

# 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 12:53 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	08/06/2023 19:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BLK 337 CLEMENTI AVENUE 2 UNNAMED SINGAPORE 120337 OPEN CARPARK MOTORCYCLE LOT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBM3744A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SAVIN NAIR
NRIC No .....	S9122790H
Email Address .....	savinstattoos@gmail.com
Mobile Phone No .....	(Phone) +65-90074604
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Harley Davidson
Model .....	FLD DYNA SWITCHBACK
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 .....	1690

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5134042297

### DRIVER

Name of Driver .....	SAVIN NAIR
NRIC No .....	S9122790H
Date Of Birth .....	12/06/1991

Occupation .....	Indoor
Date Of Driving Pass .....	20/01/2022
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90074604
Alt. Phone Number .....	-
Email Address .....	savinstattoos@gmail.com
Address .....	BLK 337 CLEMENTI AVENUE 2 #08-48
Address complement .....	-
Postcode .....	120337
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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

REFER TO POLICE REPORT. I AM UNSURE HOW MANY PAXS IN VEHICLE B. I AM ALSO NOT SURE HOW DID VEHICLE B HIT ONTO MY BIKE.

#### 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 .....	SLB2413B
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHANG WAY FERN
Contact Number .....	(Phone) +65-97551952
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

2 of 2

Describe Circumstance of the Accident

REFER TO GEARS

## Declaration

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



06/07/2023 1250HRS

Policyholder's Signature / Date &amp; Time

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

TIEN TOH KIAT HENRY

Witnessed by Reporting Centre Personnel  
(Name as in NRIS/ID card)

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")

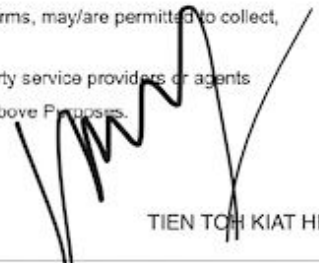
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.



06/07/2023 1250HRS

Policyholder's Signature / Date & Time



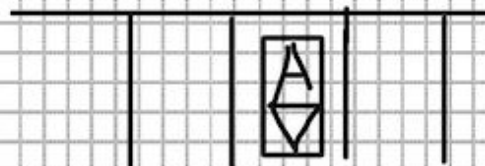
TIENTOHIKIAT HENRY

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

Witnessed by Reporting Centre Personnel  
(Name as on NRIC/ID card)

**Sketch Plan**

A-FBM3744A  
B-SLB2413B























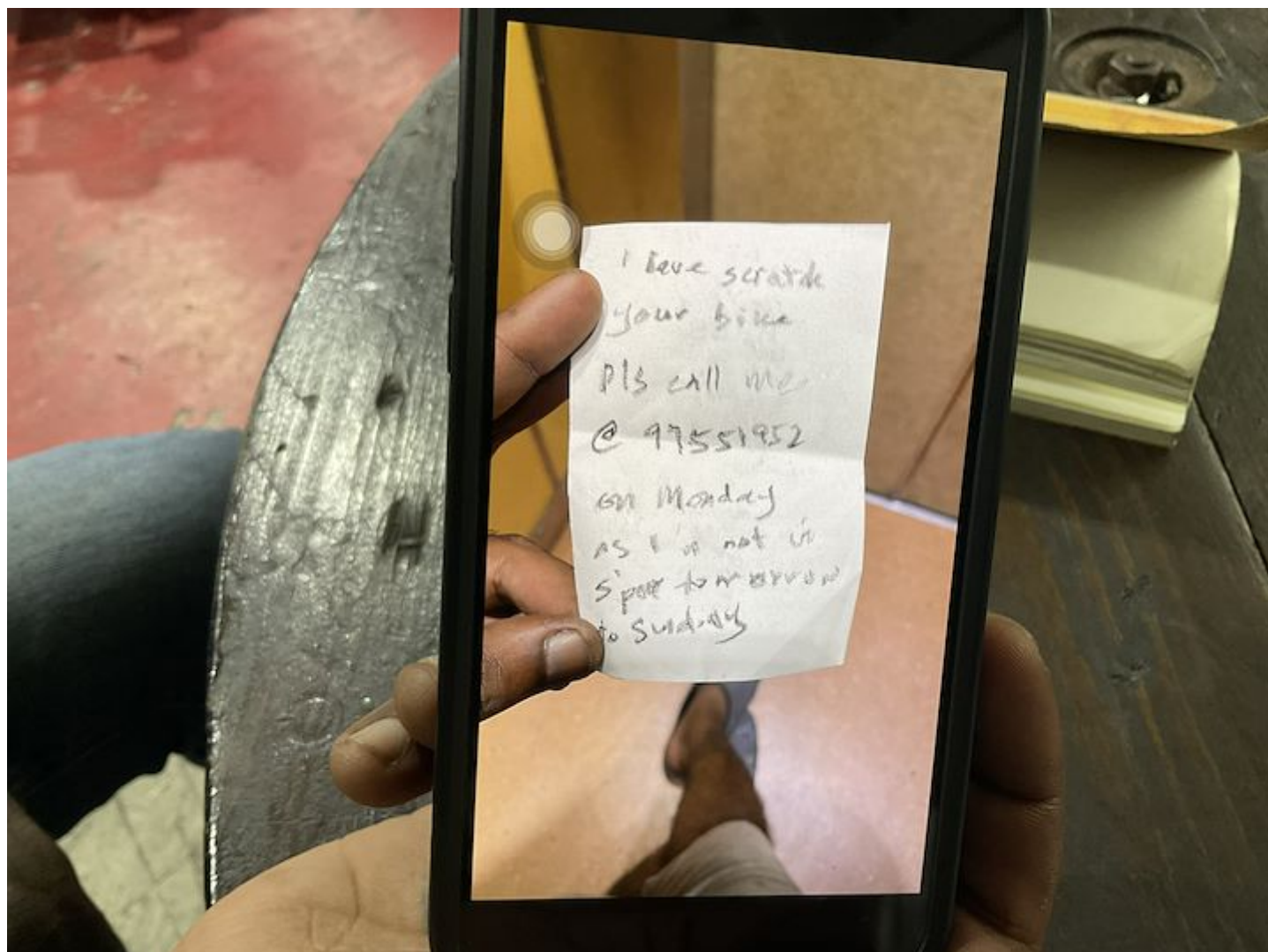












**SINGAPORE  
POLICE FORCE**

D/20230609/2012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20230609/2012

the right side of my motorcycle. I also discovered a note on my motorcycle. There is a phone number 9755 1952 stated in the note and the personnel claimed that he/she had scratched my motorcycle and requested me to give him/her a call on Monday.

I am lodging this report for record purposes.

Signature Of Officer Recording The Report:  
D / SGT 1 WONG YOU JIAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/06/2023 11:22

Officer In-Charge Of Case:  
D / Clementi Police Divisional Investigation Branch /  
INSP (2) LIM SIEW ENG, CHERYL  
Contact No.: 68727229

Classification Of Case:




**SINGAPORE  
POLICE FORCE**


D/20230609/2012

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20230609/2012

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

Date/Time Report Made 09/06/2023 11:22	Vide Report No.	Station Diary No. 31
Name Of Informant SAVIN NAIR	Address APT BLK 337 CLEMENTI AVENUE 2 #08-48 SINGAPORE 120337	
ID Type / ID No. NRIC NO / S9122790H	Contact No. Home/Office	Mobile 90074604
Nationality SINGAPORE CITIZEN	Email Address	
Occupation TATTOO ARTIST	Sex Male	Age 31
Institution/School Name	Date of Birth 12/06/1991	Race Malayalee
Date/Time Of Incident 08/06/2023 19:45 - 09/06/2023 01:00	Location Of Incident 337 CLEMENTI AVENUE 2 UNNAMED SINGAPORE 120337	
	Open Carpark Motorcycle Lot	

**Brief details.**

On 08/06/2023 at about 1945hrs, I parked my motorcycle bearing plate number FBM3744A at the open spaced carpark of Blk 337 Clementi Ave 2. I wish to state that I unable to recall the lot number, however I remember that I parked my motorcycle at the first few lots on the left.

On 09/06/2023 at about 0100hrs, I went back to take my motorcycle and discovered a few scratches on

Signature Of Officer Recording The Report: D / SGT 1 WONG YOU JIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2023 11:22
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / INSP (2) LIM SIEW ENG, CHERYL Contact No.: 68727229	Classification Of Case: