9/5/22

Witnessed by Reporting Centre Personnel

sym 09/05/22



**SINGAPORE  
POLICE FORCE**



T/20220507/2019

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20220507/2019

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	VIKNESWARI D/O HARIDASS		ID No. S8228943G
Related Vehicle	NIL		Contact No. 83831309
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
<b>Driver</b>			
Name	SURESH S/O SUPPIAH		ID No. S7907493D
Related Vehicle	NIL		Contact No. 91165057
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
<b>Cyclist</b>			
Name	NUR FARIANDY BIN KAMARUL ZAMAN		ID No. S9837758A
Related Vehicle	NIL		Contact No. 87337839
Hospital/Clinic	CCK FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	06/05/2022		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury Slight

**Brief Details.**

On 06/05/22 at around 2030hrs, I was driving on the rightmost lane along Boon Lay Ave. I formed up at the rightmost lane and wanted to make a right turn onto Jalan Boon Lay. As the traffic light was green in my favour, I proceeded to make a right turn onto Jalan Boon Lay. I stopped in the turning pocket to give way to some pedestrians that were crossing the road. After they had crossed the road, I wish to state that I checked my blind spot and proceeded to slowly make a right turn. As I started to make the turn, a GrabFood cyclist namely Fariandy suddenly dashed onto the road, wanting to cross from Jurong West Central 1 to Boon Lay Ave. As a result, I did not have enough time to react, and this caused the front of my car to collide with the cyclist on his right side. This caused the cyclist to fall on his left side. My car had its number plate chipped off while the bicycle suffered some dents of its back wheel, and its pedals were also bent. I wish to state that Fariandy was not wearing a helmet or any protective gear, nor had any reflective lights on his bicycle.





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Report No. T/20220507/2019

**CONTINUATION OF REPORT**

After the impact, I got out of my car and attended to him. I asked if he was okay, and he got up and said that he was fine. As there was traffic behind us, we decided to proceed to the nearest Blk, which was Blk 262 Boon Lay Drive to meet up, and following that, proceeded to Blk 271B to complete his GrabFood order. I then brought him to his address at Blk 961 Jurong West St 91. At this location, I handed over the damaged bicycle to Fariandy's mother. I then asked Fariandy if he wanted to go a hospital or clinic to which he said that he would prefer a clinic. I then brought him to CCK Family Clinic and fully paid for his consultation. The doctor diagnosed his injuries to be swelling and an abrasion on his left shin and scratches on his right foot. The doctor then informed that Fariandy had to be further referred to a hospital A&E for a further x-ray for his injuries. I then brought him to Ng Teng Fong General Hospital at around 2240hrs and waited until 0400hrs until he was discharged. While I tried to settle the matter privately with him and offered to pay his medical fees and buy a new bike for him, he told me that I did not need to do so as his parents wanted to lodge a report regarding the matter. I wish to state that Fariandy's mother was asking for S\$3000/- to S\$4000/- as compensation instead.

Police and ambulance did not attend to my incident. I do not have any dashcam footage of the incident.



























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T/20220507/2019

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649482  
Tel No: 1800-7929999

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Report No. T/20220507/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/05/2022 05:47	Vide Report No.:	Station Diary No.: 35
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**Informant's Particulars**

Name of Informant: SURESH S/O SUPPIAH			Address: APT BLK 851 JURONG WEST STREET 81 #04-287 SINGAPORE 640851	
ID Type / ID No.: NRIC NO / S7907493D			Contact No.: Home/Office: Mobile: 91165057	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 17/03/1979	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 06/05/2022 20:30	Type of Location: X-Junction
Location:  BOON LAY AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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
SGX2243T	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



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Report No. T/20220507/2019

**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:

J/  
SCCPL RIFQI RIFA'IE BIN  
RIDZUAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/05/2022 05:47

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168