### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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	ACCIDENT STATEMENT
Date Of Report	24/01/2019 09:06
Date Of Accident	30/12/2018 21:05
Exact Location Of Accident	T JUNCTION OF JURONG WEST ST 91 AND 92
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FX8640C
Insured/Policyholder	
Name Of Registered Owner	NARESH BALAN
NRIC No	S9574068E
Email Address	NARESHBALAN7895@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90060512
Alternative Phone No	OFFICE-90060512
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KRRZX150 M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MTMC01001329
Cover Note Number	
Dulivan	

Driver

Name of Driver

NARESH BALAN

NRIC No

S9574068E

Date Of Birth

Occupation

Date Of Driving Pass

NARESH BALAN

S9574068E

NDOOR

28/01/2016

Driving Experience 2 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90060512

Fax Number

Contact Number OFFICE-90060512

EMail Address NARESHBALAN7895@GMAIL.COM

Address

Postcode

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 - MAJOR/MINOR RD

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

NO

YES

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

lumber of Decembers (Including Driver)

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] NANYANG NPC

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20190105/2068 LODGED AT NANYANG NPC. ON 30/12/2018 AT ABOUT 2105HRS, I WAS RIDING MY MOTORCYCLE (FX8640C) ALONG JURONG WEST ST 91 TOWARDS THE DIRECTION OF JURONG WEST ST 93. AS I WAS APPROACHING THE TRAFFIC LIGHT T-JUNCTION OF JURONG WEST ST 92. I NOTICED THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR. I THEN PROCEEDED TO GO STRAIGHT ONTO JURONG WEST ST 93. I HAD NOTICED A CAR (SKM6217D) COMING FROM JURONG WEST ST 93 APPROACHING THE JUNCTION. I THEN GLANCED SLIGHTLY TO THE PEDESTRIAN CROSSING TO SEE HOW LONG MORE FOR THE PEDESTRIAN TO CROSS. SUDDENLY, I SAW THE CAR MADE AN ABRUPT TURN TO THE RIGHT. I TRIED TO SWERVE MY MOTORCYCLE TO THE LEFT HOWEVER THE CAR STILL COLLIDED ONTO MY MOTORCYCLE. I THEN LOSS CONSCIOUSNESS UPON THE IMPACT. WHEN I REGAINED CONSCIOUSNESS. I WAS ON THE ROAD AND THERE WERE A FEW PASSER BY TOGETHER WITH THE DRIVER WHO CAME AND ASSIST ME. I FELT PAIN ON MY RIGHT THIGH AND SUSPECTED THAT IT MIGHT HAVE BEEN BROKEN AS I COULDN'T MOVE IT. MY LEFT SHOULDER WAS ALSO DISLOCATED AND MY RIGHT ARM WAS IN SEVERE PAIN. A PASSER BY NAMELY JOEL HP: 98156276 THEN CALLED FOR AMBULANCE. HE HAD ALSO ASSISTED TO CALL MY MOTHER TO INFORM HER REGARDING THE ACCIDENT. SUBSEQUENTLY, THE AMBULANCE CAME AND CONVEYED ME IN A CONSCIOUS STATE TO NG TENG FONG GENERAL HOSPITAL. I WAS THEN ADMITTED FROM 30/12/18 TO 04/01/19 AND WAS INFORMED BY THE DOCTOR THAT I HAD SUSTAINED A FRACTURE TO MY THIGH BONE AND MY RIGHT AND LEFT WRIST. THERE WAS AN OPEN WOUND ON MY RIGHT HAND DUE TO THE FRACTURE FROM MY WRIST. I HAD ALSO SUSTAINED ABRASIONS ON MY ANKLE AND MY WAIST. I WAS GIVEN 33 DAYS OF HOSPITALISATION LEAVE FROM 30/12/18 TO 31/01/19. I WISH TO STATE THAT TRAFFIC POLICE OFFICER HAD ALSO CAME DOWN AND TAKEN THE SD CARD FROM THE IN-CAR CAMERA OF THE CAR. THE TRAFFIC POLICE OFFICER HAD ALSO ADVISED TO LODGE A TRAFFIC ACCIDENT REPORT WITH REFERENCE TO J/20181230/0171 UNDER TRAFFIC POLICE INVESTIGATION OFFICER FIRDAUS TEL: 65476223. REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKM6217D

Vehicle Make/Model/Colour TOYOTA/RAV4/BROWN

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LAU KIM TEEN

NRIC/Passport Number S2554257F

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

1

YES

Name NARESH BALAN

Approximate Age Injuries Sustain

Injured person in which vehicle? FX8640C

Were seat belts worn? NO

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

# SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.

  This Form must be completed by the Policyholder and/or the Authorised Driver.

  Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

  The assue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.

  Any false reporting may be referred to the Police for investigation.

  The 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 application by interested parties.

  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.

  Consent under the Personal Data Protection Act (PDPA)

  Lunderstand, acknowledge, agree and consent that
- 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 shall be collectively referred to as the vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident aball 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

- (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.

