

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 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	28/03/2018 16:14
Date Of Accident	28/03/2018 12:35
Exact Location Of Accident	CENTRAL BLVD TWDS MARINA WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7193D
Insured/Policyholder	
Name Of Registered Owner	KNAGESVARAN S/O THRUNAVAKARASU
NRIC No	S8516484H
Email Address	VARAN786@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93882097
Alternative Phone No	OTHERS-93882097

Vehicle Particulars

Manufacturer	SUZUKI
Model	-
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094638584
Cover Note Number	

Driver

Name of Driver	KNAGESVARAN S/O THRUNAVAKARASU
NRIC No	S8516484H
Date Of Birth	11/05/1985
Occupation	INDOOR
Date Of Driving Pass	19/11/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93882097
Fax Number	
Contact Number	OTHERS-93882097
Email Address	VARAN786@HOTMAIL.COM

Address	BLK 64 COMMONWEALTH DRIVE #07-289
Postcode	140064
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SLJ5063R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA IT SOON
NRIC/Passport Number	S2181841J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KNAGESVARAN S/O THRUNAVAKARASU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBJ7193D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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 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. The 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 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:

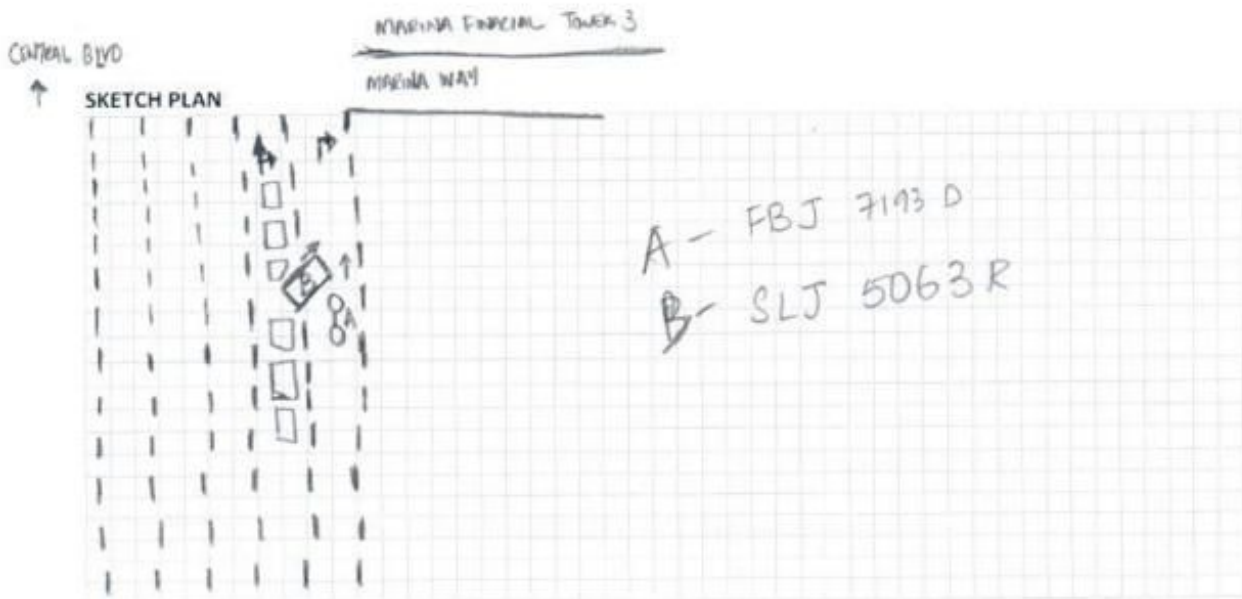
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28 March 2018 at about 1235 pm I, Knagesvaran c/o Thirunavukarasu was travelling along Central Blvd was about to turn right to Marina Way to Marina Financial Tower 3. Just about 50 to 100 metres before turning right vehicle "B" SLJ 5063 R, driver's name is Chua Hoon, S2181R41J, Gray Honda Odyssey, suddenly turn sharp right to my travelling lane. The driver lane all the vehicle was stationary. Due to the sudden turn and it was to close unable to react as it is like milliseconds. I was traveling at 40km/h as I was slowing down to turn right and going below 40km/h. There is no chance of me to speed as it is too short. The mentioned vehicle above has a camera on his vehicle you are able to view it also. I then hit onto the vehicles right side before the second time from the front as I do not have any way to avoid because he accelerated causing my bike FBJ 7193 D to push towards the right corner of the road. As such I fell off from the bike. My items from my bag fell causing handphone (phone + plus) to have cracks and scratches, having abrasions on the left arm and left leg, minor scratches on Apple watch, shoes & pants torn and shoes slightly damaged.

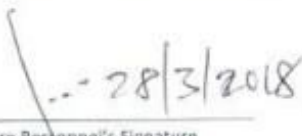
Pls Refer to the Police Report
T/20180328/2161

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:


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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180328/2161

2 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180328/2161

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7193D	NTUC Income Insurance Co-Operative Limited	5094638584	28/09/2017	27/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KNAGESVARAN S/O THRUNAVAKARASU		ID No.	S8516484H
Related Vehicle	FBJ7193D (Motorcycle)		Contact No.	93882097
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	28/03/2018		Date Discharge	28/03/2018
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	CHUA IT SOON		ID No.	S2181841J
Related Vehicle	SLJ5063R (Car)		Contact No.	NIL
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 28/03/18 at about 1230hrs, along Central Boulevard, I was riding FBJ7193D, turning right to Marina Way as I was intending to go to the Financial Center.

It was a 5 Lanes road and I was travelling on the extreme right (right turn only) and my lane was clear from any vehicle.

Suddenly, a vehicle SLJ5063R suddenly turn out from a row of stationery cars and was at close to a 90 degree position very short distance infront of me.

It was too sudden and I was very close to the said vehicle, hence I was unable to stop and collided on the right rear passenger door and I fell.

Traffic Police arrived shortly. I sought for medical at Alexandra Hospital and was given 3 days MC. However, I could not recall the case number.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180328/2161

3 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180328/2161

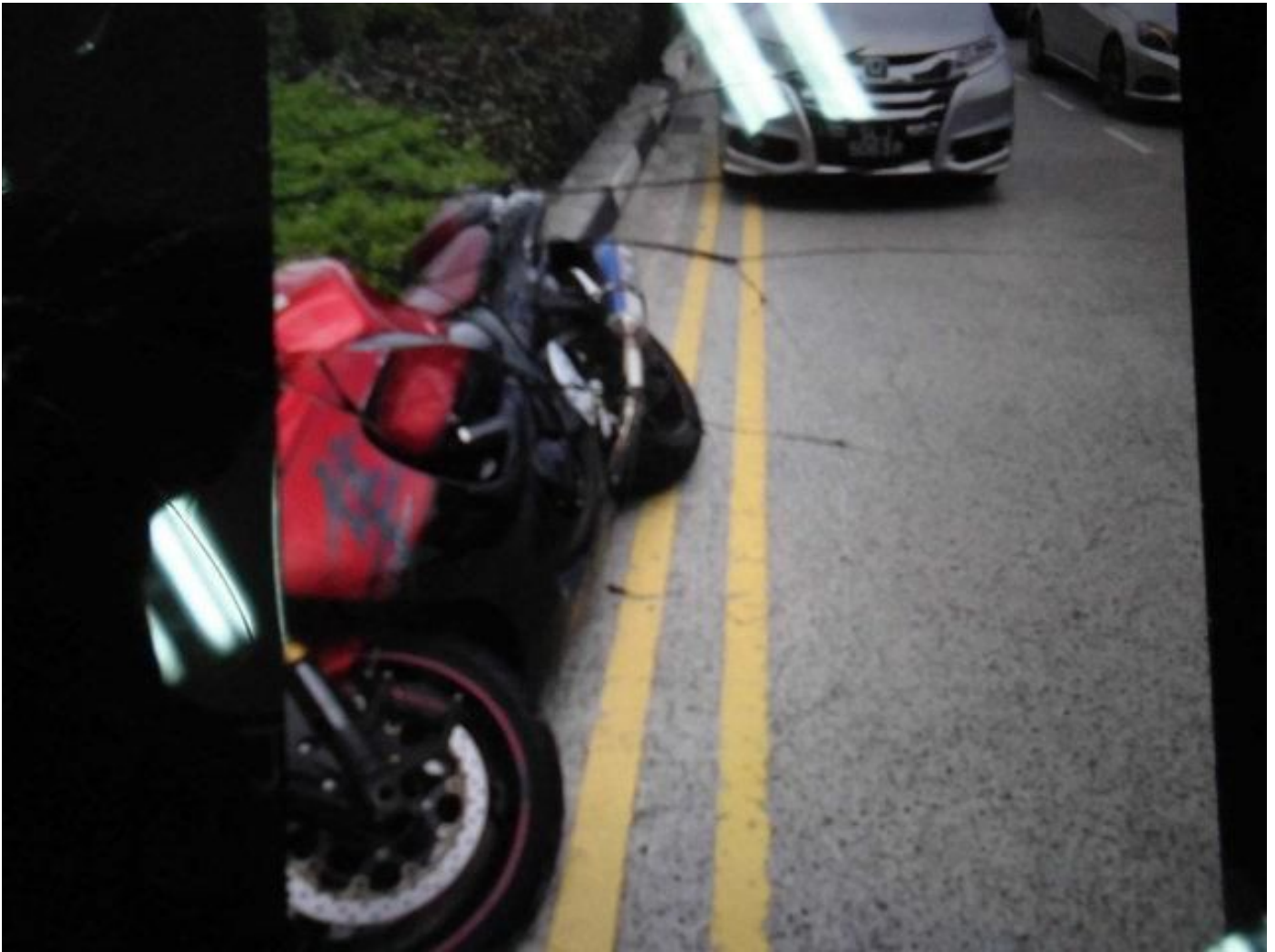
CONTINUATION OF REPORT

I wish to state that as a result of the accident, there's a few scratches on my helmet and the screen of my Iphone 7 plus is crack as a result of falling off from the motorcycle.

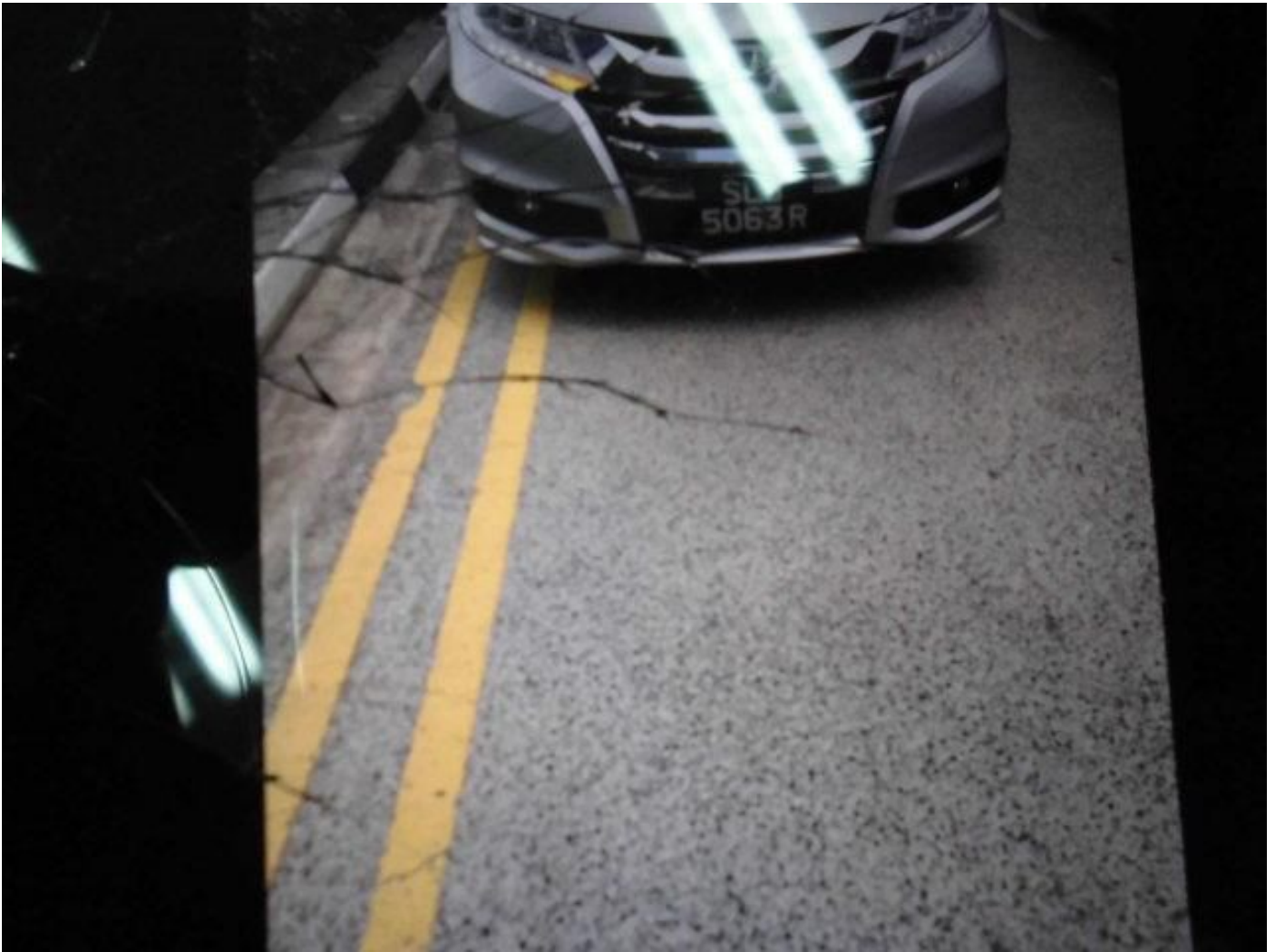
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180328/2161

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20180328/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2018 17:18		Vide Report No.:		Station Diary No.: 71	
Informant's Particulars					
Name of Informant: KNAGESVARAN S/O THRUNAVAKARASU			Address: APT BLK 64 COMMONWEALTH DRIVE #07-289 SINGAPORE 140064		
ID Type / ID No.: NRIC NO / S8516484H			Contact No.: Home/Office: Mobile: 93882097		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 11/05/1985	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/03/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL BOULEVARD				
Turning right to Marina Way				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7193D	Motorcycle	SUZUKI	GSX1300RA ZL4 (HAYABUSA ABS)	Red	Seriously Damaged	0
SLJ5063R	Car	HONDA	ODYSSEY	Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Police Report



**SINGAPORE
POLICE FORCE**



T/20180328/2161

2 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180328/2161

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7193D	NTUC Income Insurance Co-Operative Limited	5094638584	28/09/2017	27/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KNAGESVARAN S/O THRUNAVAKARASU		ID No.	S8516484H
Related Vehicle	FBJ7193D (Motorcycle)		Contact No.	93882097
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	28/03/2018		Date Discharge	28/03/2018
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	CHUA IT SOON		ID No.	S2181841J
Related Vehicle	SLJ5063R (Car)		Contact No.	NIL
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 28/03/18 at about 1230hrs, along Central Boulevard, I was riding FBJ7193D, turning right to Marina Way as I was intending to go to the Financial Center.

It was a 5 Lanes road and I was travelling on the extreme right (right turn only) and my lane was clear from any vehicle.

Suddenly, a vehicle SLJ5063R suddenly turn out from a row of stationery cars and was at close to a 90 degree position very short distance infront of me.

It was too sudden and I was very close to the said vehicle, hence I was unable to stop and collided on the right rear passenger door and I fell.

Traffic Police arrived shortly. I sought for medical at Alexandra Hospital and was given 3 days MC. However, I could not recall the case number.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180328/2161

3 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180328/2161

CONTINUATION OF REPORT

I wish to state that as a result of the accident, there's a few scratches on my helmet and the screen of my Iphone 7-plus is crack as a result of falling off from the motorcycle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180328/2161

4 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180328/2161

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 /

Sr Staff Sgt LIM IVAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/03/2018 17:18

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

NP168

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA418042018 Vehicle Registration No: FBJ7193D
Name (as shown in NRIC) : KNAGESVARAN S/O THEUNAVAKARASU NRIC/FIN/Passport No : S8516484H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 64 COMMONWEALTH DRIVE #07-289 Singapore (140064)
Contact (Tel) : - Mobile No.: 93882097
Email Address : VARAN786 @ HOTMAIL . COM
Date of Accident : 28/03/2018 Time of Accident : 12:35
Place of Accident : CENTRAL BLVD TWOS MARINA WAY.
Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD Police Report

Policyholder / Driver's Signature
Date:

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