

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	24/03/2023 16:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/03/2023 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG WEST WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD3187E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ELAMARAN S/O SHANMUGAVEL
NRIC No	S6933841J
Email Address	HENRYLIM1979@YAHOO.COM
Mobile Phone No	(Phone) +65-85337954
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T135
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5091474435-05

DRIVER

Name of Driver	ELAMARAN S/O SHANMUGAVEL
NRIC No	S6933841J
Date Of Birth	30/09/1969
Occupation	Indoor

Date Of Driving Pass	02/03/2000
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-85337954
Alt. Phone Number	-
Email Address	HENRYLIM1979@YAHOO.COM
Address	452A SENGKANG WEST WAY #08-395
Address complement	-
Postcode	791452
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SNA2199B
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

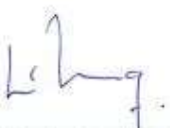

INJURED 1

Name of injured person	ELAMARAN S/O SHANMUGAVEL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD3187E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

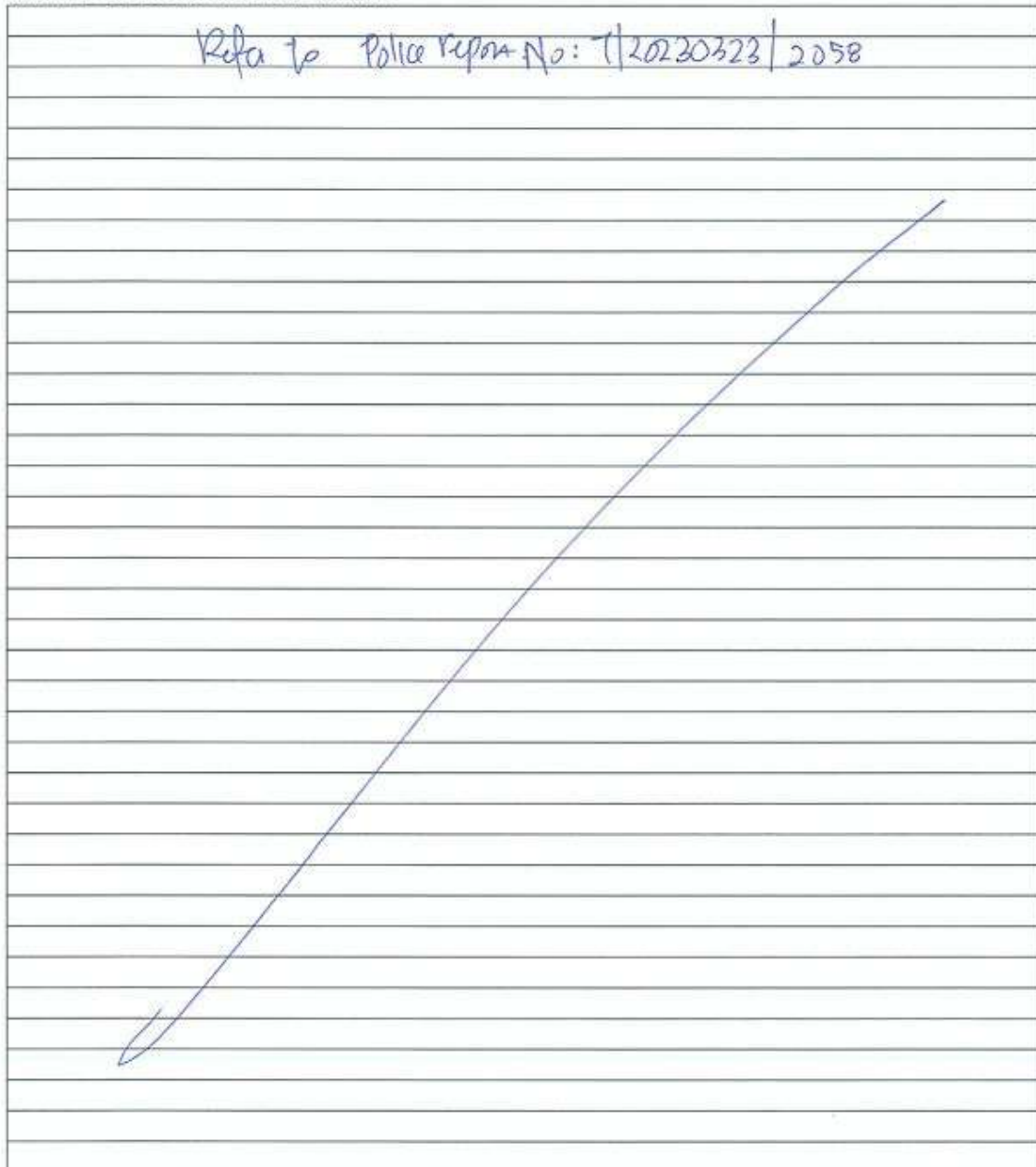
Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


