

Enquire Vehicle's Insurance Particulars (As At 29 Oct 2022 / 18:25:00)

Vehicle Insurance Details

Vehicle No.:

SLL6496H

Make/Description/Model:

MAZDA / MAZDA 3 4-DOOR SEDAN 1.5L
SP6EAT

Insurance Company Name:

EQ INSURANCE COMPANY LTD

Business Transaction Reference No.:

20221116160710966681

Please retain the business transaction reference number for Enquire Vehicle Owner
Details (if required).

OK →

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : _____ Vehicle Registration No : _____
Name (as shown in NRIC) : Perarasan S/O Radhakreshnen NRIC/FIN/Passport No : S9520453H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 39 Jalan Rumah Tinggi, #22-266 Singapore (151039)
Contact (Tel) : _____ Mobile No. : 91094105
Email Address : sonicexmb@hotmail.com
Date of Accident : 29 October 2022 Time of Accident : 29/10/2022 18:25 - 29/10/2022 19:15
Place of Accident : Woollerton Park
Insurance Company : _____

(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:

Third Party Vehicle number to be changed to SLL6496H.

I have amended the police report. Please find new report number E202211167052



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



SINGAPORE ACCIDENT STATEMENT

Eg Insurance

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	05/11/2022 17:29 (SGT)
Reported by	Both
Date of Accident	29/10/2022 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG FARRER ROAD AT WOOLLERTON PARK JUNCTION,
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9424P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PERARASAN S/O RADHAKRESHNEN
NRIC No	S9520453H
Email Address	SONICEXMB@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91094105
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF-R3
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	320

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124186433

DRIVER

Name of Driver	PERARASAN S/O RADHAKRESHNEN
NRIC No	S9520453H
Date Of Birth	08/06/1995
Occupation	Indoor

Date Of Driving Pass	24/09/2021
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91094105
Alt. Phone Number	-
Email Address	SONICEXMB@HOTMAIL.COM
Address	BLK 39 #22-266 JALAN RUMAH TINGGI
Address complement	-
Postcode	151039
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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN.

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	SLL6496H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	
Vehicle Category	NA / Unknown
Name of Driver	UNKNOWN
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	PERARASAN S/O RADHAKRESHNEN
Gender	Male
Phone No	(Phone) +65-91094105
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	FBL9424P
Were seat belts worn?	No
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 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.

[Signature]

Policyholder's Signature / Date & Time:

[Signature]
S. H. H. H.

[Signature]

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

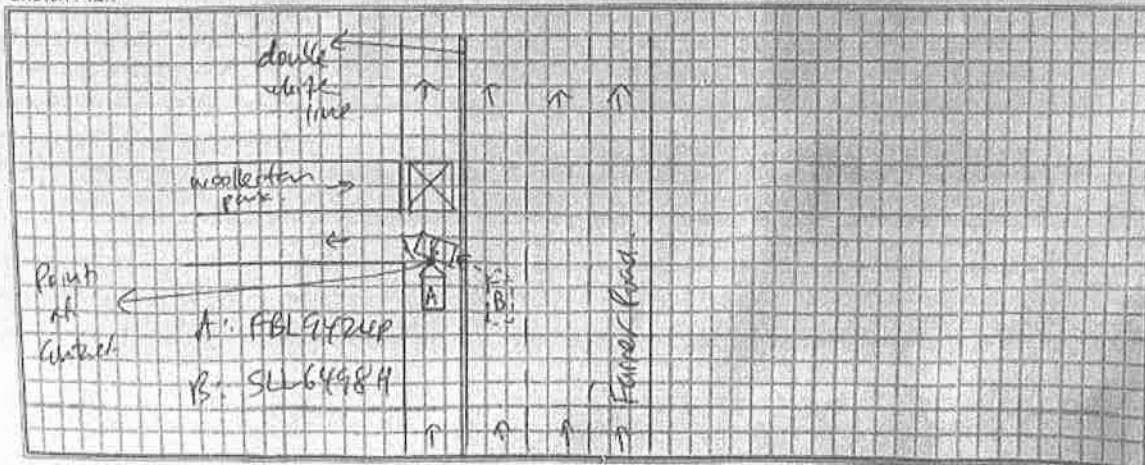
[Signature]
S. H. H. H.

[Signature]
Muhammad Rizwan
B. H. H.

Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)

599300

Sketch Plan





Describe Circumstance of the Accident


Refer to police report

Declaration

We declare the foregoing particulars are true in every respect.

 5/11/2022
E. 1500 hrs.
Policyholder's Signature / Date & Time

 5/11/2022
E. 1500 hrs.
Driver's Signature (If driver is not the policyholder) / Date & Time

 Muhammad Wilson
B. Alkhalaf
Witnessed by Reporting Centre Personnel
(Name as in NRICND card) 5998805



**SINGAPORE
POLICE FORCE**



E/20221116/7052

1 of 3

POLICE REPORT (NP299)

Report No. E/20221116/7052

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 16/11/2022 18:37	Vide Report No.	Station Diary No.		
Name Of Informant PERARASEN S/O RADHAKRESHNEN	Address 39 JALAN RUMAH TINGGI #22-266 SINGAPORE 151039			
ID Type / ID No. NRIC NO / S9520453H	Contact No. Home/Office:	Mobile: 91094105		
Nationality SINGAPORE CITIZEN	Email Address sonicexmb@hotmail.com			
Occupation IT support technician	Sex Male	Age 27	Date of Birth 08/06/1995	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 29/10/2022 18:25 - 29/10/2022 19:15	Location Of Incident 6 WOOLLERTON PARK WOOLLERTON PARK SINGAPORE 257514			

Brief details.

I was on the last lane riding on Farrer Road main road when a black car, Vehicle Number: SLL6496H from the 3rd lane crossed the double white line and tried to make a sudden left turn into Woollerton Park. I was not able to brake in time as the distance was too short. If I recall correctly, my speed was around 60-70km/h. I hit the left side of the car between the front and back passenger doors and flew over the car and landed on the pavement (with the WOOLLERTON PARK header on the concrete wall side). My bike landed a few metres away from me which I later found out was in the drain. I tried to break my fall with

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: 16/11/2022 18:37
Officer In-Charge Of Case:	Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221116/7052

my hands which broke my wrist and the bone was sticking out. And my right hip was dislocated which prevented me from moving from that position. My helmet's visor broke into two, my shoes were flown out, my pants were torn, I suffered moderate to severe abrasions all over my body, my phone screen was cracked. A few people offered their help- one placed a cloth around my broken hand to reduce the bleeding, another guy contacted my elder sister SANGEETHA to inform her of the accident at about 6:38PM. The same guy contacted the ambulance, TP and the police. They arrived at around 7pm and brought me to NUH. At NUH, I underwent an emergency hand surgery to fix my broken wrist and had a metal implant placed as well. They were able to relocate my right hip. My abrasions were tended too. According to the doctor, I will have to go through physiotherapy and occupational therapy to regain mobility and strength on my left wrist/arm and will be placed on HL for 6-12 weeks.

(I have no additional details of the other party as I was injured and brought to NUH immediately.)

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Age	30-40
Complexion	Fair		
Victim			
Person Name	PERARASEN S/O RADHAKRESHNEN		
ID Type	NRIC NO	ID No	S9520453H
Gender	Male	Age	27
Race	Indian	Language	English

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: 16/11/2022 18:37
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20221116/7052

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221116/7052

Occupation	IT support technician	Address	39 JALAN RUMAH TINGGI #22- 266 SINGAPORE 151039
Mobile No	91094105	Is Informant A Victim?	Yes
Person Name	PERARASEN S/O RADHAKRESHNEN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
16/11/2022 18:37

Classification Of Case: