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 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.

ACCIDENT STATEMENT	
Date Of Report	04/04/2019 16:08
Date Of Accident	04/04/2019 07:50
Exact Location Of Accident	YIO CHU KANG ROAD & POH HUAT ROAD WEST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBN4912U
Insured/Policyholder	
Name Of Registered Owner	CHAGANTI SAI SRINIVAS
NRIC No	G8413670R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94231159
Alternative Phone No	OTHERS-94553903
Vehicle Particulars	
Manufacturer	HONDA
Model	AFS125MSF
Exact Purpose for which vehicle was being used at time of accident	
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	D18MTMC01006618
Cover Note Number	
Driver	
Name of Driver	CHAGANTI SAI SRINIVAS
NRIC No	G8413670R
Date Of Birth	08/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94231159
Fax Number	
Contact Number	OTHERS-94553903
EMail Address	NOEMAIL

Address	C/O 432 TAMPINES STREET 41 #05-551 SINGAPORE 520432
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
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)	2
Passenger 1	NAME: : PONNAIYA GENDER: : MALE

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
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

REFER TO THE ATTACHED.

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	SHD501E
Vehicle Make/Model/Colour	TAXI
Details Of Properties	NIL
Vehicle Category	TAXI
Name of Driver	CHOO POH LING
NRIC/Passport Number	S1535479H
Contact Number	98297979

Address	NIL NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	NIL
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAGANTI SAI SRINIVAS
Approximate Age	
Injuries Sustain	RIGHT EYE, HANDS & LEGS
Injured person in which vehicle?	FBN4912U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	APT BLK 432 TAMPINES STREET 41 #05-551
Postcode	

DETAILS OF INJURED PERSON 2

Name	PONNAIYA
Approximate Age	
Injuries Sustain	LEGS
Injured person in which vehicle?	FBN4912U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

Ch. Sai Srinivas

Policyholder's Signature
Date & Time:

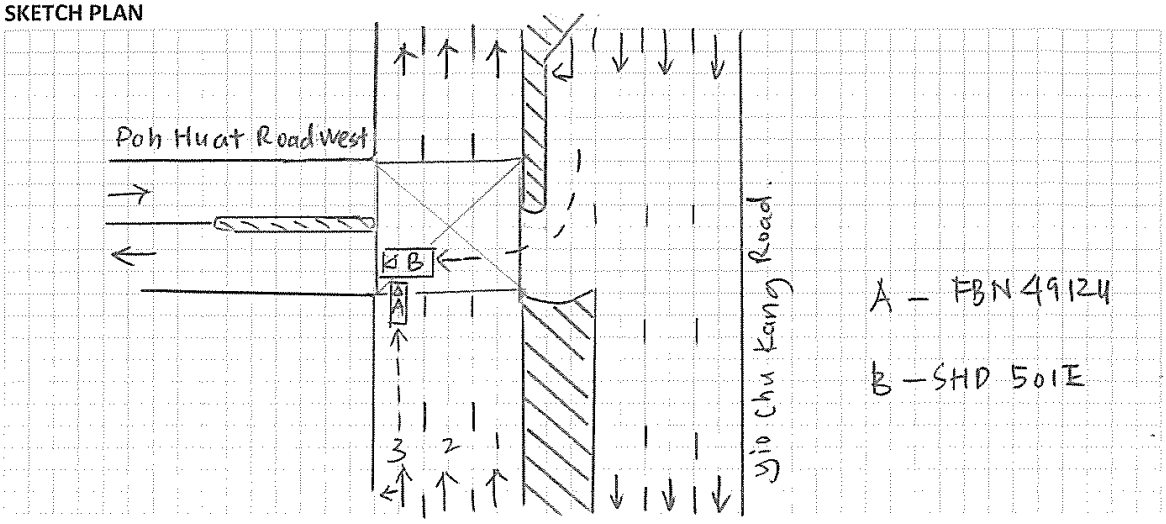
Ch. Sai Srinivas

Driver's Signature
(If driver is not the policyholder)
Date & Time: 04 Apr 2019 @ 1830hr

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report.

* Note : Traffic along Yio Chu Kang Road was normal, all vehicles were moving. 3rd lane was clear and no vehicle when I pass the yellow box.

Insurance Co: Sompo Ins.
Vehicle No: FBN4912H Date of Accident: 04.04.2019
☐ Reporting Only
☐ Own Damage Claim
☑ Third Party Claim
☐ Other Workshop
KFS Motor

DECLARATION

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

Ch. Sai Srinivas
Policyholder's Signature
Date & Time:

Ch. Sai Srinivas
Driver's Signature
(If driver is not the policyholder)
Date & Time: 04 Apr 2019 @1630hr

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

SINGAPORE POLICE FORCE

T/20190404/2119

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

Report No. T/20190404/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/04/2019 15:37		

Informant's Particulars

Name of Informant: CHAGANTI SAI SRINIVAS			Address: C/O APT BLK 432 TAMPINES STREET 41 #05-551 SINGAPORE 520432	
ID Type / ID No.: FIN NO / G8413670R			Contact No.: Home/Office: Mobile: 94231159	
Nationality: INDIAN			Email:	
Sex: Male	Age: 29	Date of Birth: 08/06/1989	Type of Informant: Driver	
Race:			Language:	Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,3C	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/04/2019 07:50	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4912U	Motorcycle	HONDA	AFS125MSF	Blue	Seriously Damaged	0
SHD501E	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN4912U	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC01006618	16/10/2018	15/10/2019

