

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 First Submission	12/10/2024 13:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/10/2024 16:20 (SGT)
Exact Location of Accident	Race Course Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF2486M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DANIEL NAVIYNDIRAN
NRIC No	S9936697D
Email Address	DANIELNAVIYNDIRAN@GMAIL.COM
Mobile Phone No	(Phone) +65-98981004
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
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	160
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5135520245-01

DRIVER

Name of Driver	DANIEL NAVIYNDIRAN
NRIC No	S9936697D
Date Of Birth	10/11/1999
Occupation	Outdoor
Driving Pass Date	02/11/2022
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98981004
Alt. Phone Number	-
Email Address	DANIELNAVIYNDIRAN@GMAIL.COM
Address	32 BENDEMEER ROAD
Address complement	#03-779
Postcode	330032
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	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	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 POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

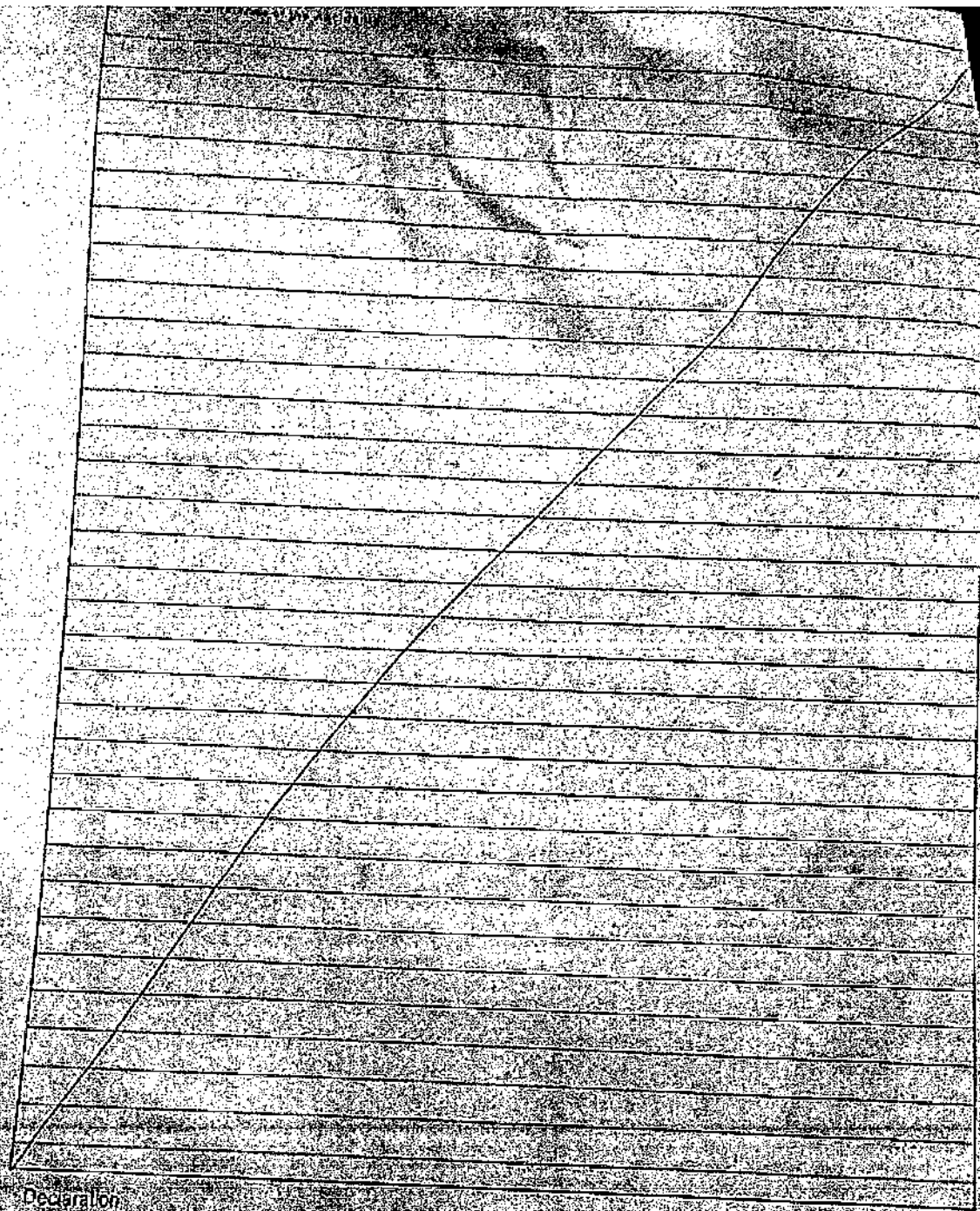
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ3841M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PONNUDURAI JEBANESAN
NRIC No	S2588885E
Contact Number	(Phone) +65-98353568
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	DANIEL NAVIYNDIRAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	21 DAYS HOSPITALISATION LEAVE WITH SUBSEQUENT FOLLOW UP.
Injured person in which vehicle?	FBF2486M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes



Declaration

I/we declare the foregoing particulars are true and correct.

