

# 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 .....	06/07/2023 17:02 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	02/07/2023 14:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	LORONG CHUAN
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBU8102C
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HARI KUMAR S/O MANOGARAN
NRIC No .....	SXXXX563Z
Email Address .....	hariseetha2603@yahoo.com
Mobile Phone No .....	(Phone) +65-87521665
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	Gsx1300
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 .....	1340

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D23MTMC01001930

### DRIVER

Name of Driver .....	HARI KUMAR S/O MANOGARAN
NRIC No .....	SXXXX563Z
Date Of Birth .....	03/07/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	12/10/2009
Driving experience .....	13 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87521665
Alt. Phone Number .....	-
Email Address .....	hariseetha2603@yahoo.com
Address .....	APT BLK 223A SERANGOON AVENUE 4
Address complement .....	# 05-219
Postcode .....	551223
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 .....	Side Swipe
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 .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230703/2109

#### 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 .....	LORRY
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

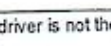
Name of injured person .....	HARI KUMAR S/O MANOGARAN
Gender .....	Male
Phone No .....	(Phone) +65-87521665
Address .....	APT BLK 223A SERANGOON AVENUE 4
Address Complement .....	# 05-219
Post Code .....	551223
Approximate Age Years Old .....	-
Injuries Sustained .....	SWELLING ON THE RIGHT SIDE OF BACK, HIP, RIGHT KNEE AND RIGHT LEG- GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	FBU8102C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

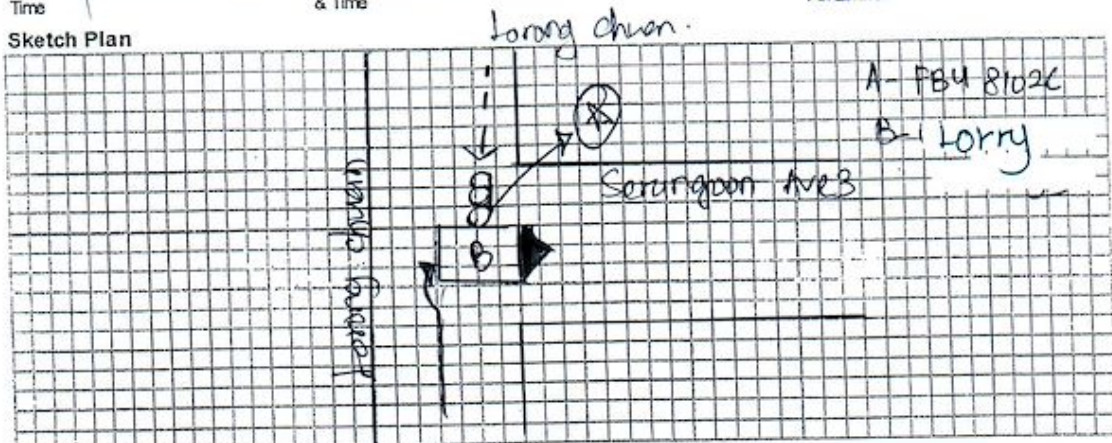
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

 6/7/2023  
Policyholder's Signature / Date & Time

 6/7/2023  
Driver's Signature (If driver is not the policyholder) / Date & Time

 6/7/23  
Witnessed by Reporting Centre Personnel

Sketch Plan





**Describe Circumstance of the Accident**

Please Refer to the attached  
police Report - 7120230703/2109.

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

 6/7/2023  
Policyholder's Signature / Date & Time

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

 6/7/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

v.1.1.2022

2



**SINGAPORE  
POLICE FORCE**



T/20230703/2109

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3  
Report No. T/20230703/2109

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HARI KUMAR S/O MANOGARAN	ID No.	S8924563Z
Related Vehicle	FBU8102C (Motorcycle)	Contact No.	87521665
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	02/07/2023	Date Discharge	03/07/2023
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

I am the rider of FBU8102C.

On 02/07/2023, at about 1400hrs to 1410hrs, I was riding along the middle lane of Lorong Chuan towards CTE.

While I was approaching the junction between Lorong Chuan and Serangoon Ave 3, the traffic light was green, as such I continue riding forward.

Suddenly, a lorry from the opposite direction made a right turn towards Serangoon Ave 3. I applied brakes but I was unable to stop in time. As such, the front of my motorcycle collided into the left side of the lorry.

I flung forward, hit the side of the lorry, and flung towards to the front of the lorry. I landed on the right side of my body. I tried to stand up, but it will too painful, as such I lie back down.

Subsequently, the driver and 3 passerby assisted me to side of the road.

Shortly after, Traffic Police and Ambulance arrived.

I was conveyed and admitted to TTSH.

I was discharged today and was given 5-days MC.

I suffered swelling on the right side of my back, right knee, and my right ankle.

I was feeling giddy, as such I rested before coming to lodge a police report.











































**SINGAPORE  
POLICE FORCE**



T/20230703/2109

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20230703/2109

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/07/2023 23:56		Vide Report No.:		Station Diary No.: 202	
<b>Informant's Particulars</b>					
Name of Informant: HARI KUMAR S/O MANOGARAN			Address: APT BLK 223A SERANGOON AVENUE 4 #05-219 SINGAPORE 551223		
ID Type / ID No.: NRIC NO / S8924563Z			Contact No.: Home/Office: Mobile: 87521665		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 03/07/1989	Type of Informant: Rider		
Race: Indian			Language:		
Occupation: GRAB FOOD RIDER			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/07/2023 14:00	Type of Location: T-Junction
Location:  LORONG CHUAN				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBU8102C	Motorcycle	SUZUKI	GSX1300R HAYABUSA	Black	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBU8102C	TENET SOMPO INSURANCE PTE. LTD.	D23MTMC0100193 0	29/04/2023	28/04/2024	





**SINGAPORE  
POLICE FORCE**



T/20230703/2109

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20230703/2109

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HARI KUMAR S/O MANOGARAN	ID No.	S8924563Z
Related Vehicle	FBU8102C (Motorcycle)	Contact No.	87521665
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	02/07/2023	Date Discharge	03/07/2023
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

I am the rider of FBU8102C.

On 02/07/2023, at about 1400hrs to 1410hrs, I was riding along the middle lane of Lorong Chuan towards CTE.

While I was approaching the junction between Lorong Chuan and Serangoon Ave 3, the traffic light was green, as such I continue riding forward.

Suddenly, a lorry from the opposite direction made a right turn towards Serangoon Ave 3. I applied brakes but I was unable to stop in time. As such, the front of my motorcycle collided into the left side of the lorry.

I flung forward, hit the side of the lorry, and flung towards to the front of the lorry. I landed on the right side of my body. I tried to stand up, but it will too painful, as such I lie back down.

Subsequently, the driver and 3 passerby assisted me to side of the road.

Shortly after, Traffic Police and Ambulance arrived.

I was conveyed and admitted to TTSH.

I was discharged today and was given 5-days MC.

I suffered swelling on the right side of my back, right knee, and my right ankle.

I was feeling giddy, as such I rested before coming to lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20230703/2109

3 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20230703/2109

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /  
SGT 2 LIM JING JING JOANNE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/07/2023 23:56

Officer In Charge Of Case:

TP / GIT /  
SI CHONG GUAN FATT  
Contact No.: 65472077

Classification Of Case:

NP168