

## 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	05/11/2024 12:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/11/2024 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLUNY ROAD JUNCTION OF NAPIER ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU207L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	S KARUNANITHI
NRIC No	S1843086Z
Email Address	SKARUN1965@GMAIL.COM
Mobile Phone No	(Phone) +65-85054279
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vario
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	150
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	5129067246-02

### DRIVER

Name of Driver	S KARUNANITHI
NRIC No	S1843086Z
Date Of Birth	04/05/1965
Occupation	Indoor
Driving Pass Date	11/08/1994
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	30 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85054279
Alt. Phone Number	-
Email Address	SKARUN1965@GMAIL.COM
Address	804 KING GEORGE'S AVENUE
Address complement	05-166
Postcode	200804
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 - Change/cross lane
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20241104/2069

#### 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	FBQ7102E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	S KARUNANITHI
Gender	Male
Phone No	(Phone) +65-85054279
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	1. SWOLLEN RIGHT WRIST 2. LEFT SIDE BODY INJURED 3. LEFT LEG AND ANKLE ABRASIONS
Injured person in which vehicle?	3 DAYS MC.
Were seat belts worn?	FBU207L
Was this injured conveyed to hospital by ambulance?	No
	No



**SKETCH PLAN**

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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.

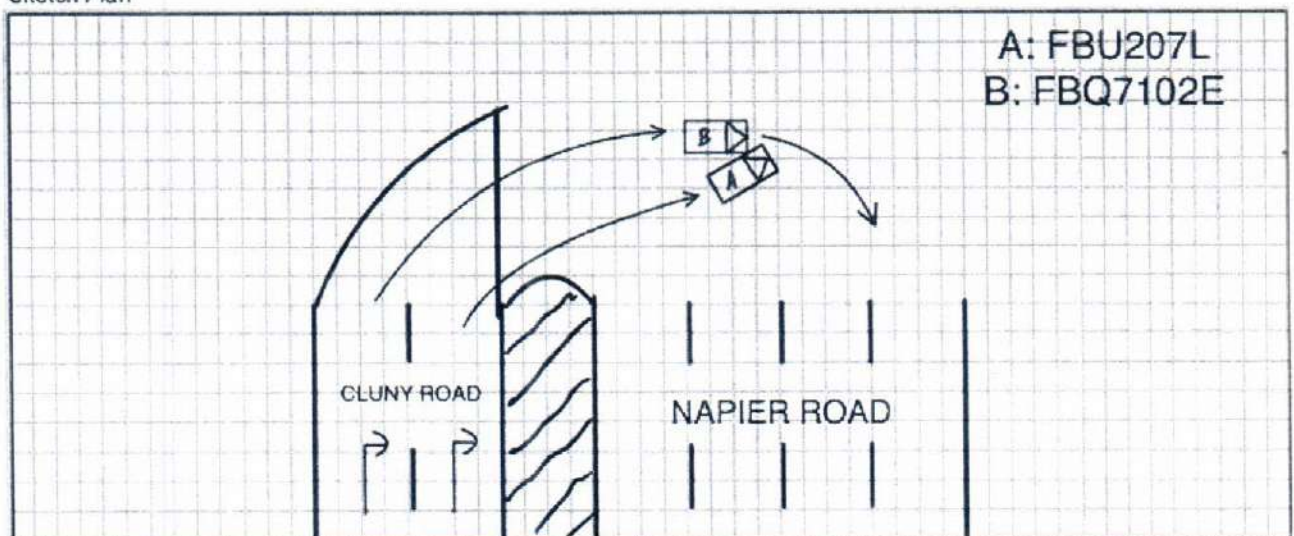


Policyholder's Signature / Date & Time  
04/11/24@1159HRS  
Sketch Plan

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

MUHAMMAD FADLY SUKIMAN

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

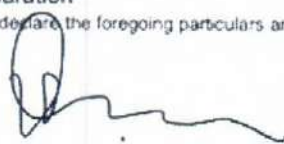


Describe Circumstance of the Accident

REFER TO POLICE REPORT  
NO. T/20241104/2069

Declaration

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



Policyholder's Signature / Date & Time

04/11/24@1159HRS

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

MUHAMMAD FADLY SUKIMAN

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





# SINGAPORE POLICE FORCE



T/20241104/2069

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

1 of 3

Report No. T/20241104/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/11/2024 18:46		Vide Report No.: T/20241104/2000		Station Diary No.: 82	
<b>Informant's Particulars</b>					
Name of Informant: S KARUNANITHI			Address: 804 KING GEORGE'S AVENUE #05-166 SINGAPORE 200804		
ID Type / ID No.: NRIC NO / S1843086Z			Contact No.: Home/Office: Mobile: 85054279		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 04/05/1965	Type of Informant: Rider		
Race: Indian			Language:		
Occupation: delivery rider			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: 04/11/2024 08:10	Type of Location: JUNCTION
Location:  NAPIER ROAD				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBU207L	Motorcycle				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



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

Report No. T/20241104/2069

**CONTINUATION OF REPORT**

Rider			
Name	S KARUNANITHI	ID No.	S1843086Z
Related Vehicle	FBU207L (Motorcycle)	Contact No.	85054279
Hospital/Clinic	LAVENDER MEDICAL CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/11/2024	Date Discharge	04/11/2024
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

Referencing to my previous report vide T/20241104/2000. I had wanted to make some amendments. The amended are as follows:

On the above-mentioned date, time and location, I was riding my motorcycle bearing plate FBU207L along Napier rd. I came to a stop at the junction of Napir rd and Cluny rd. I had the intention of going straight and was waiting for the traffic light. As the light turned green, I had attempted to overtake a motorcycle bearing plate FBQ7102E. As he approached the middle of the junction, I assumed that he was going straight, and I decided to overtake him. As I was overtaking, the motorcycle made an abrupt U-turn and hit me on the left side causing me to fall down on my right side. I soon called for police assistance. I did not manage to get the other party's particulars



**SINGAPORE  
POLICE FORCE**



T/20241104/2000

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

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Report No. T/20241104/2000

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
A /  
SGT 2 MUHAMMAD SHAHEER  
DANISH BIN ZAINUDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MUHAMMAD AFIQ BIN OSMAN  
Contact No.: 81863537

Signature Of Informant:

Date/Time:  
04/11/2024 10:27

Classification Of Case:

NP168