

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	02/04/2018 11:44
Date Of Accident	27/03/2018 08:00
Exact Location Of Accident	MANDAI ROAD BEFORE SLE JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2353B
Insured/Policyholder	
Name Of Registered Owner	P SIVANESAN PALANIAPPAN
NRIC No	S7968655G
Email Address	SIVANESAN.PALANI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91195866
Alternative Phone No	OFFICE-91195866

Vehicle Particulars

Manufacturer	HONDA
Model	CB190R

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	MOTORCYCLE
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2021028
Cover Note Number	

Driver

Name of Driver	P SIVANESAN PALANIAPPAN
NRIC No	S7968655G
Date Of Birth	23/07/1979
Occupation	INDOOR
Date Of Driving Pass	15/10/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91195866
Fax Number	
Contact Number	OFFICE-91195866
EEmail Address	SIVANESAN.PALANI@YAHOO.COM.SG

Address	BLK 435 YISHUN AVE 6#02-2094
Postcode	760435
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	RAINING
Road Surface	WET

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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	GBC2223X
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	P SIVANESAN PALANIAPPAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM2353B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

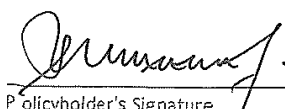
SKETCH PLAN

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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.

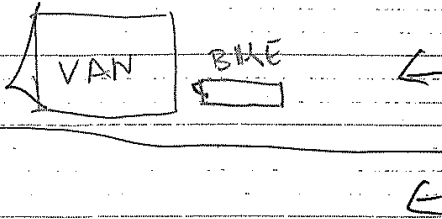

Policyholder's Signature
Date & Time:

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

 2/4/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS RIDING MY MOTORCYCLE TO WORK. IT WAS DRIZZLING AND THE ROAD WAS WET. A SILVER VAN REGISTRATION NO GBC 2223X STOPPED ABOUT 50M AHEAD OF ME. I APPLIED THE BRAKE OF MY MOTORCYCLE HOWEVER I WAS UNABLE TO STOP AND MY MOTORCYCLE CONTINUED TO MOVE FORWARD AND EVENTUALLY HIT THE BACK OF THE VAN. I FELL FORWARD AND HIT ONTO THE REAR PORTION OF THE VAN.

I WAS CONVEYED TO KTPH BY AMBULANCE.

DECLARATION

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

[Signature] 24/11/18


[Signature]

Policyholder's Signature
Date & Time: 2ND APRIL 2018
11:54 AM


Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **S7968655G**
 Name: **P SIVANESAN PALANIAPPAN**
 Birth Date: **23 Jul 1979**
 Issue Date: **15 Oct 2016**




002620144C

REPUBLIC OF SINGAPORE



IDENTITY CARD NO. S7968655G

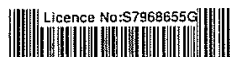


Name: **P SIVANESAN PALANIAPPAN**
 ப சிவனேசன்
 Race: **INDIAN**
 Date of birth: **23-07-1979** Sex: **M**
 Country of birth: **MALAYSIA**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	15 Oct 2016
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	15 Oct 2016

NP 428A



9 112 46 5




NRIC No: **S7968655G**
 Nationality: **MALAYSIAN**
 Date of issue: **18-11-2010**
 Address: **APT BLK 435 YISHUN AVENUE 6
 #02-2094
 SINGAPORE 760435**

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180329/7012

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

1 of 3
Report No. T/20180329/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2018 13:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: P SIVANESAN PALANIAPPAN			Address: APT BLK 435 YISHUN AVENUE 6 #02-2094 SINGAPORE 760435		
ID Type / ID No.: NRIC NO / S7968655G			Contact No.: Home/Office: Mobile: 91195866		
Nationality: MALAYSIAN			Email: sivanesan.palani@yahoo.com.sg		
Sex: Male	Age: 38	Date of Birth: 23/07/1979	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SENIOR TECHNICIAN			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: 27/03/2018 08:00	Type of Location: Straight Road
Location: MANDAI ROAD MANDAI ROAD NEAR TO SLE JUNCTION BEFORE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBM2353B	Motorcycle				Slightly Damaged	0
GBC2223X	Van			Silver	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20180329/7012

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

2 of 3

Report No. T/20180329/7012

CONTINUATION OF REPORT

Rider			
Name	P SIVANESAN PALANIAPPAN	ID No.	S7968655G
Related Vehicle	FBM2353B (Motorcycle)	Contact No.	91195866
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/03/2018	Date Discharge	28/03/2018
No. of Days granted Medical Leave	30	Degree of Injury	Slight

Brief Details.

On the mentioned date, time and place, I was riding my motorcycle to work. It was drizzling and the road was wet. While on Mandai Road, A silver van bearing registration number GBC2223X stopped about 50m ahead of me. Hence I applied the brake of my motorcycle however I was unable to stop and my motorcycle continue to move forward and eventually hit the back of the van. I fell forward and hit onto the rear portion of the van. The driver then came out to attend to me. He helped me call for ambulance and I was conveyed to KTPH. As I was leaving with the ambulance, I saw the Traffic Police came to the accident scene. My motorcycle was damaged, and the rear portion of the van was also dented and damaged. I was also given MC from 27/03/2018-25/04/18.



**SINGAPORE
POLICE FORCE**



T/20180329/7012

3 of 3

Report No. T/20180329/7012

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 29/03/2018 13:54
Classification Of Case:

Sketch Plan Pg. 7

2. Apr. 2018 10:59

AXA INSURANCE AGENCIES PL THOM

No. 7316 P. 1/1 100801

AXA INSURANCE PTE LTD
8, Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65) 63387238 Fax: (65) 63382522
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VMX/P2021028 Account No. : 03375
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : P SIVANESAN A/L PALANIAPPAN
Vehicle Registration No. : FBM2353B
Period of Insurance : From 30/08/2017 To 29/08/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
(b) 1. P SIVANESAN A/L PALANIAPPAN
2. MANIMANNAN S/O SADADARAS

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession

The Policy does not cover:

- a) Use for hire and reward
b) Use for racing, pace-making, reliability trial or speed-testing
c) Use for the carriage of goods (other than samples) in connection with any trade or business
d) Use for any purpose in connection with the Motor Trade

(11)

Sect I - Insured & Named Rider : SGD 500.00
THEFT OUTSIDE SINGAPORE : SGD 1,000.00

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/we hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN04 on 13/11/2017

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

WARRANTED ALL
ACCIDENT REPAIRS
MUST BE CARRIED
OUT ONLY AT OUR
AUTHORISED
WORKSHOPS

Date: 2nd APRIL 2018

To: Owner of Vehicle Number: FBM 2353 B

The following has been advised to you via your workshop, _____ through their staff, _____.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ () You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ () You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ () You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ () The Estimation waiting time for the spare parts to arrive is _____
The estimated arrival time does not include the repair period.
- ☐ () You will be driving the vehicle out despite being advised by the workshop mechanical personnel that the vehicle may not be road worthy.
- ☐ () For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out r using any combination of genuine original parts and/or original equipment manufacture (OEM) parts.
- ☐ () You had been advised by the workshop of the Twelve (12) months warranty for Own [repairs on workmanship related to the accident.
- ☐ () For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.
- ☐ () Others _____

Signed and acknowledge by:


Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

