

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	21/07/2023 12:52 (SGT)
Reported by	Actual Driver
Date of Accident	19/07/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TANJONG PENJURU AND PENJURU LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT3843K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHANA SUMI SIVAGAMI PURUSHOTHAMA
NRIC No	S8117807J
Email Address	GALSUMI@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-84981850
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	Income Insurance Limited
Policy Number / Cover Note Number	5128563294

DRIVER

Name of Driver	TERRENCE JESSEN S/O JOSEPH KRISTHU RAJA
NRIC No	S8038398C
Date Of Birth	09/11/1980
Occupation	Outdoor

Date Of Driving Pass 06/03/2007
 Driving experience 16 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91079636
 Alt. Phone Number -
 Email Address terrence020509@gmail.com
 Address BLK 438B BUKIT BATOK WEST AVENUE 8
 Address complement #02-1039
 Postcode 652438
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Spouse
 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 - Major/Minor Rd
 Weather Conditions Raining
 Road Surface Wet

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 Hong Kah North Neighbourhood Police Post
 Police Station Phone No (Phone) +65-18005679999
 Alt. Police Station Phone No (Fax) +65-65652508
 Police Station Address Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Refer as police report

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 XD9601B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HARDIP SINGH
Work Permit No	G8323428N
Contact Number	(Phone) +65-85796502
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TERRENCE JESSEN S/O JOSEPH KRISTHU RAJA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	42
Injuries Sustained	Pain on spine and knee area
Injured person in which vehicle?	FBT3843K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

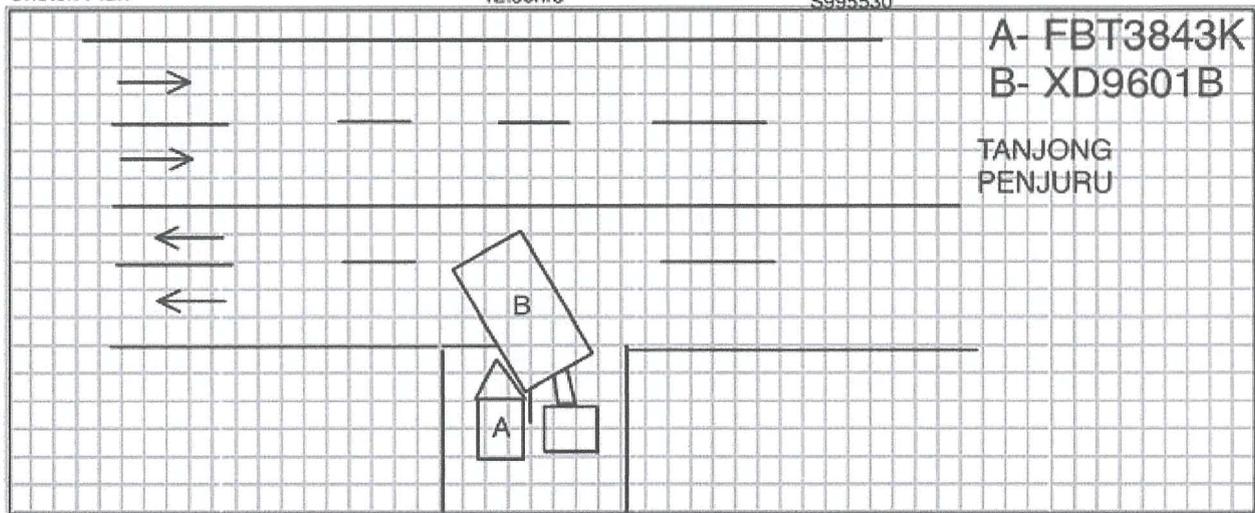
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Muhammad Sumardi Bin Mohd Affandi
S995530

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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

Policyholder's Signature / Date & Time

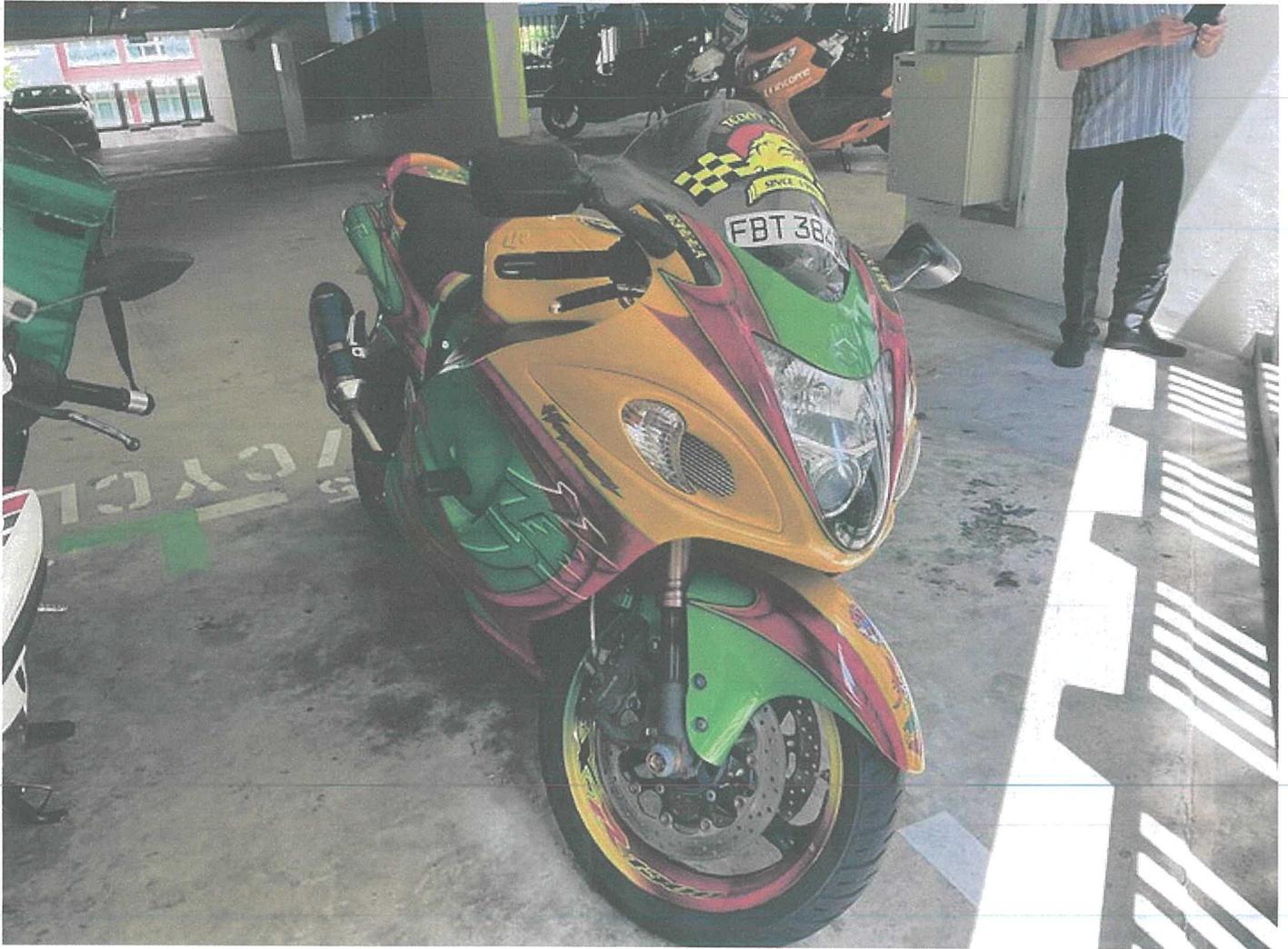


Driver's Signature (if driver is not the policyholder) / Date & Time
21/07/2023
12:30hrs

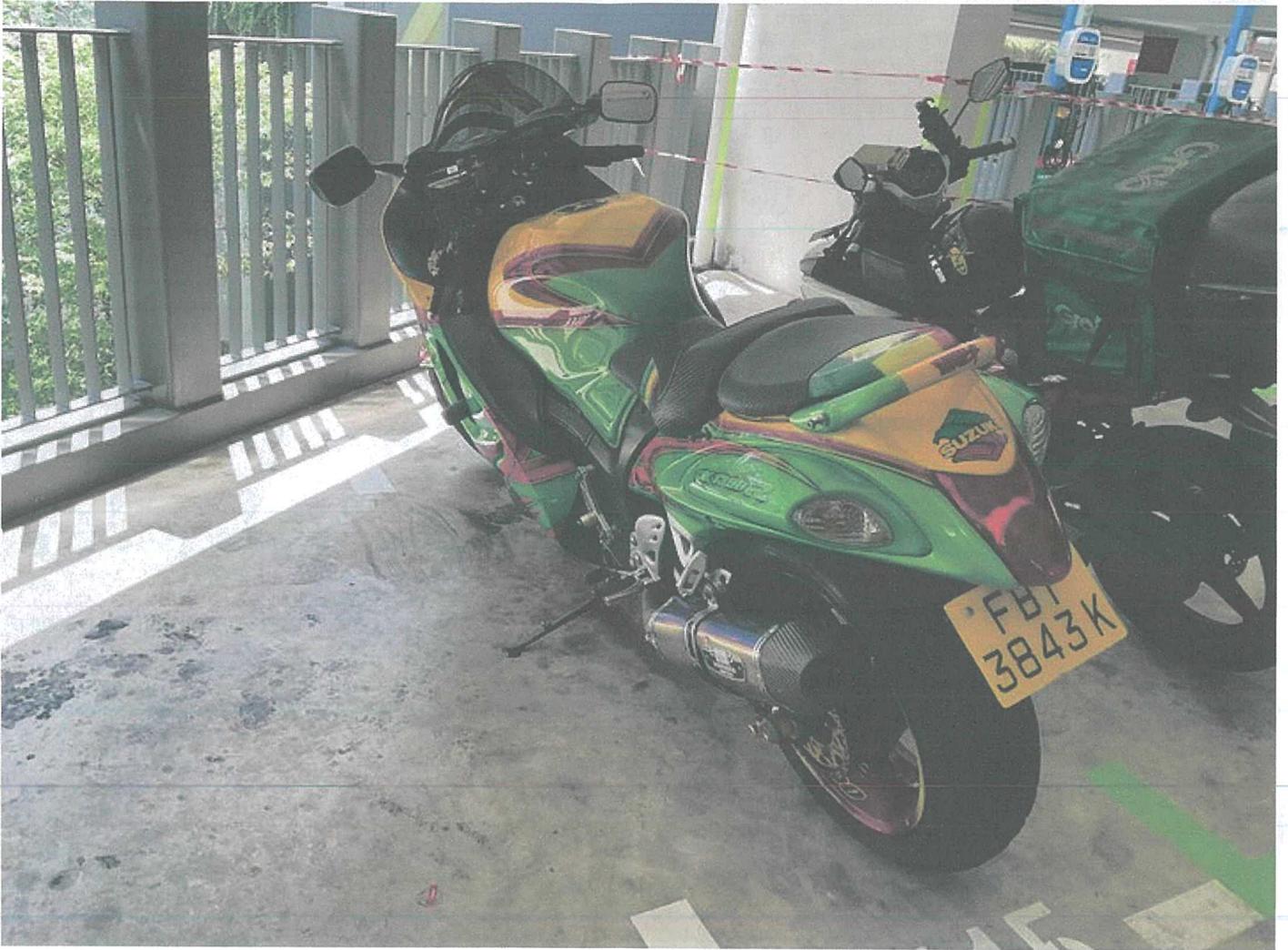


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Muhammad Sumardi Bin Mohd Affandi₂
S995530





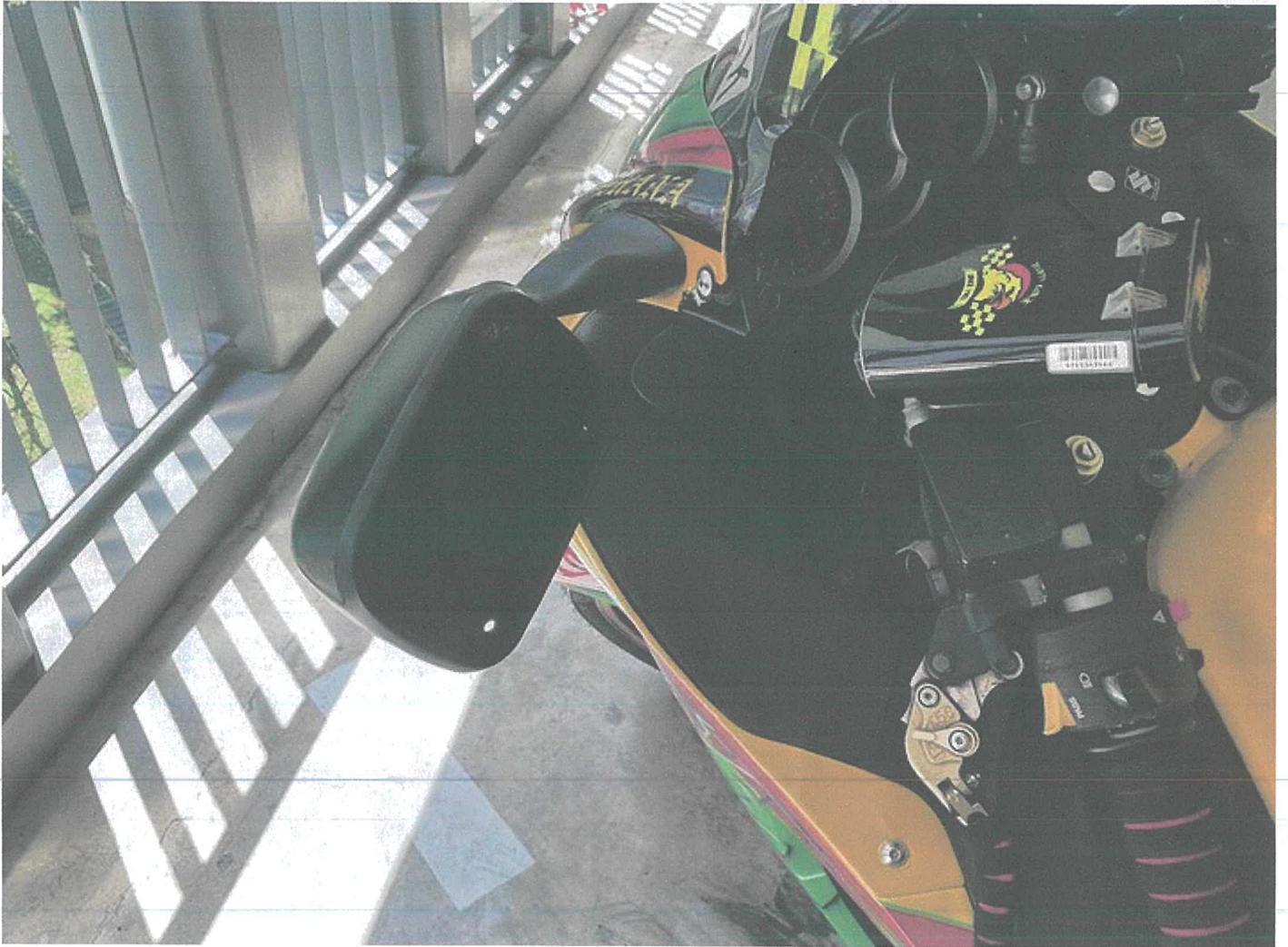




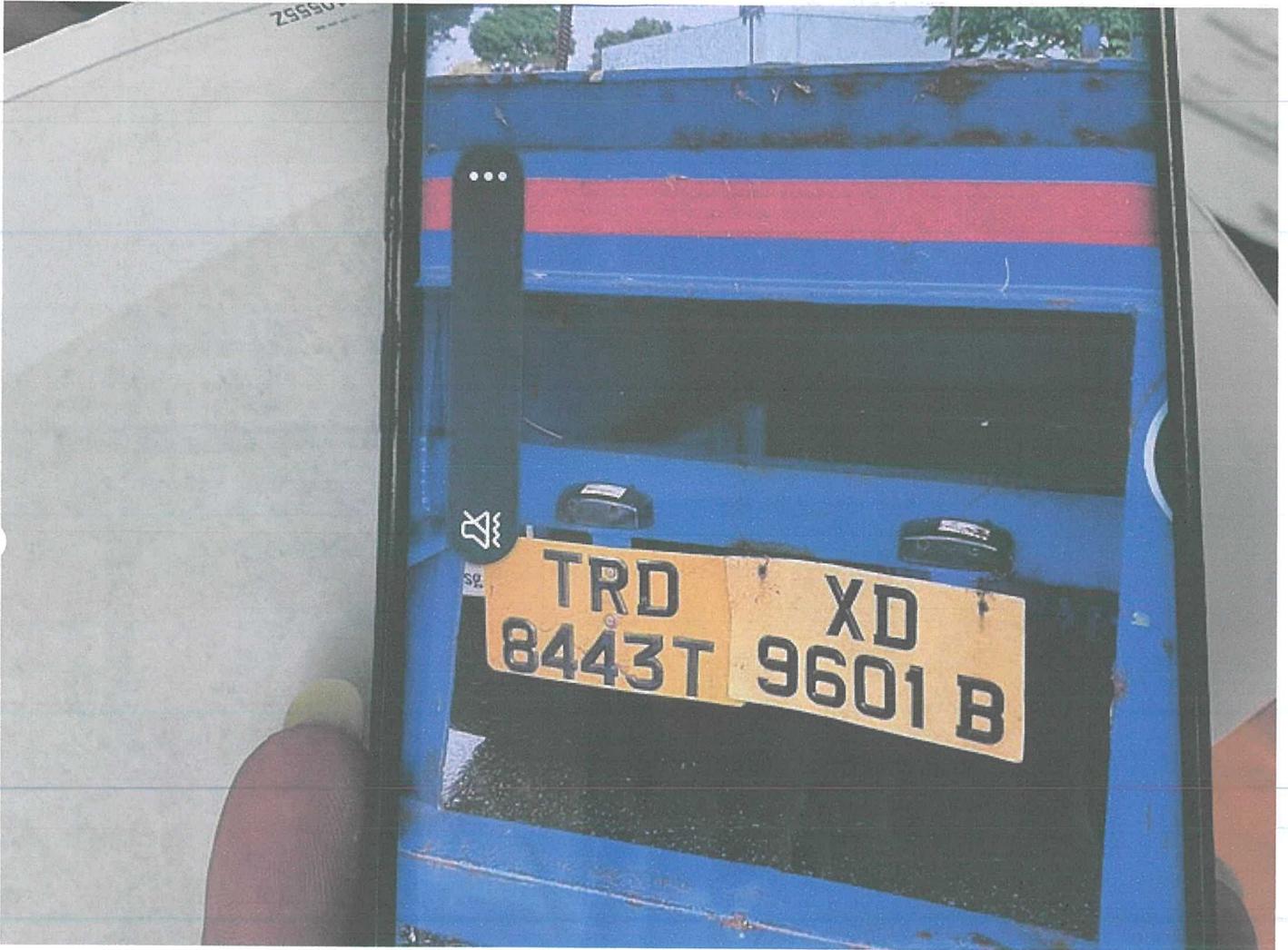




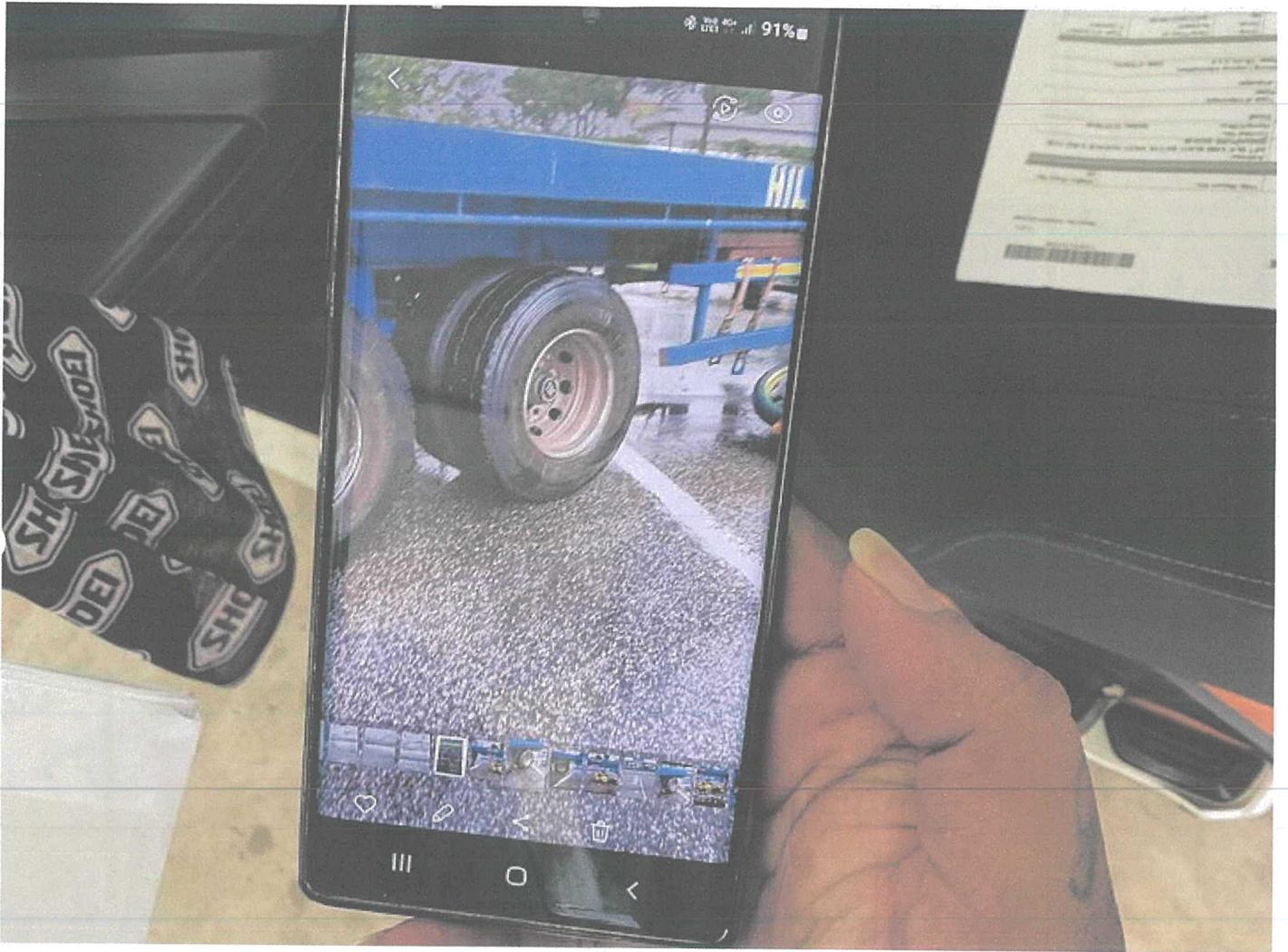


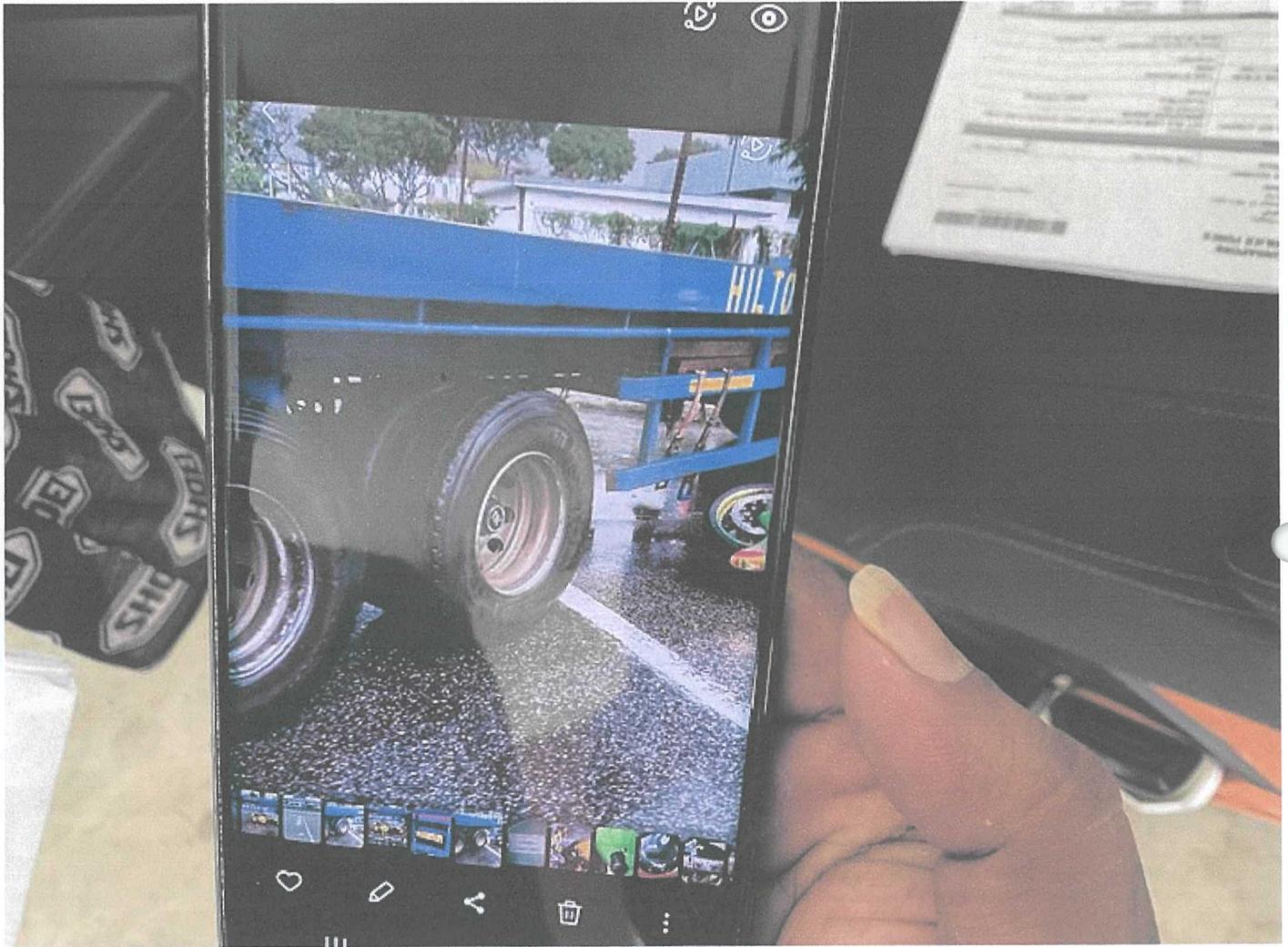


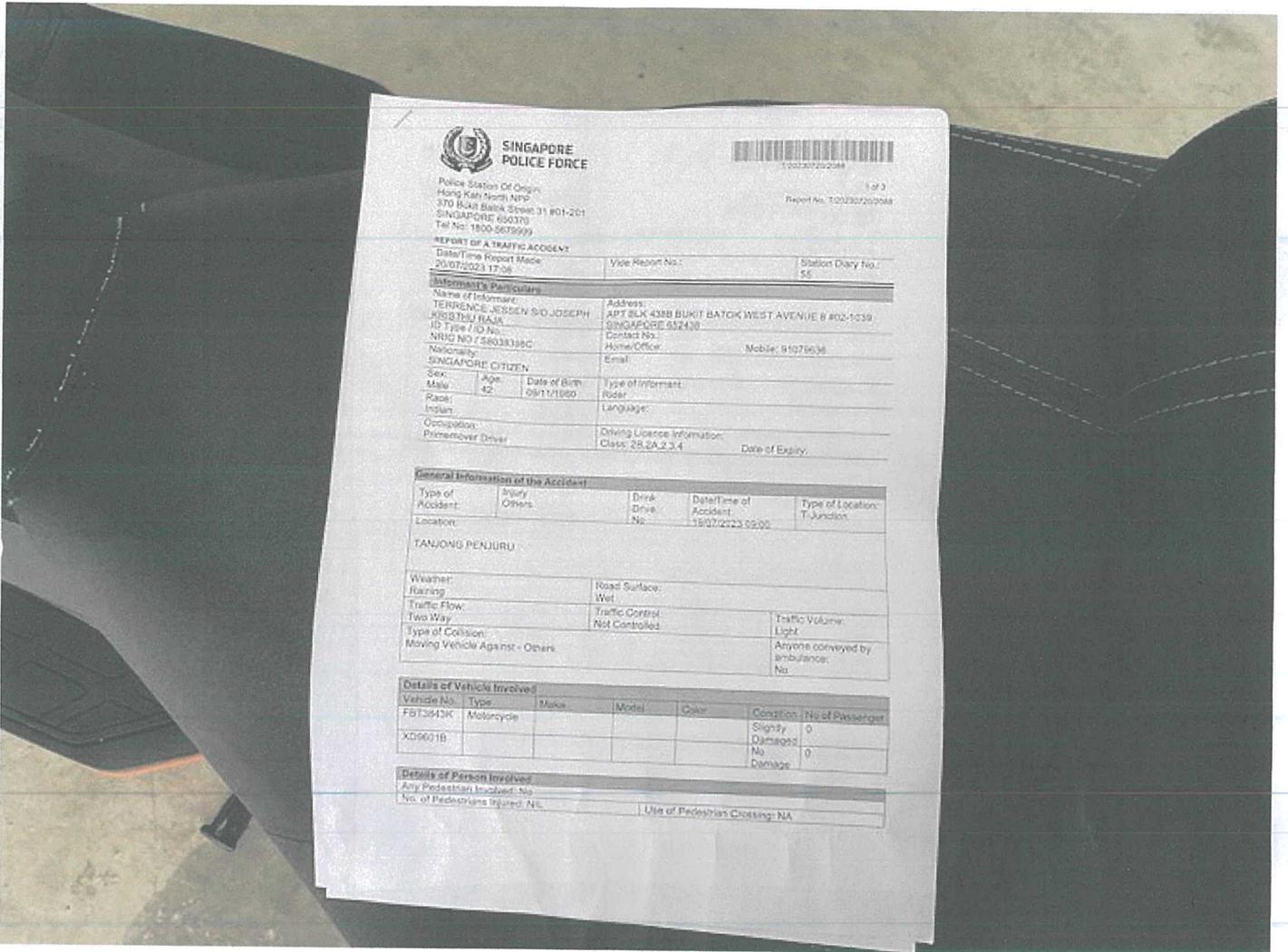












Police Station Of Origin:
Hong Kah North NPS
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800 8639999



1 of 3
Report No: 103302020088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2023 17:06
 Vide Report No: _____ Station Diary No: 55

Informant's Particulars

Name of Informant: TERRENCE, JESSEY S/O JOSEPH
 KRISTINA RAJA
 ID Type / IO No: _____
 NRIC NO / S6038395C
 Nationality: SINGAPORE CITIZEN
 Sex: Male Age: 42 Date of Birth: 09/11/1980
 Race: Indian
 Occupation: Permanent Driver
 Address: APT BLK 438B BUKIT BATOK WEST AVENUE 8 #02-1039
 SINGAPORE 652430
 Contact No: _____ Home/Office: _____ Mobile: 9476636
 Email: _____
 Type of Informant: rider
 Language: _____
 Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry: _____

General Information of the Accident

Type of Accident:	Injury	Others:	Drink-Drive No:	Date/Time of Accident:	Type of Location:
				15/07/2023 09:00	T-Junction

Location: TANJONG PENJURU

Weather: Rainy	Road Surface: Wet
Traffic Flow: Two Way	Traffic Control: Not Controlled
Type of Collision: Moving Vehicle Against - Others	Traffic Volume: Light
	Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FB13942K	Motorcycle				Slightly Damaged	0
XD9601B					No Damage	0

Details of Person Involved

Any Pedestrian Involved: No
 No. of Pedestrians Injured: Nil
 Use of Pedestrian Crossing: NA



Police Station Of Origin:
Hougang Main North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 850370
Tel No: 1800-5679999



70237L0008
2 of 3
Report No: F02037L0008

CONTINUATION OF REPORT

Injured			
Name	TERRENCE JESSEN S/O JOSEPH KRISHU RAJA	ID No.	S6080980
Related Vehicle	FBT3843K (Motorcycle)	Contact No.	91019033
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, A Date of Expiry: NIL
Date Treatment	20/07/2023	Date Discharge	20/07/2023
No. of Days granted Medical Leave	04	Degree of Injury	20pts
Injured			
Name	Harip Singh	ID No.	G0023428N
Related Vehicle	NIL	Contact No.	85706520
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 19th July 2023 approximately 0900hrs, I was at the T-junction of Tanjong Pagar and Penjuru Lane riding my bike bearing the car registration plate of FBT3843K waiting for my turn to turn right. While waiting, I saw a trailer bearing the car registration plate of XD9601D turning right at the T-junction and subsequently the chassis on the right side of the trailer collided onto the right side of my motorcycle. We both exchanged particulars and the driver of the trailer apologized.

Neither ambulance nor TP attended to my incident. I affirmed that my vehicle was at a complete stop and not moving. Also, I would like to state that I do not have an in-car camera. However, I did have a video of the aftermath and I am willing to share with Traffic Police.

Subsequently, I felt discomfort on my spine and knee and was given 4 days MC due to possible cases of muscle strain and was also instructed by my doctor to monitor my condition.

