

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	10/07/2023 17:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/07/2023 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TEMPLE STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS3474Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DEEBAN SUKUMAR
NRIC No	S8540187D
Email Address	D_BURN85@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97213112
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	GDR155A
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	160

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5137503859

DRIVER

Name of Driver	DEEBAN SUKUMAR
NRIC No	S8540187D
Date Of Birth	03/12/1985
Occupation	Outdoor

Date Of Driving Pass	09/11/2004
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97213112
Alt. Phone Number	-
Email Address	D_BURN85@HOTMAIL.COM
Address	BLK 443B #02-84 FAJAR ROAD
Address complement	-
Postcode	672443
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR ACCIDENT 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	SKM153T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90606111
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGZ2468B
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)	0

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLH4293K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-96387786
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN**IMPORTANT NOTICE**

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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 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;

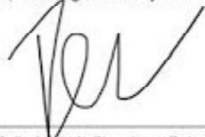
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



10/07/2023
1700HRS

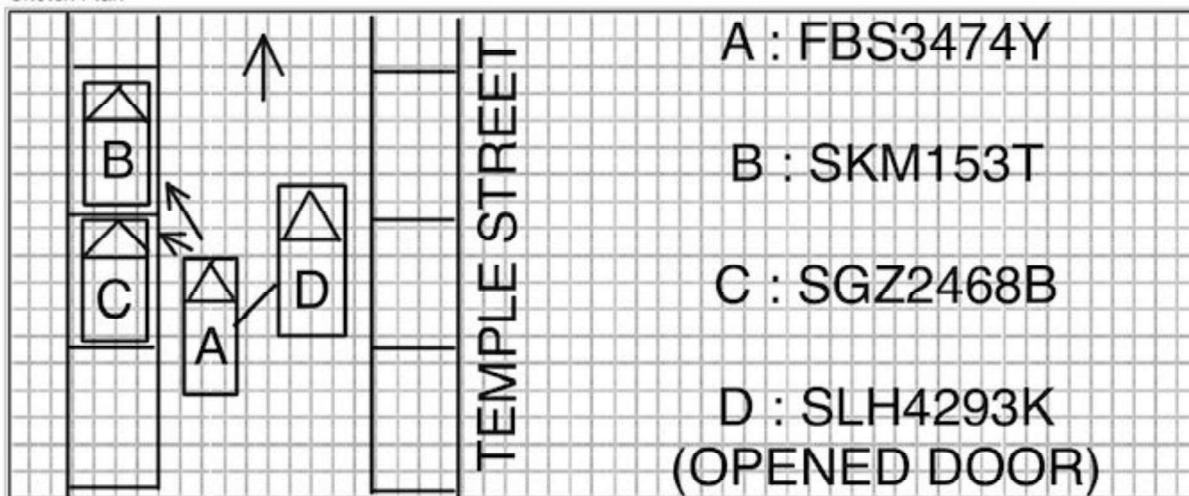
Policyholder's Signature / Date & Time

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



SUMAN SUKUMAR
S990968

Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)

Sketch Plan

Describe Circumstance of the Accident

**REFER TO POLICE REPORT
FOR ACCIDENT STATEMENT**

Declaration

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



10/07/2023
1300HRS

Policyholder's Signature / Date & Time

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



SUMAN SUKUMAR
S990968

Witnessed by Reporting Centre Personnel
(Name as in NRIC/D card)













