

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 Authorised 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 ability.
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 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 Report | 02/01/2018 18:59 |
| Date Of Accident | 14/12/2017 02:15 |
| Exact Location Of Accident | AYE TOWARDS TUAS BEFORE AXIT 2A |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | FBB3359L |
| Insured/Policyholder | |
| Name Of Registered Owner | GANESAN S/O SALVAKUMAR |
| NRIC No | S9203920Z |
| Email Address | GANESANSALVAKUMAR26@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-88699532 |
| Alternative Phone No | OTHERS-88699532 |

Vehicle Particulars

| | |
|--|-----------------------------|
| Manufacturer | HONDA |
| Model | CB400-399CC |
| Exact Purpose for which vehicle was being used at time of accident | AFTER NIGHT WORK GOING HOME |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|----------------------------------|
| Name of Insurance Company | GREAT AMERICAN INSURANCE COMPANY |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | MOMVM000000309-00-001 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------------|
| Name of Driver | GANESAN S/O SALVAKUMAR |
| NRIC No | S9203920Z |
| Date Of Birth | 26/01/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/06/2016 |
| Driving Experience | 1 YEAR AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88699532 |
| Fax Number | |
| Contact Number | OTHERS-88699532 |
| EEmail Address | GANESANSALVAKUMAR26@HOTMAIL.COM |

| | |
|---|---------------------------------------|
| Address | BLK 64 TELOK BLANGAH DRIVE #07-196 |
| Postcode | 100064 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TELOK BLANGAH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2729999 - FAX NO: 63772526 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171216/2153

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLR344X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|------------------------|
| Name | GANESAN S/O SALVAKUMAR |
| Approximate Age | |
| Injuries Sustain | SERIOUS INJURY |
| Injured person in which vehicle? | FBF3359L |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

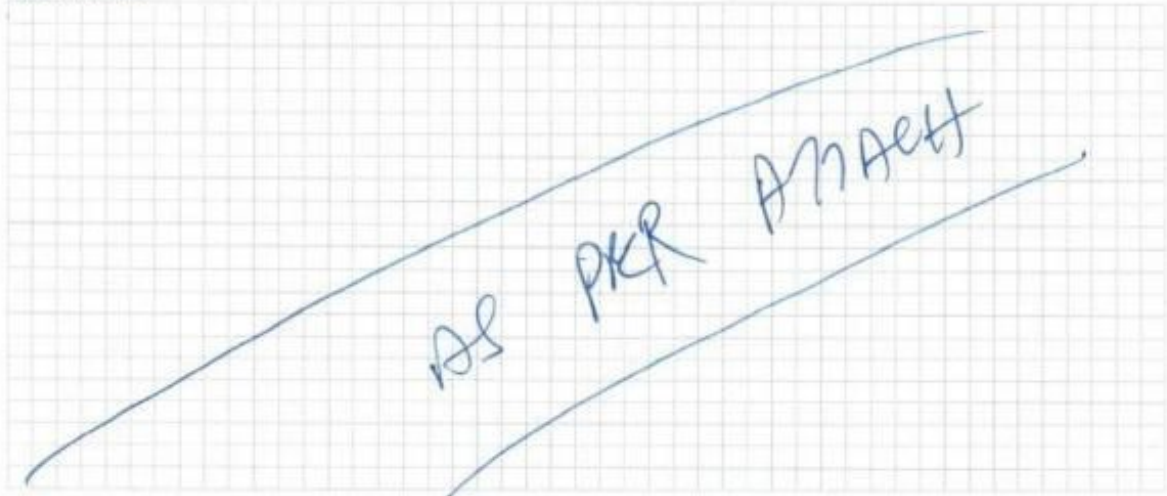
2/1/2018

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in blue ink across the lined area:

PLS REFER TO POLICE REPORT
7/20171216/2153

DECLARATION

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

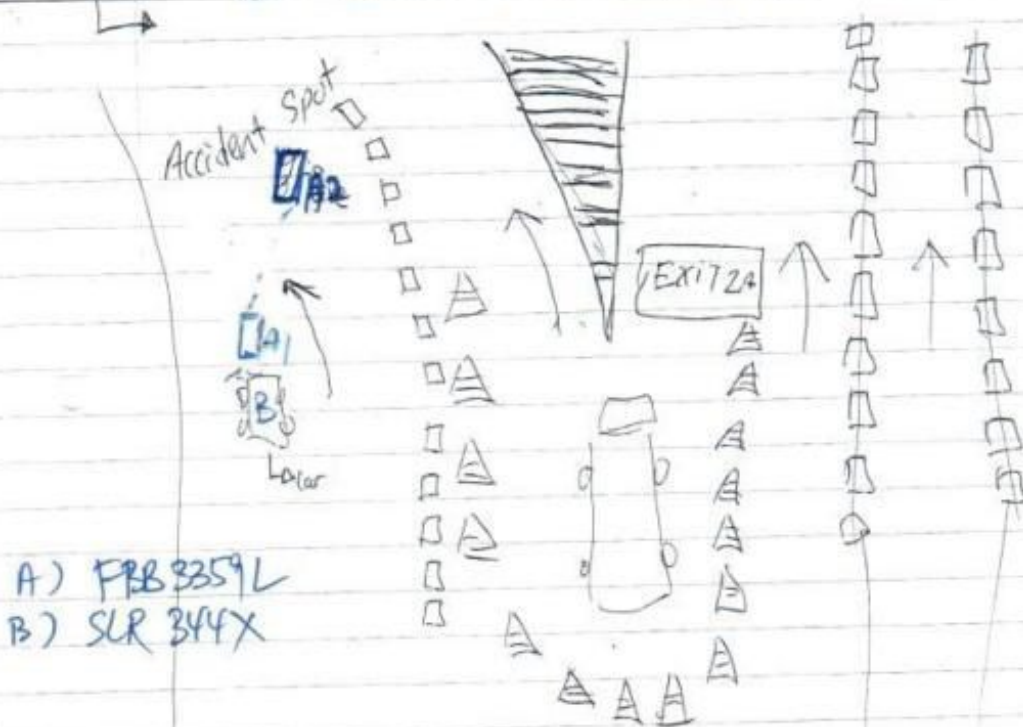
9 2/1/2018
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

02/01/2018
Reporting Centre Personnel's Signature
Name: Rafli Wajid
NRIC/FIN No.:

Sketch Plan #3

APR 2018 TOWARDS THAS BEFORE EXIT 2A



2/1/2018

08/01/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171216/2153

1 of 3

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20171216/2153

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 16/12/2017 21:42 | Vide Report No.: A/20171214/0021 | Station Diary No.: 23 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: GANESAN S/O SALVAKUMAR | | | Address: APT BLK 64 TELOK BLANGAH DRIVE #07-196 SINGAPORE 100064 | |
| ID Type / ID No.: NRIC NO / S9203920Z | | | Contact No.: Home/Office: Mobile: 88699532 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 25 | Date of Birth: 26/01/1992 | Type of Informant: Rider | |
| Race: Indian | | | Language: English | Institution / School Name: |
| Occupation: ENGINEERING OFFICER | | | Driving Licence Information: Class: 2B,2A Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|---------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 14/12/2017 02:15 | Type of Location: Bend |
| Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards Tuas before exit 2A | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|-------|-------|----------------------|-----------------|
| FBB3359L | Motorcycle | HONDA | CB400 | Grey | Totally Damaged | 0 |
| SLR344X | Car | | | | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------------------------|---------------|------------|-------------|
| FBB3359L | GREAT AMERICAN INSURANCE COMPANY | MT2016TR00273 | 17/09/2016 | 20/12/2017 |

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20171216/2153

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

2 of 3

Report No. T/20171216/2153

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------------------|--|-------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | GANESAN S/O SALVAKUMAR | ID No. | S9203920Z |
| Related Vehicle | FBB3359L (Motorcycle) | Contact No. | 88699532 |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A Date of Expiry: NIL |
| Date Treatment | 14/12/2017 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |

Brief Details.

On 14/12/2017 at about 0215 hrs, I was riding along AYE towards Tuas along Keppel Flyover. When I was approaching the end of the flyover before the bend, I saw construction work happening along the split road but towards Tuas. As I was heading towards Telok Blangah Road, I decided to keep left.

I did my checks and when there were no cars, I then moved to the extreme left lane. I was travelling at 60km/h as there were speed stripes. I suddenly felt a hard push against the back of my bike and I skidded. When I hit the floor, I immediately pushed away the bike. When I came to a stop, the bike was quite a distance away from me. The car that hit me from behind also came to a stop. The car is a black Toyota Corolla Axis bearing registration number SLR 344 X. As a result of the collision, I suffered abrasions to both my elbows, both of my hands and wrists, both my knees, my right ankle and my right shoulder blade. I also suffered from 3 broken tooth.

After the collision, I stood up and walked towards the driver. I shouted at the driver to come out and subsequently he came out. He came and hugged me and said "bro, I bring you to Vivocity. We settle privately". When he hugged me, I could smell alcohol coming from his breath. I felt giddy thus I told him to give me some space. I then walked towards the side of the road and sat down on the road. The construction worker then told me to not sit on the road and it was dangerous. I then stood up and walked towards the chevron near the construction site. While I was walking, the driver was still trying to persuade me to settle the matter privately. I then called the police and the ambulance for assistance. I wish to inform that the driver continuously tried to persuade me to settle the matter privately the entire time.

The ambulance came and subsequently conveyed me to Singapore General Hospital. I subsequently got a 5 day MC from the incident.

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20171216/2153

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20171216/2153

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 BRANDON CHUA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/12/2017 21:42

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP163



Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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