

## 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	22/02/2019 16:24
Date Of Accident	05/12/2018 18:45
Exact Location Of Accident	JUNCTION OF BUKIT PANJANG RD/BUKIT PANJANG RING RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT7790E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BALAGANESH S/O SUBRAMANIAN
NRIC No	S9437387E
Email Address	KNAVIN98@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83629718
Alternative Phone No	OTHERS-83629718

### Vehicle Particulars

Manufacturer	YAMAHA
Model	TZM150-150CC (M)
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
Fleet Policy	NO
Policy Number	5096822860
Cover Note Number	

### Driver

Name of Driver	NAVIN KUMAR S/O GANESAN
NRIC No	S9810149G
Date Of Birth	19/03/1998
Occupation	INDOOR
Date Of Driving Pass	01/08/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83629718
Fax Number	
Contact Number	OTHERS-83629718
EEmail Address	KNAVIN98@GMAIL.COM

Address	BLK 432 BUKIT PANJANG RING ROAD #03-611
Postcode	670432
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	NO
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	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181207/2114

#### 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	SLJ4190M
Vehicle Make/Model/Colour	
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	NAVIN KUMAR S/O GANESAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FT7790E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

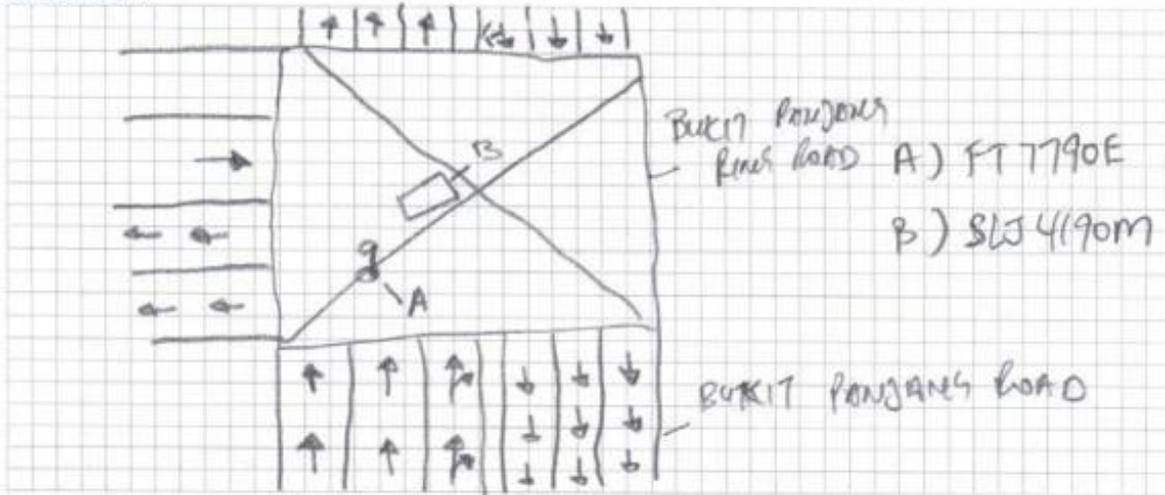
Lin  
Policyholder's Signature  
Date & Time: 22/02/2019  
14:13.

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT  
T/2018/207/2114*

DECLARATION

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

*Lin*  
 Policyholder's Signature  
 Date & Time: 22/02/19  
 14:13.

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

*22/02/2019*  
 Reporting Centre Personnel's Signature  
 Name: *Rashid*  
 NRIC/FIN No.:

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181207/2114

1 of 3

Report No. T/20181207/2114

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/12/2018 16:13	Vide Report No.:	Station Diary No.: 90
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**Informant's Particulars**

Name of Informant: NAVIN KUMAR S/O GANESAN		Address: APT BLK 432 BUKIT PANJANG RING ROAD #03-611 SINGAPORE 670432	
ID Type / ID No.: NRIC NO / S9810149G		Contact No.:	Mobile: 83629718
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 20	Date of Birth: 19/03/1998	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: UNEMPLOYED		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: 05/12/2018 18:45	Type of Location: Straight Road
Location: Along Road 1 BUKIT PANJANG ROAD BUKIT PANJANG RING ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FT7790E	Motorcycle				Totally Damaged	0
SLJ4190M	Car				Slightly Damaged	0

**Details of Person Involved**

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181207/2114

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20181207/2114

CONTINUATION OF REPORT

<b>Rider</b>			
Name	NAVIN KUMAR S/O GANESAN		ID No. S9810149G
Related Vehicle	FT7790E (Motorcycle)		Contact No. 83629718
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	05/12/2018	Date Discharge	06/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 05/12/2018, at 1845hrs, I was travelling on my vehicle FT7790E along bukit panjang road towards bukit panjang ring road. I came in to a traffic cross junction and the traffic light was on amber. As I drive pass the traffic junction, a vehicle SLJ4190M was at the same time making a right turn. Thus a collision happened between both our vehicle. My vehicle hit towards the left side of the vehicle body. After the collision I fell off from my bike and landed on the ground, 2 meters away from my motorcycle, till the ambulance came to convey me to ng teng fong general hospital. My vehicle was totally damaged and was unable to operate. I was given 05 days medical certificate from ng teng fong general hospital. I suffered from back pain, elbow and knee pain. I also sustained bruises on my right feet and left arm and elbow.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181207/2114

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20181207/2114

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: J/ Sgt 2 CHERYL YEO 	Signature Of Informant:  
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2018 16:13
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	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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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No. M600017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MIA 409024958 Vehicle Registration No: F1 790 E
Name (as shown in NRIC) : NAVIN KUMAR To Commission NRIC/FIN/Passport No : S9810149G
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : Singapore ( )
Contact (Tel) : Mobile No. : 83629715
Email Address :
Date of Accident : 05/12/2019 Time of Accident : 18:45
Place of Accident : Junction of BT Parkway Rd / BT Parkway Link Rd
Insurance Company : NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TIP VEHICLE NUMBER TO SLJ 4190M

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kelly Lim
NRIC/FIN No:
Date: 28/02/2021