

## 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	20/03/2019 12:51
Date Of Accident	15/03/2019 11:30
Exact Location Of Accident	BOON LAY WAY TURNING RIGHT INTO JURONG EAST CENTRA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL901M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN
NRIC No	S9080839G
Email Address	KEERTHIBAN30@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82536282
Alternative Phone No	OTHERS-82536282

### Vehicle Particulars

Manufacturer	KTM
Model	200 DUKE-200CC
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	REPORTING ONLY
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	5101670870
Cover Note Number	

### Driver

Name of Driver	ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN
NRIC No	S9080839G
Date Of Birth	30/03/1990
Occupation	INDOOR
Date Of Driving Pass	30/10/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82536282
Fax Number	
Contact Number	OTHERS-82536282
Email Address	KEERTHIBAN30@GMAIL.COM

Address	1 BUKIT BATOK STREET 25 #10-03
Postcode	658882
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 - CROSS JUNCTION
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190318/7014

#### 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	SHD5855B
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIM MOH LIM
NRIC/Passport Number	S0192017J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1  
NAME: :  
GENDER: :

DETAILS OF INJURED PERSON 1

Name ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBL901M  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

Policyholder's Signature

Date & Time: 20/03/19  
11.31 AM

Driver's Signature

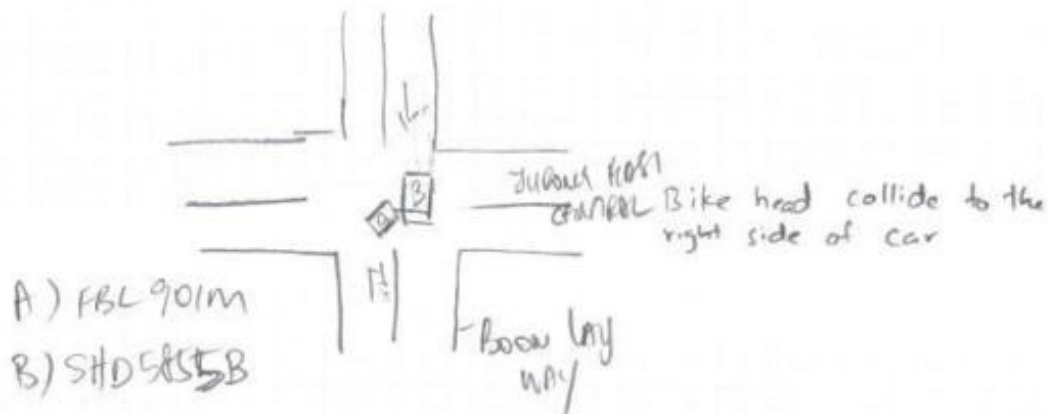
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: 20/03/2019  
NRIC/FIN No.: [Signature]

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a right turn with my bike based on my initial check of on coming vehicle and then pedestrian crossing, then I proceeded to make my right turn and collided with ~~THE~~ SMO TAXI

Рәсәс Җирәсәт җ/2019СЗ18/2014

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: 20/03/2019  
11:37 AM

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

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190318/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190318/7014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2019 17:17	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars			
Name of Informant: ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN		Address: 1 BUKIT BATOK STREET 25 #10-03 SINGAPORE 658882	
ID Type / ID No.: NRIC NO / S9080839G		Contact No.: Home/Office: Mobile: 82536282	
Nationality: SRI LANKAN		Email: keerthiban30@gmail.com	
Sex: Male	Age: 28	Date of Birth: 30/03/1990	Type of Informant: Rider
Race: Tamil		Language: English	Institution / School Name:
Occupation: Food science technician		Driving Licence Information: Class: 2B Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/03/2019 17:00	Type of Location: X-Junction
Location:  JURONG EAST CENTRAL				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL901M	Motorcycle	KTM	duke200		Slightly Damaged	0
SHD5855B	Car	TOYOTA	prius	Red	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL901M	NTUC Income Insurance Co-Operative Limited	5101670870	23/06/2018	22/06/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190318/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No: T/20190318/7014

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN	ID No.	S9080839G
Related Vehicle	FBL901M (Motorcycle)	Contact No.	82536282
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/03/2019	Date Discharge	17/03/2019
No. of Days granted Medical Leave	30	Degree of Injury	Slight
<b>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SHD5855B (Car)	Contact No.	NIL
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.

i was going towards jurong east central from boonlayway. i was making a right turn and on coming vehicle seemed to be at the left lane , so i checked pedestrian and mae the right turn and i collided to the side of the taxi. no injury to taxi driver or passenger. i sustained some injuries so i took a taxi to the nearest hospital, while mt friend whom i called attended to my bike and sent to the workshop.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190318/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190318/7014

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP18 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
18/03/2019 17:17

Classification Of Case:

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



Accident Photo



Accident Photo



# Identification Card

