

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	09/04/2018 14:42
Date Of Accident	21/03/2018 13:40
Exact Location Of Accident	CTE TWRDS AYE(2ND LANE)NEAR TO LOWER DELTA FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6221Z
Insured/Policyholder	
Name Of Registered Owner	KALIMUTHU S/O VEERAPPAN
NRIC No	S2052765Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85698160
Alternative Phone No	OTHERS-85698160

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 135 LS MANUAL
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
Fleet Policy	NO
Policy Number	5082569556-01
Cover Note Number	

Driver

Name of Driver	KALIMUTHU S/O VEERAPPAN
NRIC No	S2052765Z
Date Of Birth	21/02/1950
Occupation	INDOOR
Date Of Driving Pass	02/06/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85698160
Fax Number	
Contact Number	OTHERS-85698160
EEmail Address	NOEMAIL

Address	BLK 672C YISHUN AVENUE 4 #03-564
Postcode	763672
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : RAMACHANDRAN KALAISELVI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180326/2159

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	SHC4806E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 KALIMUTHU S/O VEERAPPAN
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? FBH6221Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name RAMACHANDRAN KALAISELVI
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? FBH6221Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident 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.

7
Policyholder's Signature

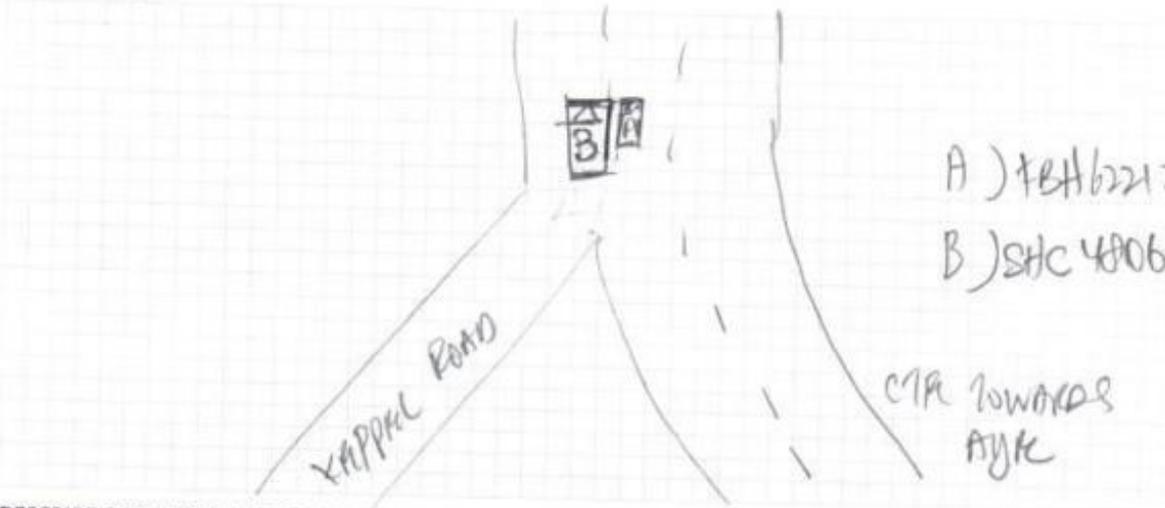
Date & Time:
05/04/2018
1625

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

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

Common Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/2018 0326/2159.

DECLARATION

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

7 Km
Policyholder's Signature
Date & Time:
05/04/2018
1625

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

[Signature] 09/04/2018
Reporting Centre Personnel's Signature
Name: Rosal Watab
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180326/2159

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180326/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2018 18:27	Vide Report No.:	Station Diary No. 166
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: KALIMUTHU S/O VEERAPPAN		Address: APT BLK 672C YISHUN AVENUE 4 #03-564 SINGAPORE 763672	
ID Type / ID No.: NRIC NO / S2052765Z		Contact No.: Home/Office: 85698160 Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 21/02/1950	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/03/2018 13:40	Type of Locatic Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY AYER RAJAH EXPRESSWAY CTE towards AYE (2nd lane) , near to Lower Delta Flyover				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH6221Z	Motorcycle	BAJAJ CHETAK	PULSAR 135 LS MANUAL	Red	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH6221Z	NTUC Income Insurance Co-Operative Limited	5082569556-01	07/08/2017	06/08/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180326/2159

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 4

Report No. T/20180326/2159

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KALIMUTHU S/O VEERAPPAN	ID No.	S2052765Z
Related Vehicle	FBH6221Z (Motorcycle)	Contact No.	85698160
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	21/03/2018	Date Discharge	26/03/2018
No. of Days granted Medical Leave	66	Degree of Injury	Serious
Pillion			
Name	RAMACHANDRAN KALAISELVI	ID No.	S2221725I
Related Vehicle	FBH6221Z (Motorcycle)	Contact No.	93872916
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/03/2018	Date Discharge	26/03/2018
No. of Days granted Medical Leave	19	Degree of Injury	Serious

Brief Details.

On 21/03/2018 at about 1.40pm, I was riding my motorcycle along CTE towards AYE. I had passed the merging lane and was at the second lane riding towards Lower Delta flyover. A taxi was coming from Keppel Road towards AYE, in a fast speed and suddenly hit my motorcycle. The taxi's right side, hit onto my left side of the motorcycle and he swerved off after hitting. Together with my motorcycle, I fell on the ground and due to the impact, my motorcycle together with me dragged till the Lower Delta flyover. My wife who is my pillion, upon the hit, fell off from the motorcycle and rolled over to the divider. Both of us were still conscious. The taxi driver came to me and apologized to me and said that his passenger was rushing as such he was in a rush. Ambulance came and conveyed both me and my wife to NUH. My injuries are, my left leg, the first two toes are fractured and the next two toes are dislocated. My ankle area had a deep wound near to the bone however, doctors have yet to verify if it needs any surgery. The whole left side of my body is full of deep abrasion especially my arms, thighs, and whole leg. My right hand also had abrasions. My wife has left side abrasions. Her both hands have deep abrasions. Her left side of her chest also has abrasion and her ribcage at the left side has airline fracture. She is also unable to walk properly due to the bad abrasions. I do not know the taxi registration number but I know that it is a SMRT taxi. I am given 66 days of Medical leave and my wife 19 days of medical leave. However both my wife and myself need to keep visiting NUH due to my injuries.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180326/2159

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 4

Report No. T/20180326/2159

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180326/2159

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

4 of 4

Report No. T/20180326/2159

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: F / Sr Staff Sgt KAVITHA D/O MAGENDARAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367

Signature Of Informant: <i>[Signature]</i>
Date/Time: 26/03/2018 18:27
Classification Of Case: <i>[Signature]</i>

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

