

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 Actual 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	07/09/2022 19:08 (SGT)
Reported by	Driver
Date of Accident	29/08/2022 13:30 (SGT)
Exact Location of Accident	Lower Kent Ridge Rd, Singapore
Additional Location Information	ROUNDAABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF7255E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALORIDE PTE. LTD.
Company Reg No	201629994W
Email Address	HKLLIMTEAM@GMAIL.COM
Mobile Phone No	(Phone) +65-85335686
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF-R15
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	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113531735-02

DRIVER

Name of Driver	JAIGANESH CHARAN
NRIC No	S9870531G
Date Of Birth	06/06/1998
Occupation	Indoor

Date Of Driving Pass	28/12/2021
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85335686
Alt. Phone Number	-
Email Address	CHARAN_25@OUTLOOK.COM
Address	BLK 782 #01-3576
Address complement	YISHUN RING ROAD
Postcode	760782
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	Collision - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220829/7053

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX744J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
Name of Driver	IZATI
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

IMPORTANT NOTICE

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

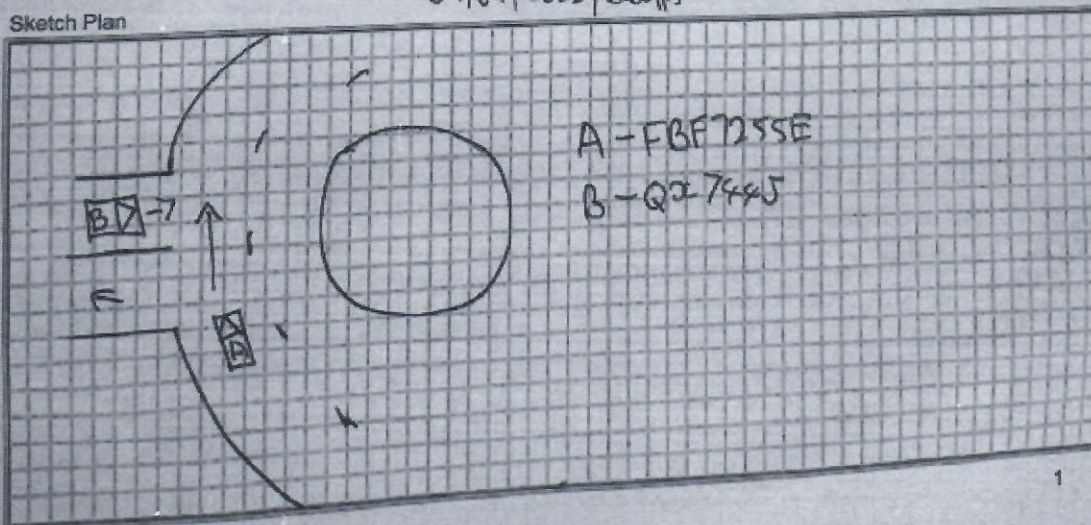


Policyholder's Signature / Date & Time

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

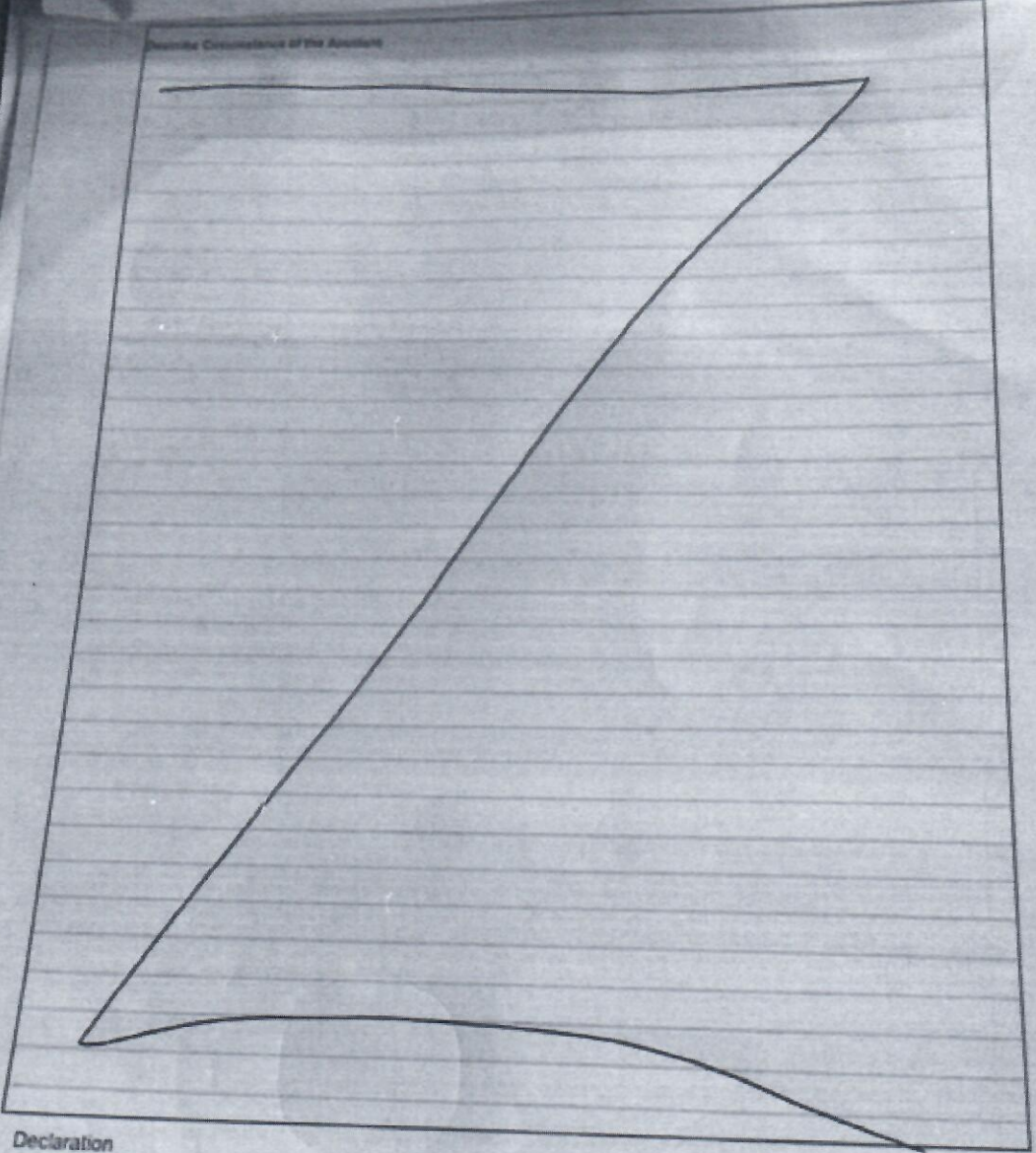
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan




1

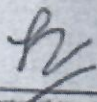
Describe Circumstances of the Accident




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
 01/04/2022 / 2000Hrs



Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) **MUHAMMAD ILYAS DINIYAL** P212.

