

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 | 05/12/2022 16:28 (SGT) |
| Reported by | Both |
| Date of Accident | 27/10/2022 15:34 (SGT) |
| Exact Location of Accident | Joo Chiat Rd, Singapore |
| Additional Location Information | ALONG JOO CHIAT ROAD TOWARDS EAST COAST ROAD. |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBM6621B |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | RAJOO MANNOKARAN |
| NRIC No | S1246006F |
| Email Address | GOWRIMANO1964@GMAIL.COM |
| Mobile Phone No | (Phone) +65-85354554 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Suzuki |
| Model | An 125 burgman |
| 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 | 200 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5130504698 |

DRIVER

| | |
|----------------------|------------------|
| Name of Driver | RAJOO MANNOKARAN |
| NRIC No | S1246006F |
| Date Of Birth | 16/02/1957 |
| Occupation | Indoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 13/04/1978 |
| Driving experience | 44 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-85354554 |
| Alt. Phone Number | - |
| Email Address | GOWRIMANO1964@GMAIL.COM |
| Address | BLK 10C BENDEMEER ROAD #04-123 |
| Address complement | - |
| Postcode | 333010 |
| 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 - Change/cross lane |
| 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

27 OCTOBER 2022 AT 3.34PM, TRAVELLING TOWARDS JOO CHIAT ROAD ON THE RIGHT LANE, NEAR THE HJH MAIMUAH RESTAURANT/ ALL OF A SUDDEN A WHITE CAR CAME OUT FROM PARKING LOT AT THE RIGHT SIDE OF THE ROAD KNOCK ME. THE NEXT MOMENT I KNOW I WAS SITTING ON THE ROAD SIDE PAVEMENT JUST BESIDE SCDF AMBULANCE AND I OBSERVEE THAT MY BIKE WAS ON THE ROAD BADLY DAMAGED.

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 | SCK5519U |
| Vehicle Manufacturer | - |

| | |
|---|-------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| 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 | RAJOO MANNOKARAN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBM6621B |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

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 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 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:

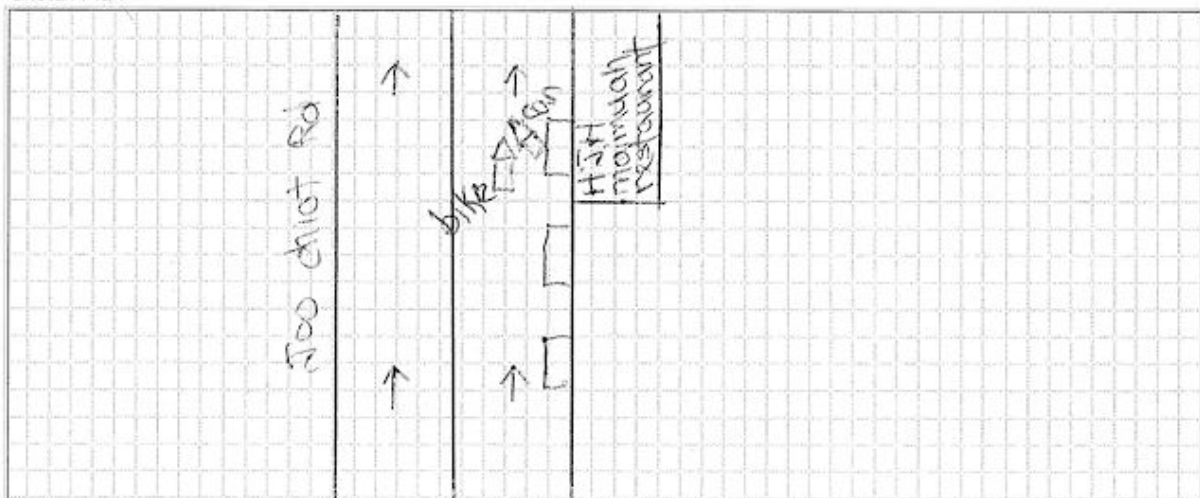
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Describe Circumstance of the Accident

27 October 2022, ~ 3.34 PM

Travelling towards Jus chiat Road on the right lane, near the Hjh maimunah restaurant. All of a sudden a white car came out from parking lot at the right side of the road knock me.