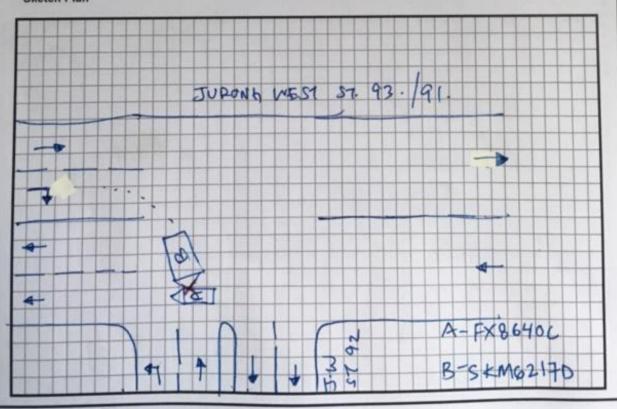
23/1/19

**VERIFIED BY AJAX MARS** REPORTING OFFICER Mohammad Azaly Bin Abdullah

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

Witnessed by Reporting Centre Personnel

# Sketch Plan





T/20190105/2068

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 1 of 4 Report No. T/20190105/2068

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
 Vide Report No.:
 Station Diary No.:

 05/01/2019 13:19
 J/20181230/0171
 67

05/01/2019 13:19			3/20181230/01/1	101		
Informa	nt's Partic	ulars				
Name of Informant: NARESH BALAN			Address: APT BLK 905 JURONG WEST STREET 91 #02-161 SINGAPORE 640905			
ID Type / ID No.: NRIC NO / S9574068E			Contact No.: Home/Office: Mobile: 91110938			
Nationality: MALAYSIAN			Email:			
Sex: Male	Age: 23	Date of Birth: 07/08/1995	Type of Informant: Rider			
Race: Indian			Language: English	Institution / School Name:		
Occupation: SCDF PNSF		all added	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/12/2018 21:05	Type of Location T-Junction	
JURONG WE JURONG WE AT THE TRAI	oad 1 and Road 2 ST STREET 91 ST STREET 92 FIC LIGHT T-JUNCTION	Road Surface:		Don't Count Limit	
Weather: Clear			Road Speed Limit		
Traffic Flow: Two Way				Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			THE PERSON NAMED IN	Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d Catholic B		100000000000000000000000000000000000000		STREET, STREET
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FX8640C	Motorcycle	KAWASAKI	KRRZX150 M	Silver	Seriously Damaged	0
SKM6217D	Car	Teller Str		Brown	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX8640C	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC0100132 9	18/03/2018	17/03/2019



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999



2 of 4 Report No. T/20190105/2068

CONTINUATION OF REPORT

Any Pedestrian	CONTRACTOR DE L'ANDRE						
No. of Pedestrians Injured: NIL. Use of Pe			edestrian Crossing: NA				
Rider	AND ADDRESS OF THE PARTY OF	- Jak	The Va	an patrick when	0.0	005740005	
Name	NARESH BALAN			ID No.		S9574068E	
Related Vehicle	FX8640C (Motorcycle)			Conta	st No.	91110938	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	30/12/2018	30/12/2018 Date D		scharge	harge 04/01/2019		
	ted Medical Leave	33	Degree	of Injury	Serio	us	
Driver	DECEMBER OF THE PARTY OF THE PA					Accordance of the second	
Name	LAU KIM TEEN			ID No		S2554257F	
Related Vehicle	SKM6217D (Car)			Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL			scharge			
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL		

#### Brief Details.

On 30/12/18 at about 2105hrs, I was riding my motorcycle (FX8640C) along Jurong West St 91 towards the direction of Jurong West St 93. As I was approaching the traffic light T-junction of Jurong West St 92. I noticed the traffic light was green in my favour. I then proceeded to go straight onto Jurong West St 93. I had noticed a car (SKM6217D) coming from Jurong West St 93 approaching the junction. I then glanced slightly to the pedestrian crossing to see how long more for the pedestrian to cross. Suddenly, I saw the car made an abrupt turn to the right. I tried to swerve my motorcycle to the left however the car still collided onto my motorcycle. I then loss consciousness upon the impact.

When I regained consciousness, I was on the road and there were a few passer by together with the driver who came and assist me. I felt pain on my right thigh and suspected that it might have been broken as I couldn't move it. My left shoulder was also dislocated and my right arm was in severe pain. A passer by namely Joel Hp: 98156276 then called for ambulance. He had also assisted to call my mother to inform her regarding the accident. Subsequently, the ambulance came and conveyed me in a conscious state to Ng Teng Fong General Hospital. I was then admitted from 30/12/18 to 04/01/19 and was informed by the doctor that I had sustained a fracture to my thigh bone and my right and left wrist. There was an open wound on my right hand due to the fracture from my wrist. I had also sustained abrasions on my ankle and my waist. I was given 33 days of Hospitalisation Leave from 30/12/18 to 31/01/19.

I wish to state that Traffic Police officer had also came down and taken the SD card from the in-car camera of the car. The Traffic Police officer had also advised to lodge a Traffic Accident report with

## **Police Report**



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

CONTINUATION OF REPORT Tel No: 1800-7929999

T/20190106/2068

3 of 4

Report No. T/20190105/2068

reference to J/20181230/0171 under Traffic Police Investigation Officer Firdaus Tel: 65476223. My motorcycle sustained serious damage and had to be towed. On 31/12/18, my mother was informed by the Traffic Police Investigation Officer Firdaus that the driver of the car has been arrested due to drink driving.





Report No. T/20190105/2068

CONTINUATION OF REPORT

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: Staff Sgt NORIMAWATI BINTI ABDULLAH Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP/GIT/

Signature Of Informant: unable to sign Date/Time: 05/01/2019 13:19 Classification Of Case:

SI THABAGESH JEYATHESH Contact No.: 65476232



