

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 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. 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	31/10/2018 13:54
Date Of Accident	30/10/2018 10:05
Exact Location Of Accident	AYE TWDS CTE BEFORE CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6626A
Insured/Policyholder	
Name Of Registered Owner	KRISH NEWSPAPER SERVICES
Co Reg No	53145991L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85254796
Alternative Phone No	OFFICE-85254796

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 M
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087596115-01
Cover Note Number	

Driver

Name of Driver	PANDARINATHAN PATHMANABAN
NRIC No	S7763064C
Date Of Birth	31/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85254796
Fax Number	
Contact Number	OTHERS-85254796
EEmail Address	NOEMAIL

Address	BLK 75 WHAMPOA DRIVE #11-350
Postcode	320075
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
Was any body injured in the Accident?	NO
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	ORCHARD
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181030/2066 / T/20181030/2067

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	JSV8429
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHD AMMAR BIN MD YUNOS
NRIC/Passport Number	G2293351K
Contact Number	90195729
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

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:

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

Sketch Plan #2

SKETCH PLAN

VEHICLE A: GUF6626A
 VEHICLE B: JSV 8429

AVE TOWARDS CTE
 BEFORE CLEMENTI
 AVE 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT:

T/20181030/2066

T/20181030/2067

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.:

Call 6042 6042 for more information.

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181030/2066

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20181030/2066

CONTINUATION OF REPORT

Driver			
Name	PANDARINATHAN PATHMANABAN		ID No. S7763064C
Related Vehicle	GBF6626A (Van)		Contact No. 85254796
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	MOHD AMMAR BIN MD YUNOS		ID No. G2293351K
Related Vehicle	JSV8429 (Motorcycle)		Contact No. 90195729
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 30/10/2018 at 10.05am, I was driving my van, registration no: GBF6626A (Yellow/Toyota) along lane 2 of AYE towards CTE, before Clementi Ave 6 exit. As the traffic was heavy and the cars on lane one had stopped, a Malaysian bike with registration no: JSV8429 (Black/Yamaha) which was on lane one, swerve towards my lane and his left handle bar hit onto my van's center portion. The rider then fell and sat on the floor. I also stopped to make a check. The rider did not have any visible injuries but complaint of pain on his right thigh area. I am not injured. Due to accident, my van's right center portion was scratched with dent.

The bike's side stand and left side mirror was damaged. The throttle and the IU unit was scratched.

I am lodging this report as requested by my insurance agent.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20181030/2067

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20181030/2067

CONTINUATION OF REPORT

Driver			
Name	PANDARINATHAN PATHMANABAN		ID No. S7763064C
Related Vehicle	GBF6626A (Van)		Contact No. 85254796
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	MOHD AMMAR BIN MD YUNOS		ID No. G2293351K
Related Vehicle	JSV8429 (Motorcycle)		Contact No. 90195729
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 30/10/2018 at about 1005hrs, I was driving on lane one of AYE towards CTE.

Before the exit of Clementi Ave 6, the traffic was building up and the cars on lane one stopped. I applied emergency brake to avoid colliding into the front vehicle, but my wheels got locked and I swerved towards the left side. My left handle then hit onto a van, registration no: GBF6626A (Yellow/Toyota) right side. I fell but did not sustain any physical injury.

I wish to state that my motorbike sustained some damages as a result of this accident. There were some fresh scratches found on my IU unit, throttle and side mirror. There are also fresh dents on my motorbike's left side stand.

I also wish to add that the other party's van had also suffered some minor scratches.

That is all.

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/20181030/2066

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20181030/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2018 13:19	Vide Report No.:	Station Diary No.: 78
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: PANDARINATHAN PATHMANABAN			Address: APT BLK 75 WHAMPOA DRIVE #11-350 SINGAPORE 320075		
ID Type / ID No.: NRIC NO / S7763064C			Contact No.: Home/Office: Mobile: 85254796		
Nationality: INDIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 31/05/1977	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DHL DELIVERY MAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 30/10/2018 10:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY before Clementi Ave 6 exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6626A	Van	TOYOTA	HIACE	Yellow	Slightly Damaged	0
JSV8429	Motorcycle	YAMAHA	135	Black	Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181030/2066

Police Station Of Origin:
Orchard N.P.C
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Report No. T/20181030/2066

CONTINUATION OF REPORT

Driver			
Name	PANDARINATHAN PATHMANABAN		ID No. S7763064C
Related Vehicle	GBF6626A (Van)		Contact No. 85254796
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	MOHD AMMAR BIN MD YUNOS		ID No. G2293351K
Related Vehicle	JSV8429 (Motorcycle)		Contact No. 90195729
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 30/10/2018 at 10.05am, I was driving my van, registration no: GBF6626A (Yellow/Toyota) along lane 2 of AYE towards CTE, before Clementi Ave 6 exit. As the traffic was heavy and the cars on lane one had stopped, a Malaysian bike with registration no: JSV8429 (Black/Yamaha) which was on lane one, swerve towards my lane and his left handle bar hit onto my van's center portion. The rider then fell and sat on the floor. I also stopped to make a check. The rider did not have any visible injuries but complaint of pain on his right thigh area. I am not injured. Due to accident, my van's right center portion was scratched with dent.

The bike's side stand and left side mirror was damaged. The throttle and the IU unit was scratched.

I am lodging this report as requested by my insurance agent.

Police Report



SINGAPORE
POLICE FORCE



T/20181030/2066

Police Station Of Origin:
Orchard N.P.C.
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

Report No. T/20181030/2066

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:
E /
Sgt 3 NUR INSYIRAH ANGEL THIA LAY PHING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
30/10/2018 13:19

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181030/2067

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20181030/2067

TP

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2018 13:30		Vide Report No.:		Station Diary No.: 79	
Informant's Particulars					
Name of Informant: MOHD AMMAR BIN MD YUNOS			Address:		
ID Type / ID No.: NRIC NO / G2293351K			Contact No.: Home/Office: Mobile: 90195729		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 19/12/1978	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Other cleaners and helpers in hotels and related establishments			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 30/10/2018 10:05	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards CTE, before Clementi Ave 6 exit				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6626A	Van				Slightly Damaged	0
JSV8429	Motorcycle				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181030/2067

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20181030/2067

CONTINUATION OF REPORT

Driver				
Name	PANDARINATHAN PATHMANABAN		ID No.	S7763064C
Related Vehicle	GBF6626A (Van)		Contact No.	85254796
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Rider				
Name	MOHD AMMAR BIN MD YUNOS		ID No.	G2293351K
Related Vehicle	JSV8429 (Motorcycle)		Contact No.	90195729
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

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Before the exit of Clementi Ave 6, the traffic was building up and the cars on lane one stopped. I applied emergency brake to avoid colliding into the front vehicle, but my wheels got locked and I swerved towards the left side. My left handle then hit onto a van, registration no: GBF6626A (Yellow/Toyota) right side. I fell but did not sustain any physical injury.

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I also wish to add that the other party's van had also suffered some minor scratches.

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Police Report



SINGAPORE
POLICE FORCE



T/20181030/2067

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

Report No. T/20181030/2067

TP

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:
E /
Sgt 2 CHUA HANRONG WILSON

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

FORCE

Signature Of Informant:

Date/Time:
30/10/2018 13:30

Classification Of Case:

72

Authentication Stamp
NP168

SIGNATURE