

## 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	23/01/2019 15:03
Date Of Accident	19/01/2019 12:05
Exact Location Of Accident	ALONG FARRER ROAD TOWARDS LORNIE NEAR LAMPOST 77
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7193D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KNAGESVARAN S/O THRUNAVAKARASU
NRIC No	S8516484H
Email Address	VARAN786@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93882097
Alternative Phone No	OTHERS-93882097

### Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX1300RAZL4 HAYABUSA ABS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094638584-01
Cover Note Number	

### Driver

Name of Driver	KNAGESVARAN S/O THRUNAVAKARASU
NRIC No	S8516484H
Date Of Birth	11/05/1985
Occupation	INDOOR
Date Of Driving Pass	01/08/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93882097
Fax Number	
Contact Number	OTHERS-93882097
E-Mail Address	VARAN786@HOTMAIL.COM

Address	BLK 64 COMMONWEALTH DRIVE #07-289
Postcode	140064
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SLW6144R
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHELSEA CHEN XI
NRIC/Passport Number	S9348652H
Contact Number	81116471
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	KNAGESVARAN S/O THRUNAVAKARASU
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ7193D
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:

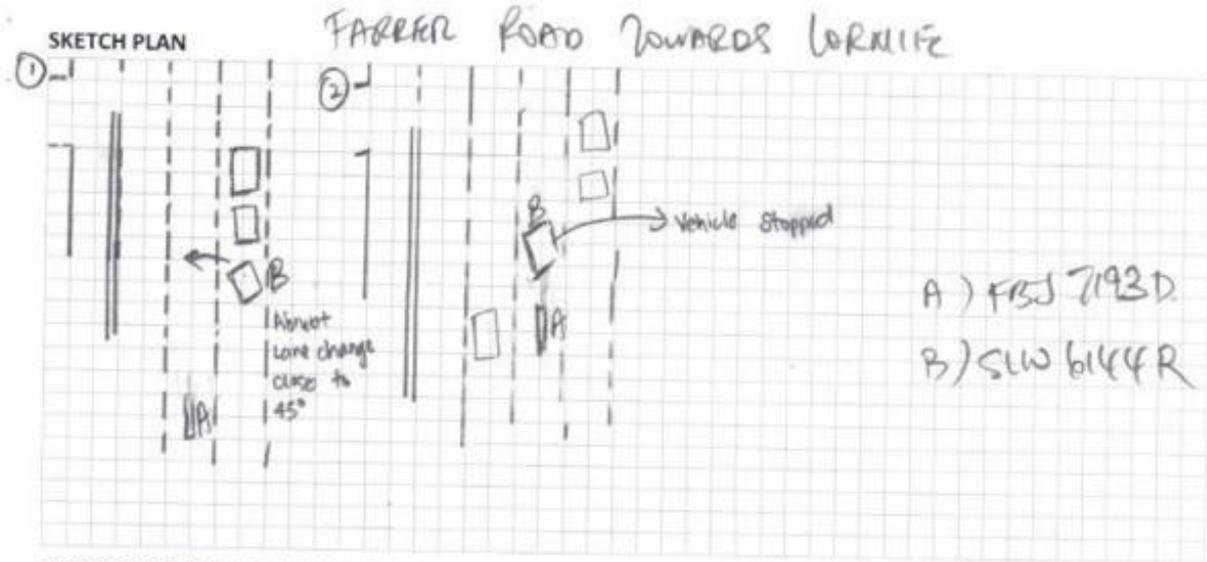
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

X   
Policyholder's Signature  
Date & Time: 22-01-2019 4  
1244 hrs

\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

  
23/01/2019  
Reporting Centre Personnel's Signature  
Name: ROOL WATJAB  
NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
 7/20/19/20/2027

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time: 22-01-2019  
1244 hrs

GAAACC SketchPlanForm\_V3

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

*[Signature]* 23/01/2019

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



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190120/2027

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190120/2027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7193D	NTUC Income Insurance Co-Operative Limited	5094638584-01	28/09/2018	27/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KNAGESVARAN S/O THRUNAVAKARASU		ID No.	S8516484H
Related Vehicle	FBJ7193D (Motorcycle)		Contact No.	93882097
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	19/01/2019		Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	CHELSEA CHEN XI		ID No.	S9348652H
Related Vehicle	SLW6144R (Car)		Contact No.	81116471
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On 19/01/2019, I was riding my motorbike FBJ7193D along Farrer Rd as I was heading to my cousin's place. I was riding on the 2nd lane at that time. While I was riding, a white car SLW6144R changed lane from 1st to 2nd lane and subsequently stopped there abruptly. As a result, I was unable to stop on time and my bike hit onto the rear and I flung out from my bike. I was lying on the floor for quite some time before I could get back up on my feet. I then walked over to the pavement and the driver of the car exchanged her particulars with me. Shortly after, the ambulance came to scene. The paramedics checked on me and I was conveyed to NUH for further checks. I was diagnosed with minor abrasions on left elbow and back pain. I was discharged on the same day and was given 5 days of MC.