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**SINGAPORE
POLICE FORCE**


T/20220829/7053

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220829/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2022 16:50		Vide Report No.: D/20220829/0079		Station Diary No.:	
Informant's Particulars					
Name of Informant: JAIGANESH CHARAN			Address: 782 YISHUN RING ROAD #01-3576 SINGAPORE 760782		
ID Type / ID No.: NRIC NO / S9870531G			Contact No.: Home/Office: Mobile: 85335686		
Nationality: INDIAN			Email: CHARAN_25@OUTLOOK.COM		
Sex: Male	Age: 24	Date of Birth: 06/06/1998	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle.	Drink Drive: No	Date/Time of Accident: 29/08/2022 13:30	Type of Location: Roundabout
Location: LOWER KENT RIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBF7255E	Motorcycle					0
SKA7415E	Car					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220829/7053

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220829/7053

CONTINUATION OF REPORT

Rider			
Name	JAIGANESH CHARAN		ID No. S9870531G
Related Vehicle	FBF7255E (Motorcycle)		Contact No. 85335686
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	IZATI		ID No. NIL
Related Vehicle	SKA7415E (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

The accident took place at the roundabout right in front of the bus stop at Kent Ridge MRT Station Exit A / NUH. The bus stop number is 18331. I was going straight via the roundabout (into NUS campus), where a car entered the same roundabout in front of me from the left, and did not give way to me (as I had the right of way). Thus, the collision took place.

**SINGAPORE
POLICE FORCE**

T/20220829/7053

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220829/7053

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
STEPHANIE, CHEUNG TSZ YING
Contact No.: 96208032

NP168

Signature Of Informant:

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

Date/Time:
29/08/2022 16:50

Classification Of Case: