SA1C225U0004 / Auto Insure Pte Ltd [608586] ENTRY DATE & TIME: 30/05/2022 17:56 (SGT) SUBMITTED BY: LIM WEI LING VERSION: 1 (30/05/2022 17:56 (SGT))

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 witholding 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 **Date of Accident** Exact Location of Accident Additional Location Information Country/State of Loss

30/05/2022 17:56 (SGT) 30/05/2022 12:39 (SGT) W Coast Way, Singapore **TOWARDS AYE TUAS** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBL977U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No

No POOBALAN S/O VENU GOPAL S7506634A BALANVGO@GMAIL.COM (Phone) +65-97582022 +65-97582022

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category Transmission

CC

BMW

R1200 GS ADVENTURE M

Private use

No - Claiming third party Motorcycle

Manual 1170

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy **Policy Number** Cover Note Number Direct Asia Insurance (Singapore) Pte Ltd

ThirdPartyFireTheft

No

MC/00968551

DRIVER

Name of Driver **NRIC No**

POOBALAN S/O VENU GOPAL S7506634A



Accident report SA1C225U0004

Page 1 of 23

Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

09/01/1975 Indoor

09/07/1996

25 YEARS AND 10 MONTHS

Male

(Phone) +65-97582022

+65-97582022

BALANVGO@GMAIL.COM

BLK 919 JURONG WEST ST 91 #03-128

S640919

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Head to Rear

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

2

Yes

No

Yes

1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Hong Kah North Neighbourhood Police Post

(Phone) +65-18005679999

(Fax) +65-65652508

Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

res

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

XD2574S

Commercial vehicle

Accident report SA1C225U0004

Page 2 of 23

Name of Driver	
Contact Number	V-2
Address	9 <u>-1</u> 2
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	
Gender	
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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 ladgment 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
- (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:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

TCH PLAN	
Tar (a)	A = \$FBL9774 B: XD25745
CRIBE CIRCUMSTANCES OF THE ACCIDENT	
* Refer Police Report	
CLARATION /e declare the foregoing particulars are true in every respect.	0.
	Reporting Centre Personnel's Signature

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Name:

NRIC/FIN No.:

Policyholder's Signature

Date & Time:



Contact us at

MC/00968551

Hothine: (65) 6665 5555

E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here read to be amended or bedated.

Certificate No. :

Type of Coverage : Third-Party Fire and Theft Cover

1) Vehicle Registration No. : FB:977U Chassis No. : ViB10470080ZY30995

2) Name of Policy Holder 5.0 VENU GOPAL, POOBALAN

3) Effective Date of Commencement of Insurance for 20/09/2021 14:27 the Purpose of the Act

4) Date of Expiry of Insurance 16:11/2022 23:59

5) Persons or Classes of Persons Entitled to Ride

(a) A named rider who is riding on the Policyholder's permission.

Provided that the person inding has a valid Motorcycle inding licence to ride in Singapore and is not under suspension or disqualification from riding.

6) Limitations as to use

Use only for private purposes in accordance with the decisred motorcycle usage stated on your Policy Schedule. The policy does not cover use for nine or reward, furtion, dowing test, racing, pace-making, reliability trials, spead tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.

"Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Sum Insured : Market Value
Policy Excess : 55 600.00

Theft Excess Outside Singapore : Excess waver for Theft autside Singapore subject

To Policy Excess

Main rider Syd VENU GOPAL, POOBALAN

Important Note: The policy only covers the main rider and the following named rider who holds a valid motorcycle licence for at least 2 years.

No named rider declared

Finance Company / Hire Purchase

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysta).

Issued on: 29/04/2022

Direct Asia Insurance (Singapore) Pte. Ltd.

Underwriting Manager

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Amon Singapore 079912 www.DirectAsia.com Consisting Registrating 20092258TG



T/20220530/2081

Police Station Of Origin. Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

! of 4 Report No. T/20220530/2081

REPORT OF A TRAFFIC ACCIDENT

30/05/2	Date/Time Report Made: 30/05/2022 15:25		Vide Report No.:	Station Diary No.:
Inform	int's Partic	ulars		
POOBA	f informant LAN S/O V	ENU GOPAL	Address: APT BLK 919 JURONG WES SINGAPORE 640919	T STREET 91 #03-128
	/ ID No.: O / S75066	34A	Contact No.: Home/Office:	Mobile: 97582022
National SINGAR	lity: PORE CITIZ	EN	Email:	
Sex: Male	Age: 47	Date of Birth: 09/01/1975	Type of Informant:	
Race: Indian			Language: English	Institution / School Name:
Occupat LOGIST		SELENTAL SELECTION	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2022 12:40	Type of Location slip road
Location: WEST COAS	T WAY	Road Surface:		Road Speed Limit:
AL		Dry		
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light

Details of V	ehicle Involve	d				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL977U	Motorcycle	BMW	R1200 GS ADVENTUR E M	Gold	Slightly Damaged	0
XD2574S	Lorry					0

Details of Vehic	cie insurance			
	surance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin. Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999



2 of 4

Report No. T/20220530/2081

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
	Insurance Company	Insurance No	I COLOR	[
	DIRECT ASIA INSURANCE	MC/00968551	Effective	Expiry Date
STATE OF THE PARTY	(SINGAPORE) PTE, LTD.	WO100900001	20/09/2021	16/11/2022

Details of Pers	on Involved				SERVICE OF THE PERSON NAMED IN	
Any Pedestrian						
No. of Pedestria		The Total Control	Use of Pe	destrian	Cross	ino: NA
Rider	SERVICE OF THE PARTY OF THE		0000110	desgrigi	CiOss	orig, NA
Name	POOBALAN S/O VE	NU GOPAL		ID No.		S7506634A
Related Vehicle	FBL977U (Motorcycle)			Conta	ct No.	97582022
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (JURONG EAST)			Class Driving Licence Expiry	e &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/05/2022		Date Disc			/2022
No. of Days gran	ted Medical Leave	03	Degree o			
Driver						
Name	LAI DAOHONG			ID No.		G8219943N
Related Vehicle	XD2574S (Lorry)			Conta	ct No.	83108065
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	NIL		Date Disc	harge	NIL	
lo. of Days grante	ed Medical Leave	NIL	Degree of			

Brief Details.

On 30/05/2022 at about 1239hrs, I was riding my motorcycle bearing the registration plate FBL977U along West Coast Way. I then stopped at the slip road which is merging towards AYE for traffic to past before I continue to move forward. Suddenly, I felt an impact on my rear and realised that a lorry bearing the registration plate number XD2574S had collided onto me. As a result of that, the rear part of my motorcycle was bent in.

I exchanged particulars with the lorry driver and then subsequently rode my motorcycle back home. As I felt pain at my neck area after the accident, I went to see the doctor at Unihealth 24-hr clinic and gotten a MC from 30/05/2022 to 01/06/2022.



Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999



4 of 4

Report No. T/20220530/2081

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 Informant:

Signature of Officer Recording The Report:

J/
SGT 3 YEO YULIN

Signature Of Interpreter:
Not applicable

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

Date/Time:
30/05/2022 15:25

Classification Of Case:

NP168



Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999



3 of 4 Report No. T/20220530/2081

CONTINUATION OF REPORT