

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	04/04/2019 15:51
Date Of Accident	24/03/2019 13:30
Exact Location Of Accident	PETIR ROAD TOWARDS JELEBU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC9427D
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83321201
Alternative Phone No	OFFICE-83321201

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-134CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5085645204-02
Cover Note Number	

Driver

Name of Driver	THAVAMANI PRASATH
Passport No/FIN	G2725827T
Date Of Birth	26/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83321201
Fax Number	
Contact Number	OTHERS-83321201
Email Address	NOEMAIL

Address	BLK 456 CHOA CHU KANG AVENUE 4 #05-91
Postcode	680456
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190403/2092

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	SLZ168X
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MARCUS LOY JINWEI
NRIC/Passport Number	S9050992F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	THAVAMANI PRASATH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC9427D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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. 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 upon application by interested parties.
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:

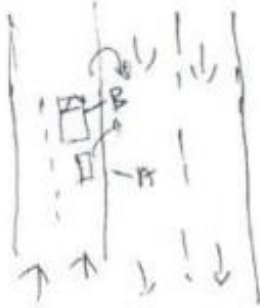
n. Darsan
Driver's Signature
(If driver is not the policyholder)
Date & Time:

02/06/2019
Reporting Centre Personnel Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

PERK ROAD TOWARDS JAKRU ROAD



A) FBC 9427D

B) SL2 168X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PERK ROAD TOWARDS JAKRU ROAD
7/20190403 1202 9
7/20190402 1239

DECLARATION

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



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:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190403/2092

1 of 3

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

Report No. T/20190403/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2019 13:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THAVAMANI PRASATH			Address: APT BLK 456 CHOA CHU KANG AVENUE 4 #05-91 SINGAPORE 680456		
ID Type / ID No.: FIN NO / G2725827T			Contact No.: Home/Office:		Mobile: 83321201
Nationality: INDIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 26/05/1992	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2019 13:30	Type of Location:
Location: Along Road 1 PETIR ROAD TOWARDS JELEBU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9427D	Motorcycle	YAMAHA	X-1R		Slightly Damaged	0
SLZ168X	Car	BMW	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV			0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190403/2092

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

2 of 3

Report No. T/20190403/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	THAVAMANI PRASATH	ID No.	G2725827T
Related Vehicle	FBC9427D (Motorcycle)	Contact No.	83321201
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
Driver			
Name	MARCUS LOY JINWEI	ID No.	S9050992F
Related Vehicle	SLZ168X (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.

ON STATED TIME, DATE AND LOCATION,
I WAS TRAVELLING ALONG THE SAID LOCATION ON THE MOST RIGHT LANE OF 2 LANES
WANTED TO GO STRAIGHT. OUT OF A SUDDEN, THIS SAID M/CAR MADE A SUDDEN BRAKE
(EMERGENCY BRAKE) AND MADE A U TURN WITHOUT TURN ON HIS RIGHT SIGNAL LIGHT. I
HAD NO TIME TO REACT. I SWERVED MY VEHICLE TO THE RIGHT AND FALL DOWN. NO
VEHICLE WAS INVOLVE AND I DID NOT COLLIDE ONTO ANY OTHER VEHICLES. I SUFFERED
SOME CUTS ON MY HAND AND LEG. WE DECIDED TO SETTLE PRIVATELY BUT THE DRIVER
WANTED TO CLAIM INSURANCE AGAINST ME CLAIMING THAT I HAD DAMAGED HIS VEHICLE. I
AWARE THAT WHEN THE ACCIDENT HAPPENED, I DID NOT HIT OR COLLIDED ONTO ANY OTHER
VEHICLE INCLUDING THE VEHICLE INFRONT ME. THE INCIDENT WAS ATTENDED BY TRAFFIC
POLICE BUT HE SAID " NO PROBLEM" THATS WHY I CAME BACK HOME.