I wish to state that this is the first time I had encountered with such accident. I had in-built camera on my motorbike and it had captured the whole incident. Based on the footage, the accident happened at 1207hrs.

I will also wish to state that I was unable to stop in time to avoid collision because she encroach my lane

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190120/2027

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20190120/2027

CONTINUATION OF REPORT

abruptly. Based on the video, she changed from extreme right lane to my lane (second lane) abruptly. After changing, she then stopped the vehicle. I think she wanted to turn left as the car was slanted and the car in front had already moved forward. I slowed down at the same time and applied e-brake. It is not my fault.

In the video there was no vehicle in front of the car as such I am affirmative the intention to turn left. if she drove straight this incident would not have happen.

When I was at the road I asked her will you about to turn left and she replied yes. While waiting for ambulance and traffic police, she was talking to few other male and awhile later before conveyed to hospital I asked and she said no she was going straight.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190120/2027

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

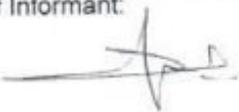
Report No. T/20190120/2027

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: D / Staff Sgt TAN WEI JIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2019 10:39
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case: 
Authentication Stamp NP168  	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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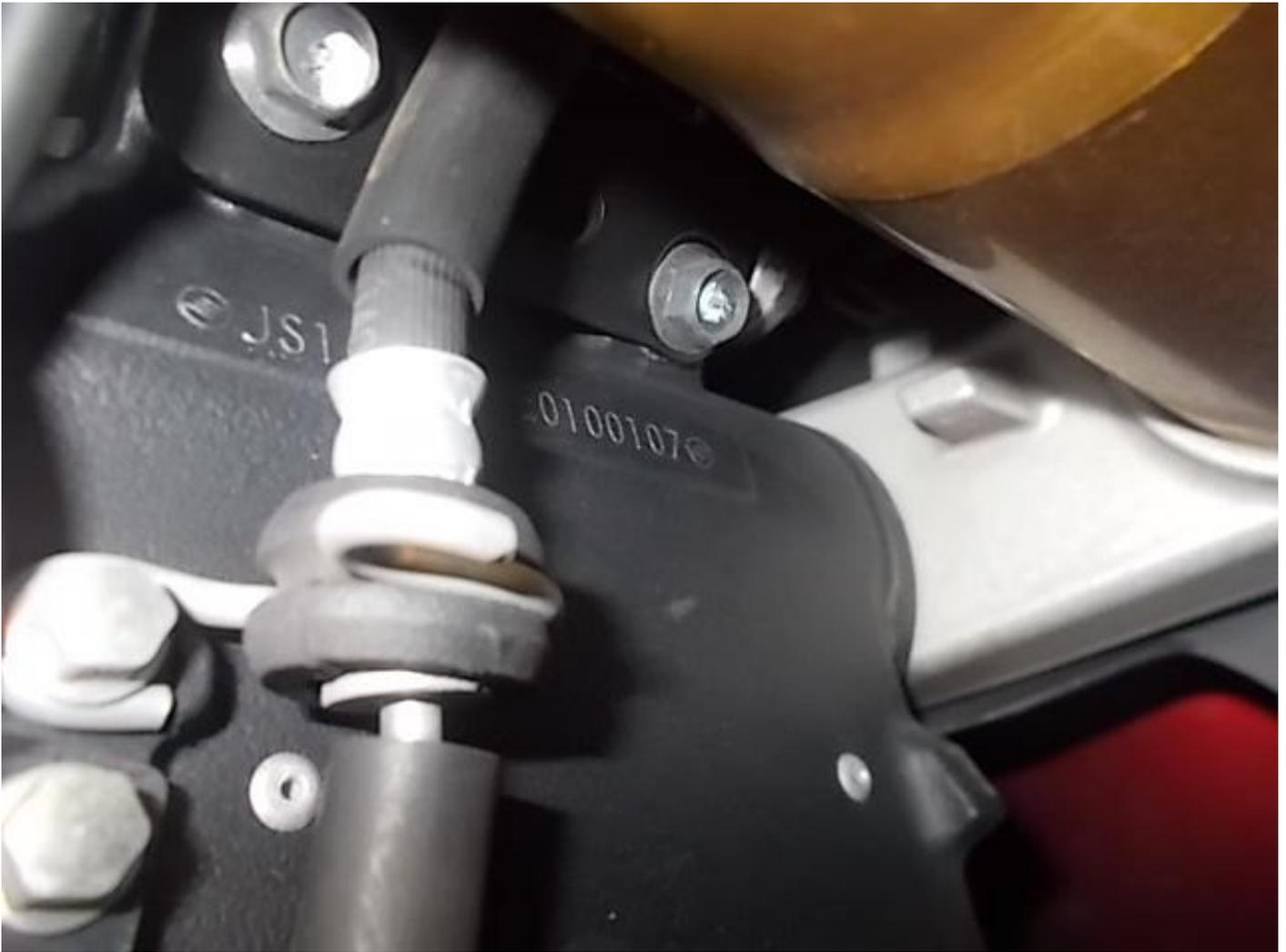
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