

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	04/07/2018 17:54
Date Of Accident	02/07/2018 16:30
Exact Location Of Accident	ALONG AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW8941P
Insured/Policyholder	
Name Of Registered Owner	KARUPPUSAMY MANIARASAN
NRIC No	S7865118J
Email Address	PKK_MANIARASAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98522556
Alternative Phone No	OTHERS-98522556

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM-197CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5057031272-05
Cover Note Number	

Driver

Name of Driver	KARUPPUSAMY MANIARASAN
NRIC No	S7865118J
Date Of Birth	29/06/1978
Occupation	INDOOR
Date Of Driving Pass	08/04/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98522556
Fax Number	
Contact Number	OTHERS-98522556
EEmail Address	PKK_MANIARASAN@YAHOO.COM

Address	BLK 371 CLEMENTI AVENUE 4 #11-304
Postcode	120371
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	RAINING
Road Surface	WET

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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	SJQ2524
Vehicle Make/Model/Colour	NUMBER NOT ACCURATE(MAZDA 3)
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	KARUPPUSAMY MANIARASAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FW8941P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

04/07/18
14:10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

04/07/18
14:10

Reporting Centre Personnel's Signature

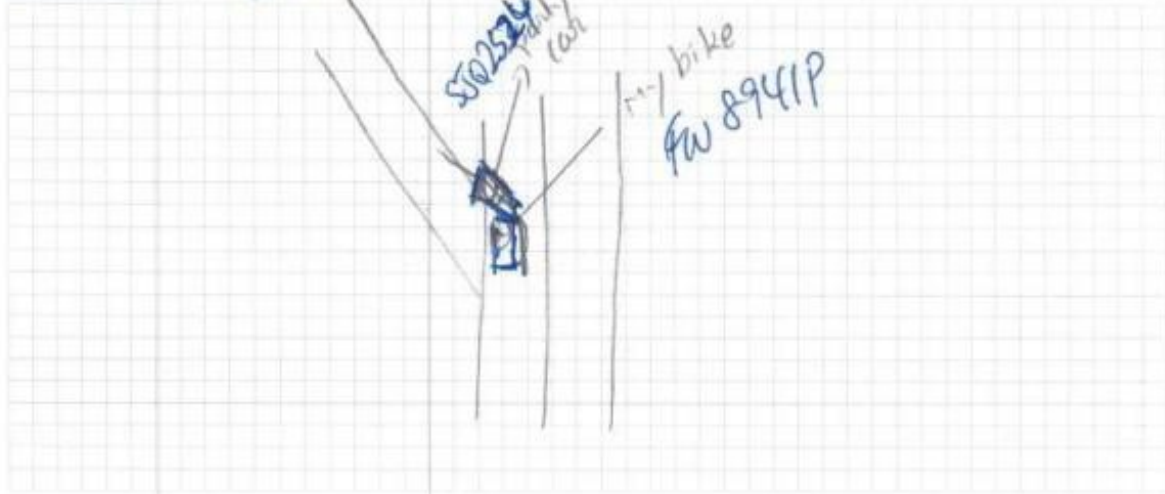
Name:

NRIC/FIN No.:

05/07/2018
Rohi Winton

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the grid area:

PLS REFER TO POLICE REPORT
2/20180703/2083

DECLARATION

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

[Signature]
Date & Time:

Policyholder's Signature
Date & Time:

[Signature]
Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180703/2093

1 of 3

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

Report No. T/20180703/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2018 15:55	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KARUPPUSAMY MANIARASAN		Address: APT BLK 371 CLEMENTI AVE 4 #11-304 HDB CLEMENTI SINGAPORE 120371	
ID Type / ID No.: NRIC NO / S7865118J		Contact No.: Home/Office: Mobile: 98522556	
Nationality: INDIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 29/06/1978	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/07/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY TWDS CITY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW8941P	Motorcycle	HONDA	PHANTOM			0
SJQ2524 (Not Accurate)	Car					0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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



T/20180703/2093

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Report No. T/20180703/2093

CONTINUATION OF REPORT

Rider			
Name	KARUPPUSAMY MANIARASAN	ID No.	S7865118J
Related Vehicle	FW8941P (Motorcycle)	Contact No.	98522556
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/07/2018	Date Discharge	02/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME

I WAS TRAVELLING ALONG AYE TOWARDS CITY ON THE LEFT MOST LANE, WHEN ALL OF A SUDDEN THE ABOVE MENTIONED CAR TRIED TO MAKE A SUDDEN LANE CHANGE WAY AFTER THE EXIT. THIS SUDDEN LANE CHANGE CAUSED ME TO COLLIDE WITH THE LEFT REAR PASSENGER DOOR OF THE CAR AND I SKIDDED. I SUSTAINED SCRATCHES ON BOTH KNEES AND SORE MUSCLE ON MY RIGHT SHOULDER. THATS ALL.

POLICE REPORT



SINGAPORE
POLICE FORCE

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



T/20180703/2093

3 of 3

Report No. T/20180703/2093

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:

TP /
TAN KIN WAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

03/07/2018 15:55

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

