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 witholding 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.

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.

AC	CID	ENI	SIA	ΗW	ENI

20/08/2018 20:16 Date Of Report 18/08/2018 15:40 Date Of Accident

PIE TOWARDS CHANGI NEAR EXIT JALAN EUNOS Exact Location Of Accident

FBB3796H

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

Insured/Policyholder

G. NARAYANASAMY S/O GOVANASAMY Name Of Registered Owner

S7478761D NRIC No

JOEFUNKIE07@GMAIL.COM Email Address

(LOCAL) +65-88384144 Mobile Phone No

OFFICE-88384144 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer CB400 Model

Exact Purpose for which vehicle was being used at PRIVATE

time of accident

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

FWD SINGAPORE PTE. LTD. Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy

Policy Number PNMC2017-00001069

Cover Note Number

Driver

G. NARAYANASAMY S/O GOVANASAMY Name of Driver

S7478761D NRIC No. 18/08/1974 Date Of Birth INDOOR Occupation 13/09/2000 Date Of Driving Pass

17 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-88384144 Mobile Number

Fax Number

OFFICE-88384144 Contact Number

JOEFUNKIE07@GMAIL.COM EMail Address

Address

APT BLK 102 PASIR RIS STREET 12 #02-41 SINGAPORE 510102

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

PASIR RIS N.P.C

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO:T/20180819/2059 LODGED AT PASIR RIS N.P.C. ON 18/08/2018 AT ABOUT 3.35PM, I WAS ON MY MOTORCYCLE AND RIDING ALONG LANE 1, TRAVELLING AT A SPEED OF ABOUT 30-40 KM/HR. AS THE TRAFFIC WAS HEAVY AND SLOW, I DID NOT RIDE AT A FAST SPEED. MY MOTORCYCLE CAME TO A STOP AT ONE JUNCTURE ALONG THE ROAD AND WHEN I STARTED MOVING OFF AGAIN AFTER A FEW METERS, A TAXI FROM LANE 2 CUT INTO MY LANE ABRUPTLY. DUE TO THE SUDDEN LANE INTERVENTION, I DID NOT HAVE TIME TO REACT AND THE LEFT SIDE OF MY HANDLE BAR HIT ONTO THE RIGHT SIDE MIRROR OF THE TAXI, CAUSING MY MOTORCYCLE LOSE BALANCE AND EVENTUALLY FELL TOWARDS THE GROUND. I WAS ALREADY ON THE GROUND WHEN SOME OTHER ROAD USERS CAME BY TO HELP ME UP TO THE SIDE OF THE ROAD. THE AMBULANCE ARRIVED AT THE ACCIDENT LOCATION SHORTLY AFTER BUT AS I WAS IN A STATE OF SHOCK AND COULD NO FEEL ANYTHING AT THAT POINT OF TIME, I WAS NOT CONVEYED TO THE HOSPITAL, I THEN EXCHANGED PARTICULARS AND CONTACT DETAILS WITH THE TAXI DRIVER AND CONTINUED RIDING HOME, IT WAS ONLY AFTER I REACHED HOME THAT I FELT THE PAIN IN MY LIMBS AND BODY. I THEN PROCEEDED TO TAN TOCK SENG HOSPITAL ON MY OWN FOR A MEDICAL CHECK AT ABOUT 6.10PM ON THE SAME DAY THEREAFTER.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC8907X

Vehicle Make/Model/Colour

HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR/BLUE

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NG WOEL CHIANG

NRIC/Passport Number

S7129998H

Contact Number

90080745

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

G. NARAYANASAMY S/O GOVANASAMY

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBB3796H

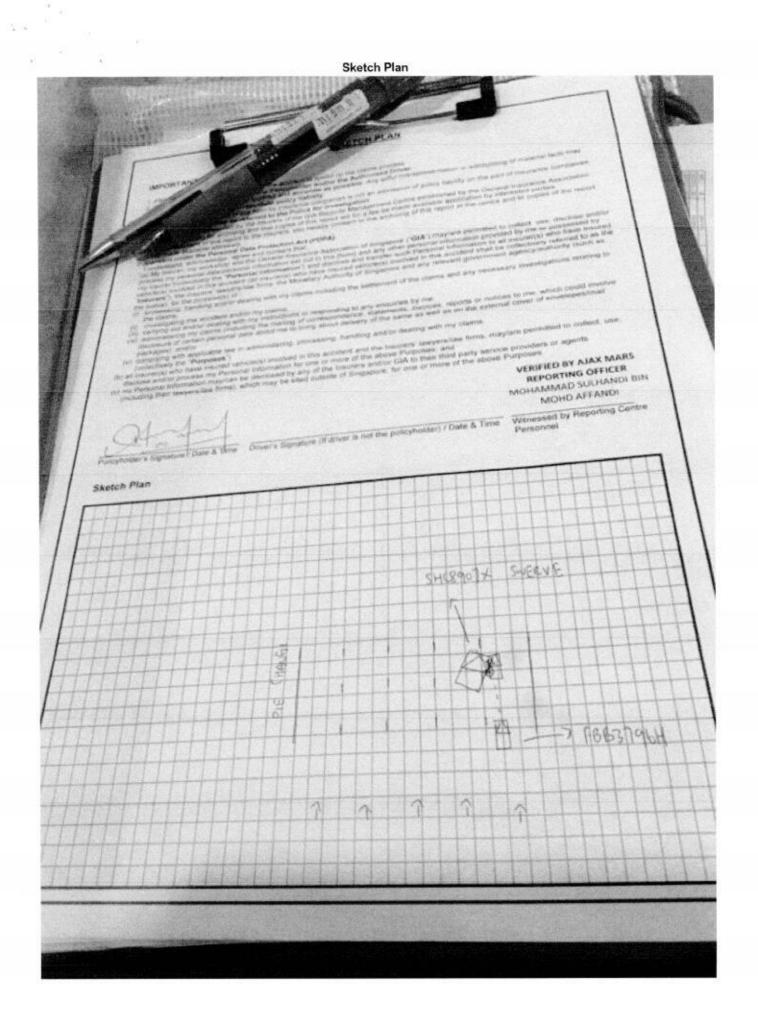
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode







Report No. T/20180819/2059

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457 Tel No: 1800-5852999

PEPOPT OF A TRAFFIC ACCIDENT

	The second secon
Vide Report No.:	Station Diary No.: 82
	Vide Report No.:

10/00/20	10 17.27			
Informa	nt's Particu	ilars	THE RESERVE OF THE PARTY OF THE	3. 其一种,但是 有的数据,这 是是
	Informant: YANASAM ASAMY	Y S/O	Address: APT BLK 102 PASIR RIS 510102	S STREET 12 #02-41 SINGAPORE
ID Type / ID No.: NRIC NO / S7478761D		Contact No.: Home/Office:	Mobile: 88384144	
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Age: Date of Birth: Male 44 18/08/1974		Type of Informant: Rider	No.	
Race:		Language:	Institution / School Name:	
Occupation: Prison officer		Driving Licence Informa Class:	tion: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/08/2018 15:40	Type of Location Straight Road	
	EXPRESSWAY	, going towards direction Road Surface: Dry	; R	oad Speed Limit:	
Traffic Flow: Traff		Traffic Control: Not Controlled	H	Traffic Volume: Heavy	
One Way				nyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBB3796H	Motorcycle	HONDA	CB400	Black	Seriously Damaged	
SHC8907X	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	2

	THE REPORT OF THE PROPERTY OF THE PARTY OF T
Details of Vehicle Insurance	
Vehicle No. Insurance Company	Insurance No Effective Explry Date
Venicle No. 1 insurance Company	Control Con Andrew Con Library and participation of the Control Contro





Report No. T/20180819/2059

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

etails of V	ehicle insurance	Insurance No -	Effective	Expiry Dat
ehicle No.	Insurance Company	CACCAGE TO SERVER EXCEPTION OF THE PARTY OF	17/09/2017	16/09/2019
BB3796H FWD Singapore Pte. Ltd	PNMC2017- 00001069	17700.25		

Any Pedestrian Inv No. of Pedestrians	Injured: NIL	Use of Pe	destrian C	rossir	g: NA
Rider	G NARAYANASAMY S/O GOV	/ANASAMY	ID No.		S7478761D
Name	G NARATANASAWT 6/6 00		2 11	No	88384144
Related Vehicle	FBB3796H (Motorcycle)	Contact	NO.	0000414	
100	AND SECTION SE		Class of		Class: NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Driving Licence & Expiry Date		Date of Expiry: NIL
		Date Dis	charge	18/08	/2018
Date Treatment	18/08/2018	Degree	of Injury	Serio	us
No. of Days gran	ted Medical Leave 05		200	*10 C 10 F	A CONTRACTOR OF THE PARTY OF TH
Driver	NG WOEI CHIANG		ID No.		S7129998H
Name	NG WOEI CHIAIG		0 1-4 No		90080745
Related Vehicle	SHC8907X (Car)		Contact No.		90000740
(Clates)			Class	of	Class: NIL
Hospital/Clinic	NIL		Driving Licent Expiry	g ce &	Date of Expiry: NIL
		Date D	ischarge	NIL	
	NIL			NIL	

On 18/08/2018 at about 3.35pm, I was on my motorcycle and riding along Lane 1, travelling at a speed of about 30-40km/hr. As the traffic was heavy and slow, I did not ride at a fast speed. My motorcycle came to a stop at one juncture along the road and when I started moving off again after a few meters, a taxi from Lane 2 cut onto my lane abruptly. Due to the sudden lane intervention, I did not have time to react and the left side of my handle bar hit onto the right side mirror of the taxi, causing my motorcycle to lose balance and eventually fell towards the ground. I was already on the ground when some other road users came by to help me up to the side of the road. The ambulance arrived at the accident location shortly after but as I was in a state of shock and could not feel anything at that point of time, I was not conveyed to the hospital. I then exchanged particulars and contact details with the taxi driver and continued riding home. It was only after I reached home that I felt the pain in my limbs and body. I then proceeded to Tan Tock Seng Hospital on my own for a medical check at about 6.10pm on the same day thereafter.





Report No. T/20180819/2059

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT





Report No. T/20180819/2059

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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: G / Sr Staff Sgt ANG ZHILONG, JEFFERY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/08/2018 14:27
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:

Authentication Stamp