POLICE REPORT



SINGAPORE
POLICE FORCE

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



T/20190403/2092

3 of 3

Report No. T/20190403/2092

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: TP / AHMAD JALALUDDIN BIN AHMAD
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant: 
Date/Time: 03/04/2019 13:08
Classification Of Case: 

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20190402/2039

1 of 2

POLICE REPORT (NP299)

Report No. J/20190402/2039

Police Station Of Origin
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

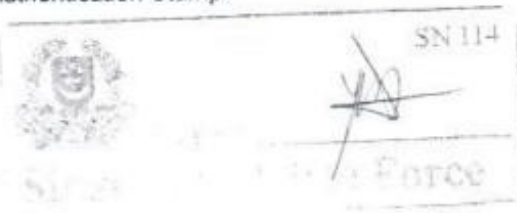
Date/Time Report Made 02/04/2019 11:14	Vide Report No.	Station Diary No. 42
Name Of Informant THAVAMANI PRASATH	Address APT BLK 456 CHOA CHU KANG AVENUE 4 #05-91 PPT LODGE 1B SINGAPORE 680456	
ID Type / ID No. FIN NO / G2725827T	Contact No. Home/Office Mobile 83321201	
Nationality INDIAN	Email Address	
Occupation GRAB RIDER	Sex Male	Age 26
Institution/School Name	Date of Birth 26/05/1992	Race Indian
Date/Time Of Incident 24/03/2019 13:30	Location Of Incident PETIR ROAD SINGAPORE Towards Jelebu Road	

Brief details.

On the 24/03/2019, at around 1330hrs, I was riding my motorbike namely V1) FBC9427D along Petir Road towards Jelebu Road behind a car namely V2) SLZ168X when V2 came to an abrupt stop. In order to avoid collision, I swerved to the right of V2 and did not collide with the vehicle. However, I was informed by my company that the owner of V2 had made an insurance claim against me, claiming that I had damaged his vehicle. The incident was attended by Traffic Police vide incident number ref: J/20190324/0069.

Signature Of Officer Recording The Report: J / YAP WEI XUAN	Signature Of Informant: <i>T. Prasad</i>
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2019 11:14
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 BALJIT SINGH GREWAL Contact No.: 67910000	Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



J/20190402/2039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190402/2039

I wish to state that I am making this report by request of my company for record purposes.

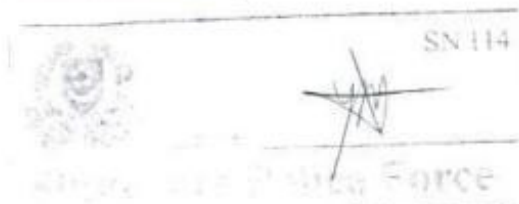
Signature Of Officer Recording The Report:

J / YAP WEI XUAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sgt 2 BALJIT SINGH GREWAL
Contact No.: 67910000

Authentication Stamp



Signature Of Informant:

Date/Time:
02/04/2019 11:14

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



Identification Card

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 94A)
Republic of Singapore

Employer:
ARM PTE. LTD.




Signature: 
THAYANANI PRAGASATH
Designation:
CHAUFFEUR, PRIVATE MOTOR CAR

Photo: 

PRN: 027258277

Date of Application: 18-04-2017
Date of Issue: 26-03-2018
Date of Expiry: 25-01-2020

Barcode:  18587848

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

PRN: 027258277

THAYANANI PRAGASATH

Date of Birth: 25 May 1990
Issue Date: 23 May 2018
Valid Till: 25/01/2020

Barcode:  18587848

VISIT PASS
Immigration Regulations

Name: THAYANANI PRAGASATH

Photo: 

Date of Birth: 25-05-1990 IN
PRN: 027258277 Date of Issue: 25-01-2018 Date of Expiry: 25-01-2020
NATIONALITY: INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode: 

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

EFFECTIVE DATE:

Class 2B	Motorcycles <= 250 cc	26 Mar 2017
Class 3	Motor cars with unladen weight <= 3000kg with <= 9 passengers, and vehicle of driver; and other motor vehicles with unladen weight <= 2500kg	26 May 2018

MP 4760

Barcode:  License No: 027258277