[Signature]
 12/10/2011 12:50 hrs
 Policyholder's Signature and Date

[Signature]
 Driver's Signature (if driver is not the policyholder) (Date)
 & Date

[Signature]
 MUHAMMAD ZAFAR BIN SUPRIAN
 Witnessed by Reporting Cases Personnel
 (Name of NCR/CID only)

IMPORTANT NOTICE

SKETCH PLAN

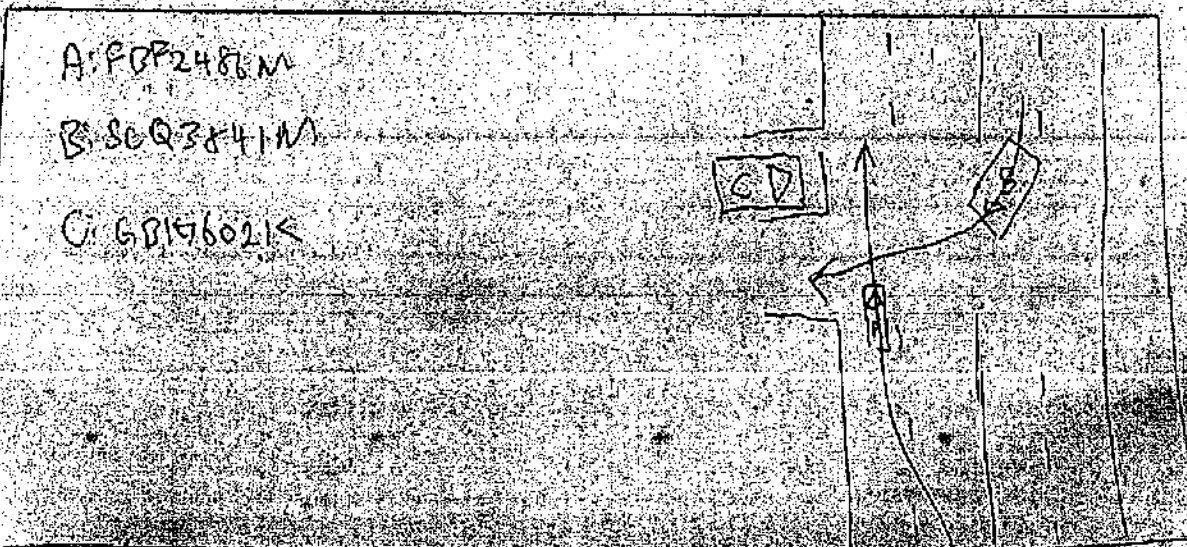
1. Please read the details of the accident involved in the sketch plan.
 2. This Form must be completed by the Police Officer who is the Officer in Charge.
 3. Information provided must be as true and accurate as possible. Any false information or misstatement of facts may constitute an offence under the Penal Code.
 4. The issue and acceptance of this Form by the insurer completes its use as a statement 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 recording and that copies of this report will be made available upon application by interested parties.
 7. At the lodgement of this report to the insurers, you hereby consent to the making of this report at the insurer's expense and to the report being made available as stated.
3. 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 be 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 (if any) and/or who have insured vehicle(s) involved in this accident and are collectively referred to as the "Insurers", the Insurers, my lawyer/firm, the Ministry of Transport 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) and have insured vehicle(s) involved in this accident and the Insurers, my lawyer/firm, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agent(s) (including their lawyers/firm(s)), which may be sited outside of Singapore, for one or more of the above Purposes.

12/02/2021 11:30 AM
 Policyholder's Signature / Date & Time

12/02/2021 11:30 AM
 Driver's Signature / Address and the police officer / Date & Time

MURAHMAD ZACRI M. SUPRIAN
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan





SINGAPORE POLICE FORCE



T/20241010/7070

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

1 of 3

Report No. T/20241010/7070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2024 15:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Daniel Naviyndiran		Address: 32 BENDEMEER ROAD #03-779 BENDEMEER VILLE SINGAPORE 330032			
ID Type / ID No.: NRIC NO / S9936697D		Contact No.: Home/Office:		Mobile: 98981004	
Nationality: SINGAPORE CITIZEN		Email: Danielnaviyndiran@gmail.com			
Sex: Male	Age: 24	Date of Birth: 10/11/1999	Type of Informant: Rider		
Race: Indian			Language: English		
Occupation: Unemployed			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/10/2024 16:20	Type of Location: Straight Road
Location: RACE COURSE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2486M	Motorcycle	YAMAHA	FZ16	Blue	Slightly Damaged	0
GBK7602K	Motor van	TOYOTA		Silver	Slightly Damaged	0
SLQ3841M	Motor car	CHEVROLET	cruise L5	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241010/7070

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

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Report No. T/20241010/7070

CONTINUATION OF REPORT

Rider			
Name	DANIEL NAVIYNDIRAN	ID No.	S9936697D
Related Vehicle	FBF2486M (Motorcycle)	Contact No.	98981004
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/10/2024	Date Discharge	10/10/2024
No. of Days granted Medical Leave (MC)	21	Degree of Injury	Slight

Brief Details.

I was going on a straight road and the vehicle from the right was entering the car park on my left. As the driver didnt stop, the car hit me from the right.

As a result of the collision, I in turn hit the van which was exiting the car park on my left.

I fell down and the motobike landed on my leg.

I stood up and pushed the bike away and sat on the grass verge to rest.

A passerby helped me to call the ambulance.

Both van and car drivers involved in the collision stopped and the van driver helped me.

I sustained injuries to my right knee, abrasions on my arms, legs and back and I was later conveyed to TTSH. I was hospitalized till 10 Oct and have been put on Hospitalization Leave till 24 Oct 24.

Car driver's particulars as follows:

Driver's name, Ponnudurai Jebanesan, DOB 1 Jan 1952, Male, I/D no. S2588885E
Vehicle no. SLQ3841M, Chevrolet Cruise, Silver
mobile no. 98353568

Van driver's particulars as follows:

chinese male I/D no. Sxxxx729A

I am making this report for record purpose and for insurance claim.

That is all.



**SINGAPORE
POLICE FORCE**



T/20241010/7070

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

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Report No. T/20241010/7070

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP/B /
MOHAMAD BURHAN BIN SABTU
Contact No.: 65476214

Signature Of Informant:

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

Date/Time:
10/10/2024 15:44

Classification Of Case:

This report is lodged at Rochor NPC Kiosk 1
NP168