The next moment I know I was sitting on the road side pavement just beside SCOT ambulance and I observe that my bike was on the road badly damaged.

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
(Name as in NRIC/ID card)

















**SINGAPORE
POLICE FORCE**



G/20221103/7081

1 of 2

POLICE REPORT (NP299)

Report No. G/20221103/7081

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

| | | |
|--|--|---------------------|
| Date/Time Report Made 03/11/2022 17:45 | Vide Report No. | Station Diary No. |
| Name Of Informant RAJOO MANNOKARAN | Address 10C BENDEMEER ROAD #04-123 SINGAPORE 333010 | |
| ID Type / ID No. NRIC NO / S1246006F | Contact No. | |
| | Home/Office: | Mobile: 85354554 |
| Nationality SINGAPORE CITIZEN | Email Address gowrimano@gmail.com | |
| Occupation Retiree | Sex Male | Age 65 |
| | Date of Birth 16/02/1957 | Race Indian |
| Institution/School Name | Language English | |
| Date/Time Of Incident 27/10/2022 15:35 - 28/10/2022 16:00 | Location Of Incident 2 JOO CHIAT ROAD OCBC JOO CHIAT ROAD - FAIRPRICE SINGAPORE 420002 | |

Brief details.

Dear Sir/Madam,

I would like to lodge a police report regards to an accident happened to me on 27 Oct 2022 at Joo Chiat.

I was travelling towards Joo Chiat road on the right lane which was near the Hjh Maimunah restaurant.

All of a sudden a white car came out from the parking lot at the right side of the road and knock me

| | |
|--|--|
| 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: 03/11/2022 17:45 |
| Officer In-Charge Of Case: | Classification Of Case: |



SINGAPORE
POLICE FORCE



G/20221103/7081

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221103/7081

down.

The next moment I know I was sitting on the road side pavement, just beside SCDF ambulance and observe that my bike was on the road badly damage.

| | | | |
|--|------------------|------------------------|---|
| Subjects Involved | | | |
| Victim | | | |
| Person Name | RAJOO MANNOKARAN | | |
| ID Type | NRIC NO | ID No | S1246006F |
| Gender | Male | Age | 65 |
| Race | Indian | Language | English |
| Occupation | Retiree | Address | 10C BENDEMEER ROAD #04-123 SINGAPORE 333010 |
| Mobile No | 85354554 | Is Informant A Victim? | Yes |
| Person Name RAJOO MANNOKARAN (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: 03/11/2022 17:45 |
| Officer In-Charge Of Case: | Classification Of Case: |



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SS2X 22C5000N Vehicle Registration No: PBM 66213
 Name (as shown in NRIC): Pasoo NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 27/10/22 Time of Accident: 3-34PM
 Place of Accident: 700 Chua
 Insurance Company: Income

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

date of accident should be 27/10/22
instead of 27/11/22

 Policyholder / Actual Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5130504698

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: FBM6621B

Chassis Number

: MLCC91327J0404388

2. Name of Policyholder

: RAJOO MANNOKARAN

3. Effective Date of Insurance

: 23 Sep 2022

4. Expiry Date of Insurance

: 22 Sep 2023

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

| | |
|----------------------------------|---|
| EXCESS (SECTION 1) | : S\$300 |
| EXCESS (SECTION 2) | : N/A |
| EXCESS (THEFT OUTSIDE SINGAPORE) | : PLEASE REFER OVERLEAF |
| INSURE WITH COE | : YES |
| NAMED DRIVER (1) | : RAJOO MANNOKARAN |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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 Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : BAO WEN (0000602652)

Date of Issue : 22 Sep 2022 11:44 hrs

For INCOME INSURANCE LIMITED

Chief Executive