

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	26/06/2023 23:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/06/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TELOK BLANGAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE9170H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PREMKUMAR S/O NAGAIYA
NRIC No	S9812308C
Email Address	skeletonboi18@gmail.com
Mobile Phone No	(Phone) +65-83919342
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CB400
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	Auto
CC	399

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	AN3210485

DRIVER

Name of Driver	PREMKUMAR S/O NAGAIYA
NRIC No	S9812308C
Date Of Birth	18/04/1998
Occupation	Indoor

Date Of Driving Pass	05/04/2023
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83919342
Alt. Phone Number	-
Email Address	skeletonboi18@gmail.com
Address	BLK 716 CLEMENTI WEST STREET 2
Address complement	#04-47
Postcode	120716
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?	No
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 Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED POLICE REPORT T/20230624/2091.

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

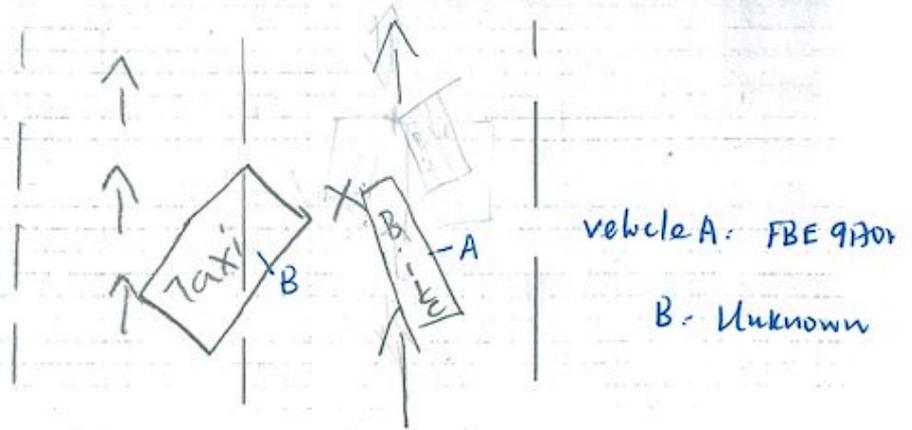
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PREMKUMAR S/O NAGAIYA
Gender	-
Phone No	(Phone) +65-83919342
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBE9170H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report.
T/20230624/2091.

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:

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

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



 Policyholder's Signature
 Date & Time:

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

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











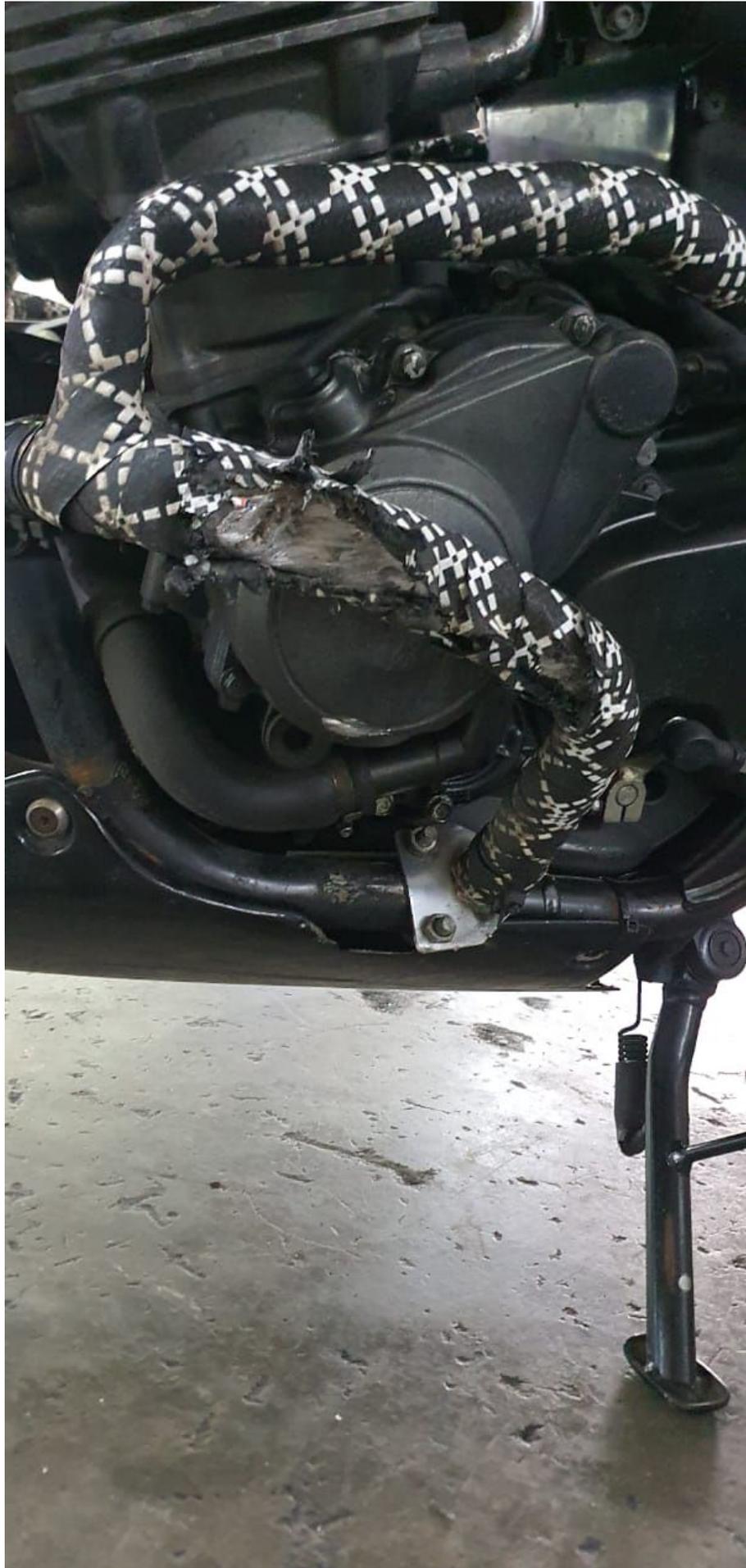






























**SINGAPORE
POLICE FORCE**



T/20230624/2091

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/20230624/2091

CONTINUATION OF REPORT

Signature of Officer Recording The Report: D / SGT 1 TAN WEI LIANG 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SR STAFF SGT RASHIDAH BINTE AZMAN Contact No.: 65476902

Signature Of Informant: 
Date/Time: 24/06/2023 20:52
Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20230624/2091

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/20230624/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PREMKUMAR S/O NAGAIYA	ID No.	S9812308C
Related Vehicle	FBE9170H (Motorcycle)	Contact No.	83919342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

at about 1700hrs i was traveling along Telok Blangah Road towards keppel road heading to resort world Sentosa, when i arrived at the cross junction my Bike Brokedown, so i paddle my bike to the opposite side of the road. (Telok Blangah road towards west coast road), while i was pushing my bike a blue color taxi Bang onto the side of my bike, and I fall,

So, i get up and push my bike to the side of the Road where the Taxi Driver stop at (Vivo City Car park 2), when the female Taxi Driver made a checked on me. I requested for her particulars, but she did not provide me anything of it and just took a photo of my bike and went off, i was not able to get her car plate.

at about 1148hrs i when to Ng Teng Fong Hospital and i got a 3 days MC and was diagnose with Shoulder Abrasion



**SINGAPORE
POLICE FORCE**



T/20230624/2091

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

1 of 3

Report No. T/20230624/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2023 20:52	Vide Report No.:	Station Diary No.: 88
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Informant's Particulars

Name of Informant: PREMKUMAR S/O NAGAIYA		Address: APT BLK 716 CLEMENTI WEST STREET 2 #04-47 SINGAPORE 120716	
ID Type / ID No.: NRIC NO / S9812308C		Contact No.:	Mobile: 83919342
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 18/04/1998	Type of Informant: Rider
Race: Indian		Language:	
Occupation: AIR FORCE REGULAR		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/06/2023 17:00	Type of Location: Straight Road
Location: TELOK BLANGAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE9170H	Motorcycle	HONDA	CB400	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBE9170H	ETIQA INSURANCE BERHAD	AN3210485	05/05/2023	04/05/2024

eTiqa

Etiqa Insurance Pte. Ltd. Company Reg. No: 201331905K
One Raffles Quay #22-01 North Tower Singapore 048583
www.etiqa.com.sg

OriginalA/c No: **73000003**

Policy No (if any):

New Business**MOTOR COVER NOTE**No. **AN3210485**

- The Motor Vehicle (Third Party Risk and Compensation) Act (Cap 189) (Republic of Singapore); or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Transport, Singapore and the Motor Insurers' Bureau of Singapore dated 11 July 1997; or
- The Agreement between the Minister of Transport Malaysia and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements.

The Insured mentioned in the Schedule, having proposed an insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy, applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease, and a proportionate part of the annual premium offered, if possible for such insurance will be charged for the time the Company has been on risk.

NR-ARAVIND S/O MANIKUMAR**SCHEDULE**

THE COMPANY	ETIQA INSURANCE PTE. LTD.
INSURED	PREMKUMAR S/O NAGAIYA
MAKE AND DESCRIPTION OF VEHICLE	HONDA CB400
VEHICLE REGISTRATION NO.	FBE9170H
YEAR OF MANUFACTURE	2010
ENGINE NO.	NC42E1116055
CHASSIS NO.	JH2NC4290AK200082
ENGINE CAPACITY/TONNAGE	399
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	REVO FINANCIAL PTE LTD
VALUE (S\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 5-May-2023 TO: 4-May-2024
EXCESS (S\$)	As Per Policy
FOOD AND/OR PARCEL DELIVERY	N.A.

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

ETIQA INSURANCE PTE. LTD.


Issued by **ANDA INSURANCE AGENCIES PL** on **4-May-2023 3:02:01 PM**

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.
- Premium for time on risk will be charged subject to minimum S\$54.00 (inclusive of GST) if the policy is cancelled after the inception date.
- An administrative fee of S\$7.00 (inclusive of GST) will be charged when:
- Cover note is issued and cancelled before inception; or
- Old registration number is retained for a new vehicle insuring with Etiqa.

PREMIUM WARRANTY

For Individual's signature

I/We, the Insured, hereby warrant that the information provided in this cover note is true and correct to the best of my/our knowledge.

For Agent/Insurer's signature

I/We, the Insurer, hereby warrant that the information provided in this cover note is true and correct to the best of my/our knowledge. This cover note is void if the signature is not provided by the Insured/Insurer before inception.

MTR/CNOTE/ETQ/2