Refer to Police Report No: T/20230323/2058



Declaration

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



**SINGAPORE
POLICE FORCE**



T/20230323/2058

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20230323/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2023 13:55		Vide Report No.: F/20230323/0069		Station Diary No.: 73	
Informant's Particulars					
Name of Informant: ELAMARAN S/O SHANMUGAVEL			Address: APT BLK 452A SENGKANG WEST WAY #08-395 SINGAPORE 791452		
ID Type / ID No.: NRIC NO / S6933841J			Contact No.: Home/Office: 86955051 Mobile: 85337954		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 30/09/1969	Type of Informant: Rider		
Race: Indian			Language: English		
Occupation: FREELANCE WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/03/2023 09:10	Type of Location:
Location: SENGKANG WEST WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Pedestrian Crossing		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBD3187E	Motorcycle	YAMAHA	T135	Blue		0
SNA2199B	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD3187E	NTUC Income Insurance Co-Operative Limited	5091474435-05	12/01/2023	11/01/2024



**SINGAPORE
POLICE FORCE**



T/20230323/2058

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20230323/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ELAMARAN S/O SHANMUGAVEL	ID No.	S6933841J
Related Vehicle	FBD3187E (Motorcycle)	Contact No.	86955051
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	23/03/2023	Date Discharge	23/03/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Gean Kai Ling, Adeline	ID No.	S8325860H
Related Vehicle	NIL	Contact No.	90099919
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am Elamaran S/O Shanmugavel, NRIC S6933841J, DIB 30/09/1969 residing at Block 452A Sengkang West Way #08-395 Singapore 791452. Contact number 86955051 / 85337954. I am a freelance worker.

On 23/03/2023 at about 0910hrs, I was involved in an accident while I was riding my motorcycle bearing the registration number FBD3187E (V1) along Sengkang West Way.

At that point in time, I was approaching the pedestrian crossing turning left into Sengkang West Road. I wish to inform that there was a give-way line marking just before turning into Sengkang West Road and I had slowed down to check the traffic from the oncoming side.

Whilst I was doing so, I felt some impact from the rear of my vehicle. I wish to inform that I lost my balance due to the collision and fell. I managed to stand back up and I discovered that a car bearing the registration number SNA2199B (V2) had collided into the rear portion of my vehicle. The driver of the said vehicle had approached, and I managed to exchange particulars with her and was advised to take a seat while I wait for paramedics to arrive to make a check on me.

I was subsequently conveyed to Sengkang General Hospital and my motorcycle was in a non-ridable condition and had to be towed away. I also wish to mention that Traffic Police also came to the incident location.



SINGAPORE
POLICE FORCE



T/20230323/2058

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Report No. T/20230323/2058

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

The doctors at the hospital had given me 3 days Medical Leave with the medical certificate number EMD202339969, from 23/03/2023 to 25/03/2023. I am also on light-duty until 01/04/2023. The cost of damages is yet to be determined. That is all.

**SINGAPORE
POLICE FORCE**

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20230323/2058

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Report No. T/20230323/2058

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 3 MOHAMMED RAMDHAN
BIN ROSELAN PANESignature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP7 GIT /

STAFF SGT SITI NORHAJIDAH BINTE HANAEI

Contact No.: 65476202

Signature Of Informant:

Date/Time:

23/03/2023 13:55

Classification Of Case:

NP168