

## 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 ..... 01/11/2022 00:20 (SGT)  
Reported by ..... Both  
Date of Accident ..... 28/10/2022 17:45 (SGT)  
Exact Location of Accident ..... Near ECP, Singapore  
Additional Location Information ..... ECP TOWARDS TPE BEFORE EXIT 1  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBD8397H

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ESWARAVAKA PAVAN KUMAR  
NRIC No ..... G5417287M  
Email Address ..... pavankumarreddye@gmail.com  
Mobile Phone No ..... (Phone) +65-97730714  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... YZF-R15  
Variant ..... NA  
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 ..... 155

#### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Policy Number / Cover Note Number ..... MC/01083253

#### DRIVER

Name of Driver ..... ESWARAVAKA PAVAN KUMAR  
NRIC No ..... G5417287M  
Date Of Birth ..... 22/08/1991  
Occupation ..... Indoor

Date Of Driving Pass .....	30/07/2021
Driving experience .....	1 YEAR AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97730714
Alt. Phone Number .....	-
Email Address .....	pavankumarreddye@gmail.com
Address .....	Sea Esta, 20 Pasir Ris Link.
Address complement .....	#03-08
Postcode .....	(S)518157
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 .....	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? .....	Yes
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, G/20221029/7053 LODGE AT BEDOK DIVISION HQ

HELLO OFFICER, I ESWARAVAKA PAVAN KUMAR(FIN G5417287M) WAS INVOLVED IN AN ACCIDENT NEAR THE EXIT 1 OF ECP TOWARDS PIE/TPE. I WAS ON MY MOTORBIKE (VEHICLE NO: FBD8397H DRIVING ALONG LANE 3 FOR EXIT 1 TOWARDS PIE/TPE BETWEEN 5.45PM-6PM OCT 28TH, DURING WHICH I WAS HIT BY A CAR (SLD5569E) FROM BEHIND ABRUPTLY WITHOUT ANY INDICATIONS, CAR DRIVER WAS A LADY NAMED JULIA YEO JIE LE (NRIC: S\*\*\*\*802A) I WAS ATTENDED BY FELLOW PSSENGERS AND CAR DRIVER IMMEDIATELY WHO HELPED TO CALL AN AMBULANCE. AFTER ARRIVAL OF AMBULANCE MEDICAL OFFICERS ATTENDED MY INJURIES AND I WAS TAKEN TO CHANGI GENERAL HOSPITAL FOT FURTHER MEDICAL EVALUTIONS. TRAFFIC POLICE OFFICERS TOOK DETAILS FROM ME FOR INCIDENT REPORT. I WAS DIAGNOSED WITH RIGHT HAND WRIST FRACTURE AND CONTUSION OF CHEST ALONG WITH OTHER MINOR INJURIES AND I WAS DISCHARGED ON THE NEXT DAY, 29TH OCT AROUND 3PM. IM TOLD MY BIKE WAS TOWED AFTER ACCIDENT AND I WOULD LIKE TO GET MORE INFORMATION ON NEXT STEPS RELATED TO MY INSURANCE CLAIMS FOR MEDICAL AND BIKE REPAIR BILLS. PLEASE REACH OUT TO ME AT +6597730714

THANKS  
PAVAN

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 ..... SLD5569E  
 Vehicle Manufacturer ..... Mazda  
 Vehicle Model ..... 5  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Gray  
 Vehicle Category ..... Private car  
 Name of Driver ..... JULIA YEO JIE LE  
 Contact Number ..... (Phone) +65-94519155  
 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 ..... ESWARAVAKA PAVAN KUMAR  
 Gender ..... Male  
 Phone No ..... (Phone) +65-97730714  
 Address ..... Sea Esta, 20 Pasir Ris Link.  
 Address Complement ..... #03-08  
 Post Code ..... (S)518157  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBD8397H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... Yes

**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 **31/10/2022**

 Witnessed By Reporting Officer  
Wong Jun Keat

 Witnessed by Reporting Centre  
Personnel
**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT

**Declaration**

We declare the foregoing particulars are true in every respect.

  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time 31/10/2022

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

Witnessed By Reporting Officer  
Wong Jun Keat  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

ACCIDENT DIAGRAM

JUNIOR, BY REPORT

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

↑ ↑ ↑

↑

EAP

A: FBD8397H

B: SLD5569E

↑

↑ ↑ ↑

E-Polymer

Witnessed By Reporting Office  
Wong Jun Keat

Witnessed by Reporting Centre Personnel

& MAY MADE RITE LTD

























**SINGAPORE  
POLICE FORCE**



G/20221029/7053

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20221029/7053

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 29/10/2022 16:59	Vide Report No.	Station Diary No.
Name Of Informant ESWARAVAKA PAVAN KUMAR	Address 20 PASIR RIS LINK #03-08 SEA ESTA SINGAPORE 518157	
ID Type / ID No. FIN NO / G5417287M	Contact No. Home/Office:	Mobile: 97730714
Nationality INDIAN	Email Address PAVANKUMARREDDY@GMAIL.COM	
Occupation Civil engineer	Sex Male	Age 31
Institution/School Name	Date of Birth 22/08/1991	Race Indian
Date/Time Of Incident 28/10/2022 17:45 - 28/10/2022 18:00	Location Of Incident ECP EXIT 1	

**Brief details.**

Hello officer, I Eswaravaka Pavan Kumar (FIN G5417287M) was involved in an accident near the exit 1 of ECP towards PIE/TPE.

I was on my motorbike (vehicle no: FBD8397H) driving along lane 3 for exit 1 towards PIE/TPE between 5.45PM-6PM Oct 28th, during which I was hit by a car(SLD5569E) from behind abruptly without any indications, car driver was a lady named JULIA YEO JIE LE (NRIC: S\*\*\*\*802A). I was attended by fellow passengers and car driver immediately who helped to call an ambulance. After arrival of ambulance medical officers have attended my injuries and I was taken to Changi General Hospital for further medical

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2022 16:59
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20221029/7053

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221029/7053

evaluations. Traffic police officers took details from me for incident report

I was diagnosed with right hand wrist fracture and contusion of chest along with other minor injuries and I was discharged on the next day, 29th Oct around 3PM.

I'm told my bike was towed after accident and I would like to get more information on next steps related to my insurance claims for medical and bike repair bills.

Please reach out to me at +65 97730714

Thanks

Pavan

Subjects Involved			
Victim			
Person Name	ESWARAVAKA PAVAN KUMAR		
ID Type	FIN NO	ID No	G5417287M
Gender	Male	Age	31
Race	Indian	Language	English
Occupation	Civil engineer	Address	20 PASIR RIS LINK #03-08 SEA ESTA SINGAPORE 518157
Mobile No	97730714	Is Informant A Victim?	Yes
Person Name	ESWARAVAKA PAVAN KUMAR (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2022 16:59
Officer In-Charge Of Case:	Classification Of Case: