

## 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 .....	31/01/2023 17:49 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	14/09/2022 20:00 (SGT)
Exact Location of Accident .....	Tembusu Cres, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBR856D
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GANESHKUMAR SRIRAMULU
NRIC No .....	S7988034E
Email Address .....	GANESHKUMARTAMIL2647@GMAIL.COM
Mobile Phone No .....	(Phone) +65-84118964
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Jupiter t150
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 .....	Private car
Transmission .....	Manual
CC .....	150

#### INSURANCE COMPANY

Name of Insurance Company .....	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number .....	P2396289

#### DRIVER

Name of Driver .....	GANESHKUMAR SRIRAMULU
NRIC No .....	S7988034E
Date Of Birth .....	29/05/1979
Occupation .....	Outdoor

Date Of Driving Pass .....	08/07/2013
Driving experience .....	9 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84118964
Alt. Phone Number .....	-
Email Address .....	GANESHKUMARTAMIL2647@GMAIL.COM
Address .....	202 VILLA ROS TMN TAMPOI INDAH II JB 81200 MALAYSIA
Address complement .....	-
Postcode .....	-
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 .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND STATEMENT.

#### 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 .....	XE3257X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	GANESHKUMAR SRIRAMULU
Gender .....	Male
Phone No .....	(Phone) +65-84118964
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBR856D
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**


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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:

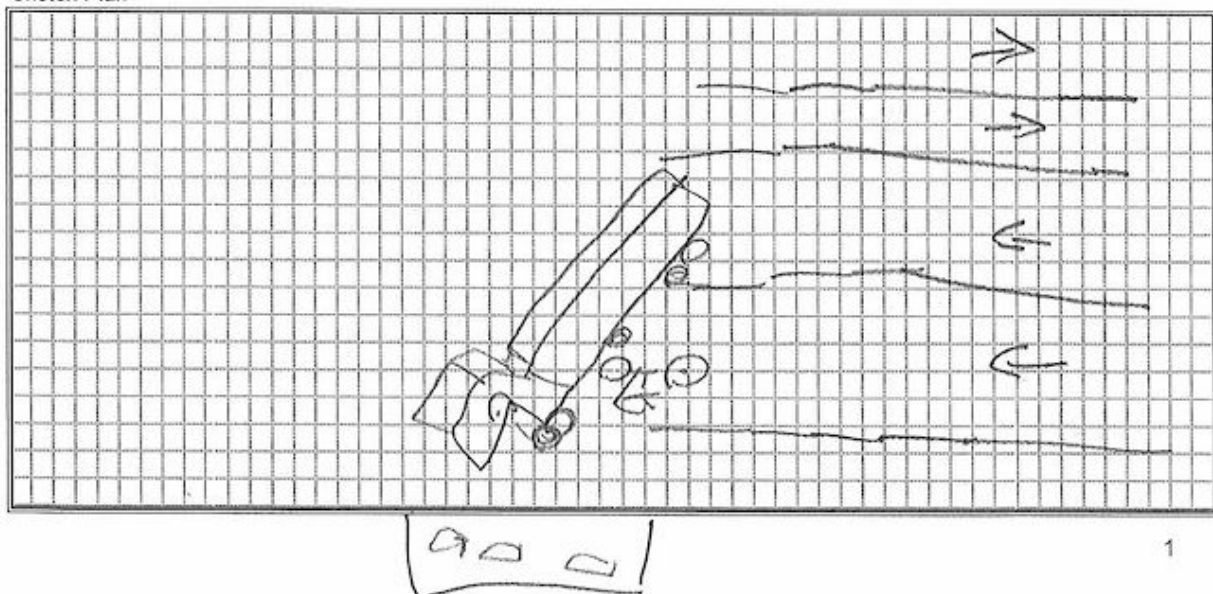
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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




## Describe Circumstance of the Accident

Refer police report.

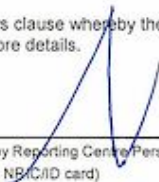
## Declaration

I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
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)





















17-01-23;15:18

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**SINGAPORE  
POLICE FORCE**



T/20220917/2050

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3  
Report No. T/20220917/2050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/09/2022 15:54		Vide Report No.:		Station Diary No.: 65	
<b>Informant's Particulars</b>					
Name of Informant: GANESHKUMAR SRIRAMULU			Address: 202 VILLA ROS TMN TAMPOI INDAH II JB 81200 MALAYSIA		
ID Type / ID No.: NRIC NO / S7988034E			Contact No.: Home/Office: Mobile: 84118964		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 29/05/1979	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: CRANE OPERATOR			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/09/2022 20:00	Type of Location: Straight Road
Location:  TEMBUSU CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR856D	Motorcycle	YAMAHA	T150	Grey	Seriously Damaged	0
XE3257X	Lorry				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBR856D	AXA INSURANCE SINGAPORE PTE LTD	P2396289	14/02/2022	13/02/2023





**SINGAPORE  
POLICE FORCE**



T/20220917/2050

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20220917/2050

**CONTINUATION OF REPORT**

<b>Details of Person Involved:</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider Information:</b>			
Name	GANESHKUMAR SRIRAMULU	ID No.	S7988034E
Related Vehicle	FBR856D (Motorcycle)	Contact No.	84118964
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	14/09/2022	Date Discharge	17/09/2022
No. of Days granted Medical Leave	56	Degree of Injury	Serious

**Brief Details.**

On the above mentioned date, time and location, I was riding my motorcycle when a lorry/truck which was transporting a container/trailer which was on the right lane of the road suddenly turned left into 15 Tembusu Crescent. I was on the left lane at that point in time. The lorry/truck did not signal and as a result I was unable to brake in time and swerved to the right to avoid it. I was however unable to fully avoid and my motorbike collided into the left side of the container/trailer.

I was then transported to NUH and my injuries included a broken right thumb and the bone on my right shin was broken. I do not have the particulars of the driver of the lorry/truck as I was conveyed to NUH. There is no camera on the motorbike but there were two security guards at 15 Tembusu Crescent who saw what had happened and rendered assistance to me. I do not have their particulars.

On 16/09/2022 I was contacted by IO Azhar by Traffic Police who informed me to make a police report.

17-01-23;15:18 ;

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**SINGAPORE  
POLICE FORCE**



T/20220917/2050

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20220917/2050

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 Officer Recording The Report:

D /

SCCPL LIM YANSHEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/09/2022 15:54

Officer In Charge Of Case:

TP / GIT /

STAFF SGT SYED MUHAMMAD ISA BIN

OMAR ALHABSHEE

Contact No.: 65476187

Classification Of Case:

NP168

## INSURANCE

**REGISTRATION NO.**

FBR0856D

**POLICY NO.**

P2396289

**INSURANCE CO.**

AXA INSURANCE SINGAPORE PTE LTD

**INSURANCE TYPE.**

3RD PARTY FIRE & THEFT

**TOTAL PREMIUM**

S\$0.00

**POLICY START**

14/02/2022

**POLICY END**

13/02/2023