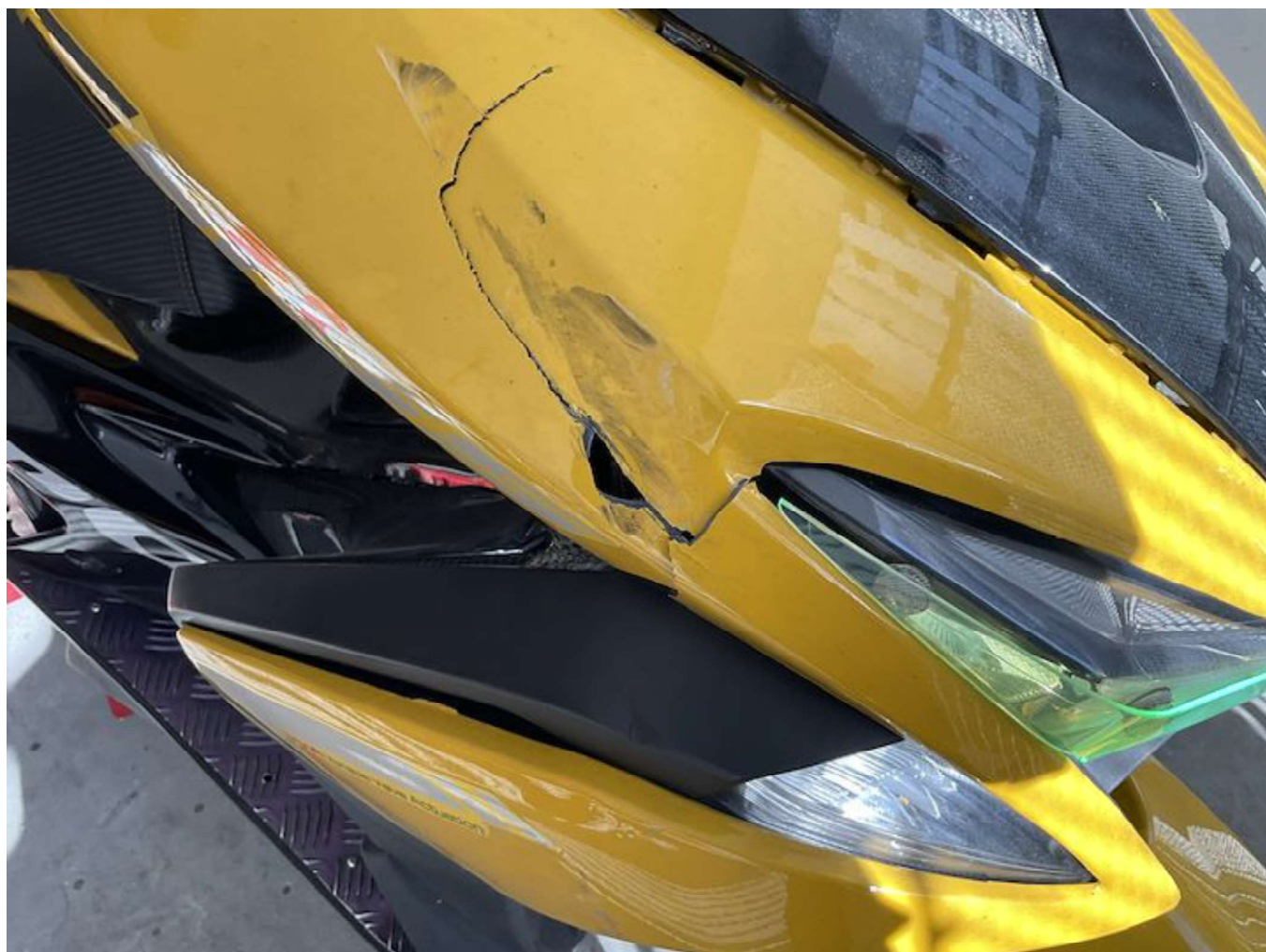




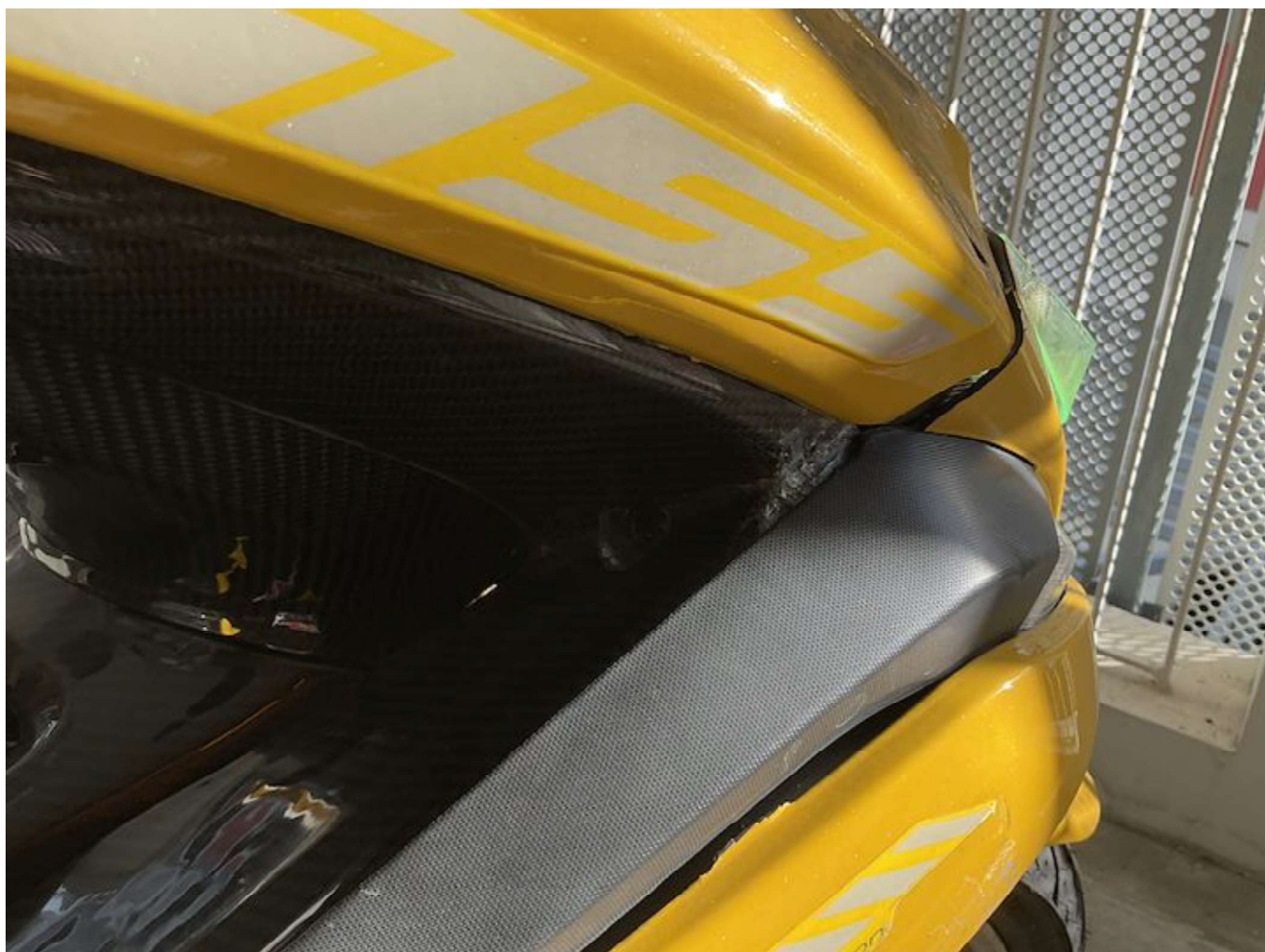


















**SINGAPORE
POLICE FORCE**



T/20230708/2070

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Report No. T/20230708/2070



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH4293K	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Blue	No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS3474Y	NTUC Income Insurance Co-Operative Limited	5137503859	28/06/2023	27/06/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKM153T (Car)	Contact No.	90606111
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
Passenger			
Name	Adam	ID No.	NIL
Related Vehicle	SLH4293K (Car)	Contact No.	92956102
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

 SINGAPORE POLICE FORCE		 T/20230708/2070				
Police Station Of Origin: Rochor N.P.C 11 Kampong Kapur Road SINGAPORE 208678 Tel No: 1800-2949999		1 of 4 Report No. T/20230708/2070				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 08/07/2023 16:14		Vide Report No.:	Station Diary No.: 78			
Informant's Particulars						
Name of Informant: DEEBAN SUKUMAR		Address: APT BLK 443B FAJAR ROAD #02-84 SINGAPORE 672443				
ID Type / ID No.: NRIC NO / S8540187D		Contact No.: Home/Office:	Mobile: 97213112			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 37	Date of Birth: 03/12/1985	Type of Informant: Rider			
Race: Indian		Language:				
Occupation: OPERATIONS EXECUTIVE		Driving Licence Information: Class: Date of Expiry:				
General Information of the Accident						
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2023 17:25			
Type of Location: Straight Road						
Location: TEMPLE STREET						
Weather: Clear		Road Surface: Dry				
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate			
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
FBS3474Y	Motorcycle	YAMAHA	AEROX GDR155R CVT	Yellow	Slightly Damaged	0
SGZ2468B	Car	TOYOTA	FORTUNER 2.7 2WD AUTO	Brown	Slightly Damaged	0
SKM153T	Car	TOYOTA	LEXUS ES250 4DR SEDAN (AUTO) EXECUTIVE	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

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Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20230708/2070

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Report No. T/20230708/2070

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SLH4293K (Car)		Contact No. 96387786
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
Rider			
Name	DEEBAN SUKUMAR		ID No. S8540187D
Related Vehicle	NIL		Contact No. 97213112
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.

On the above mentioned date, time I was riding my bike(FBS3474Y) along 30 Temple Street. In the midst of it the rear left passenger door of vehicle (SLH4293K) suddenly opened and hit my front area of my bike (FBS347Y) causing a collision. I fell off from my bike to the left in the gap between two parked vehicles SKM153T and SGZ246B. I got up and made a check with the vehicle owner of SLH4293K. I exchanged particulars with the vehicle owner of SLH4293K. Subsequently the vehicle owner of SLH4293K left the area. The vehicle (SLH4293K) did not sustain any damages.

Subsequently I made a check for the damages on both parked vehicles SKM153T and SGZ2468B. I noticed existing damages on the side area of vehicle SGZ2468B and vehicle SKM153T. I am unable to ascertain, if during the accident any damage has been caused on both vehicles. I placed a note on both vehicles, for the driver of the respective vehicles to contact me. Then, I left the area. I did not sustain any injuries. My bike sustained damages at the front and side area.



**SINGAPORE
POLICE FORCE**

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Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999



T/20230708/2070

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Report No. T/20230708/2070

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

A /

SGT 2 SANJAY SILVA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/07/2023 16:14

Officer In Charge Of Case:

TP / GIA /

SI FADLI SHAIFUDDIN BIN MOHAMED SANI

Contact No.: 65476845

Classification Of Case:

NP168