

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	13/02/2019 14:04
Date Of Accident	28/01/2019 14:00
Exact Location Of Accident	ALONG HOUGANG AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4211E
Insured/Policyholder	
Name Of Registered Owner	MICKEY THADANI
NRIC No	S8916172Z
Email Address	TMICKEYZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97220865
Alternative Phone No	OTHERS-97220865

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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
Fleet Policy	NO
Policy Number	5100200874
Cover Note Number	

Driver

Name of Driver	MUNESH S/O NARESH THADANI
NRIC No	S8916172Z
Date Of Birth	16/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97220865
Fax Number	
Contact Number	OTHERS-97220865
Email Address	TMICKEYZ@HOTMAIL.COM

Address	BLK 439 HOUGANG AVENUE 8 #08-1549
Postcode	530439
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	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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190201/2175

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	GBH6275T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	96338673
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUNESH S/O NARESH THADANI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBJ4211E
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:

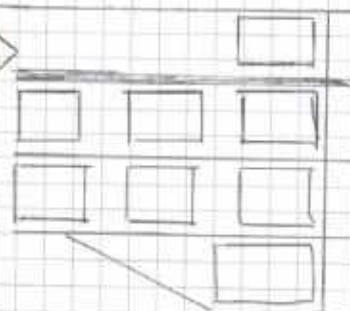
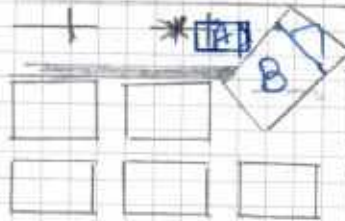
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Along Houghway Ave 3



x

x

x

x = traffic light

A) FRJ4211E

B) GBH6275T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S Refuse to Police Report
1/20/90201/2175

DECLARATION

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

12 February 2019
Policyholder's Signature
Date & Time:

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

13/02/2019
Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.: W0703



SINGAPORE POLICE FORCE



T/20190201/2175

1 of 3

Report No, T/20190201/2175

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 19:41	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: MUNESH S/O NARESH THADANI			Address: APT BLK 439 HOUGANG AVENUE 8 #08-1549 SINGAPORE 530439		
ID Type / ID No.: NRIC NO / S8916172Z			Contact No.: Home/Office: Mobile: 97220865		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 16/04/1989	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Product analyst			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/01/2019 14:00	Type of Location:
Location: HOUGANG AVENUE 3 towards Hougang Avenue 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ4211E	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ4211E	NTUC Income Insurance Co-Operative Limited	5100200874	24/05/2018	23/05/2019



SINGAPORE POLICE FORCE



T/20190201/2175

2 of 3

Report No. T/20190201/2175

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUNESH S/O NARESH THADANI	ID No.	S8916172Z
Related Vehicle	FBJ4211E (Motorcycle)	Contact No.	97220865
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/01/2019	Date Discharge	31/01/2019
No. of Days granted Medical Leave	19	Degree of Injury	Serious

Brief Details.

On the 28/01/2019 at about 1400hrs, I was riding along Hougang Avenue 3 on the bus lane. As it was red light, I slowed down when suddenly a pick-up truck from the middle lane turned out and wanted to cut into my lane. I then tried to avoid colliding with him and stepped on my brakes. I was unable to avoid him and collided onto his vehicle. I then fell off my motorcycle and landed on the road. The driver then got off his vehicle to make a check on me. I asked him why did he swerved out and he told me that he was sorry and he did not check his blind spot.

Shortly after the incident happened, traffic police and ambulance came down to scene. I was unable to get the other parties particulars as I was then conveyed to Tan Tock Seng hospital via the ambulance.



**SINGAPORE
POLICE FORCE**



T/20190201/2175

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

3 of 3

Report No. T/20190201/2175

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:

F /

Sgt 2 GABRIEL LEE BO WENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

01/02/2019 19:41

Classification Of Case:

Claim Handling

Accident MT/1831830

Policy No.	S10020874	Vehicle No.	FB4211E	GST Registration No.	
Certificate No.					
Policyholder Name	MICKEY THADANI	Cover Type	Third Party	Policyholder NRIC	S8916172Z
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	II
Contact No.(Mobile)	97220865	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="button" value="No"/>
ePK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	10	eCode Reason	
ACD Protection	No			Private Hire	No
Accident Details					
Report Date	13/02/2019 14:00	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/01/2019	Time of Accident(hh:mm)	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	ALONG HOUGANG AVENUE 8				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 439 #081549	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE S30429
Address 4		Address Type	Singapore address	Post Code	S30429
Unit No.	08-1549	Related Policy Number	S10020874		
OT Driver Info					
Driver Name	Munesh S/O Naresh Thadani	Driver Type	Main Driver	Driver DOB	16/04/1969
Unnamed driver Name		Driver NRIC	S8916172Z	Driving Experience	3
Register Date of Driver License	01/01/2016	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	97220865	Contact No.(Office)		Address 3	SINGAPORE S30429
Address 1	BLK 439 #081549	Address 2	HOUGANG AVENUE 8	Post Code	S30429
Address 4		Address Type	Singapore address		
Unit No.	08-1549	Driver Vehicle No.	FB4211E	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Not at Fault ☒
 Repair Option Preferred Workshop, Name unknown OIA report Received

Report Taken By

☒ Print AK letter

DD-MX	Insured Name	MICKEY THADANI	Insured NRIC	S8916172Z
97220865	Contact No. (Home)		Contact No. (Office)	
mickeyn@hotmail.com	OT Vehicle Number	FB4211E	TP Vehicle Number	S8916172Z
FB4211E / GBH6275T ON 28 Jan 2019	Name of Preferred Workshop			
13/02/2019 14:00	Claim Close Date		Date Received	13/02/2019 00:00
ROSLI WAHAB				




Save Submit

Attachment

Accident No.	MT/1831830	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	13/02/2019 14:18
Path *		Category *	Confidential
Choose File: No file chosen		Urgency *	Normal
Choose File: No file chosen		Description *	
Choose File: No file chosen			
Choose File: No file chosen			
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Choose File: No file chosen			
Choose File: No file chosen			
Message Read			

Attachment List

Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 14:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-13	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 14:18	SAS	Normal	SAS 2019-2-13	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 14:18	Photos	Normal	Photos 2019-2-13	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 14:18	Photos	Normal	Photos 2019-2-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 14:18	Photos	Normal	Photos 2019-2-13
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 14:03	Photos	Normal	Photos 2019-2-13
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 14:03	Photos	Normal	Photos 2019-2-13

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
				Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 01 / 2019) (DD/MM/YYYY), TIME: (14 : 07) (HH:MM)

LOCATION: Hougang Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB54211E
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5100200874
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BAJAJ / PULSAR NS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Deliveries
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: MUNESH & NARESH THADANI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S79161722 CONTACT: 97220865
c) ADDRESS: 439 HOUGANG AVE 8 #02-1549
SINGAPORE: 530639

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (16 / 04 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 6 February 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Hougang NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH6275T MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: 96338673

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = tmickeyz@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8916172Z



Name
MUNESH S/O NARESH
THADANI

Race
INDIAN

Date of birth
16-04-1989

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8916172Z



MUNESH S/O NARESH
THADANI

Birth Date: 16 Apr 1989

Issue Date: 06 Feb 2014



002272728E

3524928



NRIC No. S8916172Z



Date of issue
30-04-2004

Address
APT BLK 439 HOUGANG AVENUE 8
#06-1549
SINGAPORE 530439

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

Class 2B Motorcycles < 200 cc

EFFECTIVE DATE
06 Feb 2014

NP 428A

Licence No: S8916172Z



THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5100200874
The Policyholder : MICKEY THADANI
BLK 439 #081549
HOUGANG AVENUE 8
SINGAPORE 530439

Period of Insurance : 24 May 2018 To 23 May 2019
Sum Insured : N/A
Premium (inclusive GST) : S\$199.37

Interest Insured

Cover Type	: Third Party	
Named Driver (1)	: MUNESH S/O NARESH THADANI	
Named Driver (2)	: N/A	
Make/Model	: BAJAJ/PULSAR 200 NS	
Capacity	: 200cc	Number of Seater : 2
Registration Number	: FBJ4211E	Registration Year : 2014
Chassis Number	: MD2A36FZ1ECL57093	Insure with COE : N/A
Excess (Section 1)	: N/A	NCD Entitlement : 10%
Excess (Section 2)	: N/A	
Hire Purchase Company	: N/A	

Memo A : N/A

Endorsement Operative: M1

Agency : DIRECT BUSINESS DEPT (00000600280)
Date of Issue : 24 Apr 2018 16:24 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive