

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 17:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/06/2023 23:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLAND AVE 3 TOWARDS CAUSEWAY POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6482P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALEN JOSHI
NRIC No	T00782911
Email Address	ALENJOSHIKANJIRATHINGAL@GMAIL.COM
Mobile Phone No	(Phone) +65-80302423
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF-R155
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	5127988359-01

DRIVER

Name of Driver	ALEN JOSHI
NRIC No	T00782911
Date Of Birth	30/09/2000
Occupation	Indoor

Date Of Driving Pass	29/04/2022
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80302423
Alt. Phone Number	-
Email Address	ALENJOSHIKANJIRATHINGAL@GMAIL.COM
Address	BLK 787C WOODLANDS CRESCENT #11-50
Address complement	-
Postcode	733787
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 - Cross Junction
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE 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	SHD3592Y
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	ALEN JOSHI
Gender	Male
Phone No	(Phone) +65-80302423
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ6482P
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

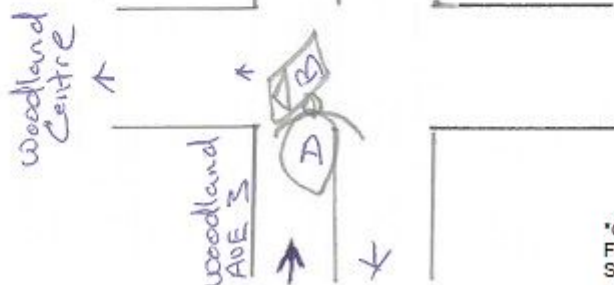
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A) FBQ 6482 P
B) SHD 3592 Y



*OWNER BOTH HANDS WERE FRACTURED AND GOT SURGERY, SO CANNOT HOLD PEN AND SIGN.

As per police report no. T/20230624/7023.

I wished to state that ~~the~~ the green light is in my ~~favor~~ favor.

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

*OWNER BOTH HANDS WERE
FRACTURED AND GOT SURGERY,
SO CANNOT HOLD PEN AND SIGN.

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

Witnessed by Reporting Centre
Personnel







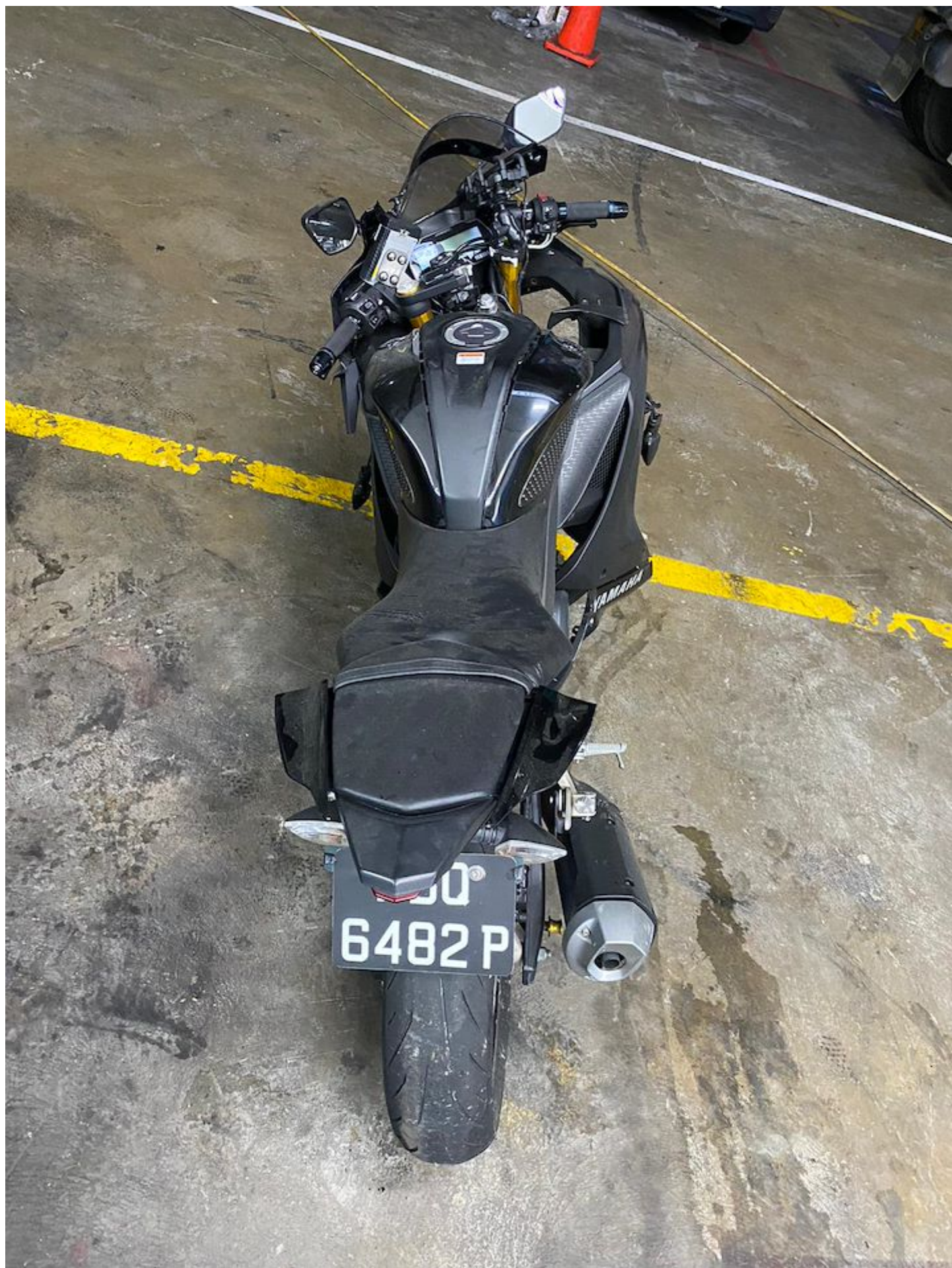


















**SINGAPORE
POLICE FORCE**



T/20230624/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230624/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2023 14:00		Vide Report No.: L/20230620/0152		Station Diary No.:
Informant's Particulars				
Name of Informant: ALEN JOSHI		Address: 787C WOODLANDS CRESCENT #11-50 SINGAPORE 733787		
ID Type / ID No.: NRIC NO / T00782911		Contact No.: Home/Office: Mobile: 80302423		
Nationality: INDIAN		Email: alenjoshikanjirathingal@gmail.com		
Sex: Male	Age: 22	Date of Birth: 30/09/2000	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: Electrical engineering technician		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2023 23:00	Type of Location: X-Junction
Location: WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ6482P	Car	YAMAHA	YZF-R155	Black		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBQ6482P	NTUC Income Insurance Co-Operative Limited	5127988359-01	03/06/2023	02/06/2024	



**SINGAPORE
POLICE FORCE**



T/20230624/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230624/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALEN JOSHI	ID No.	T00782911
Related Vehicle	FBQ6482P (Car)	Contact No.	80302423
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	20/06/2023	Date	23/06/2023
No. of Days granted Medical Leave	15	Degree of	Serious

Brief Details.

On the stated time and date I was travelling along Woodland Ave 3 towards Causeway Point. Reached the junction of Woodlands Ave 3 and Woodlands Centre Rd, the traffic light was green in my favour. Suddenly Vehicle B(SHD3592Y) turned right towards Woodlands Centre Rd, I cant managed to stop and hit on to his side of the vehicle. Then I was conveyed to the Khoo Teck Puat Hospital. My both hands were fractured and got surgery done and discharged on 23rd June, 2023. And Doctor given me 20/06/2023 to 04/07/2023 Hospitalisation Leave.



**SINGAPORE
POLICE FORCE**



T/20230624/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230624/7023

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
VILTON HIA WEE SIANG
Contact No.: 65476232

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

Date/Time:
24/06/2023 14:00

Classification Of Case:

NP168