SINGAPORE POLICE FORCE

T/20190404/2119

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

Report No. T/20190404/2119

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Pillion					
Name	PONNAIYA			ID No.	G2739705R
Related Vehicle	NIL			Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/04/2019		Date Discharge	04/04/2019	
No. of Days granted Medical Leave	03		Degree of Injury	NIL	
Driver					
Name	CHAGANTI SAI SRINIVAS			ID No.	G8413670R
Related Vehicle	NIL			Contact No.	94231159
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	04/04/2019		Date Discharge	04/04/2019	
No. of Days granted Medical Leave	03		Degree of Injury	NIL	
Driver					
Name	CHOO POH LING			ID No.	S1535479H
Related Vehicle	NIL			Contact No.	98297979
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 THE ABOVE MENTIONED DATE & LOCATION,

I WAS RIDING STRAIGHT ALONG YIO CHU KANG TWDS SERANGOON RD.THE OTHER DRIVER WAS MAKING A RIGHT TURN INTO POH HUAT RD .WHILE MAKING THE TURN ,THE DRIVER COLLIDED ON MY BIKE.
I APPROACHED THE DRIVER AFTER THE HIT AND EXCHANGED PARTICULARS.
I SUSTAINED INJURY AND WAS BROUGHT OVER TO SKGH .W

SINGAPORE
POLICE FORCE

T/20190404/2119

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

Report No. T/20190404/2119

CONTINUATION OF REPORT

. MY BIKE WAS DAMAGED AND WAS TOWED TO MY WORKSHOP.

. THATS ALL

SINGAPORE POLICE FORCE

T/20190404/2119

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

Report No. T/20190404/2119

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

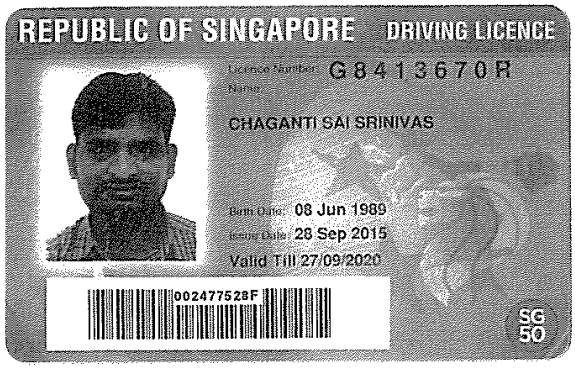
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / YOGENDRAN S/O RAJASAKARAN	Signature Of Informant: Ch. Sai Srinivas
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2019 15:37
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

Signature: _____


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G8413670R

Name:

CHAGANTI SAI SRINIVAS

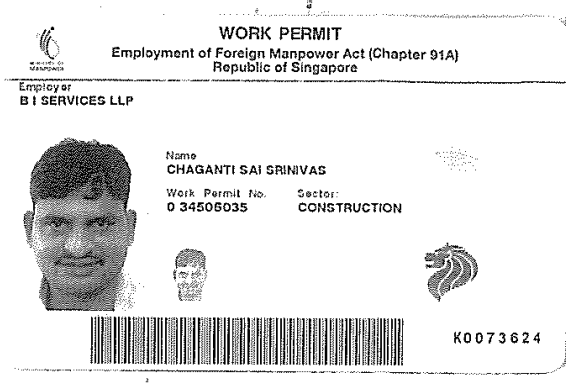
Birth Date: 08 Jun 1989

Issue Date: 28 Sep 2015

Valid Till 27/09/2020

002477528F

SG 50


WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)

Republic of Singapore

Employer

B I SERVICES LLP

Name

CHAGANTI SAI SRINIVAS

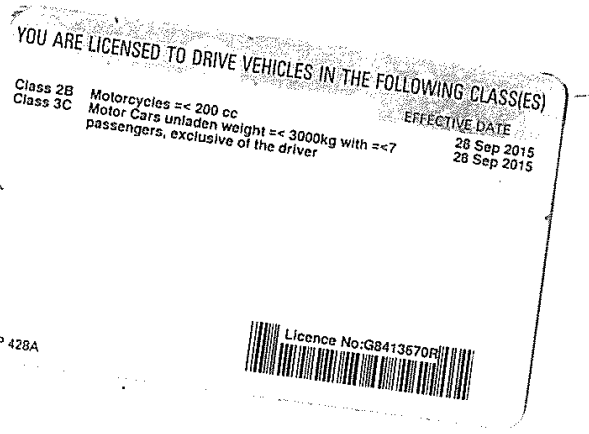
Work Permit No.

0 34505035

Sector:

CONSTRUCTION

K0073624


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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	28 Sep 2015
Class 3C	Motor Cars unladen weight =< 3000kg with =<7 passengers, exclusive of the driver	28 Sep 2015

NP 428A

Licence No:G8413670R


VISIT PASS

Immigration Regulations

19-12-2017

Name

CHAGANTI SAI SRINIVAS

Download SGWorkPass App to check status

FIN

G8413670R

Date of Birth

08-06-1989

Sex

M

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.

16-10-18;15:26

SOMPO

Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place, #09-01/06 Singapore Land Tower, Singapore 048623
Tel: 6401 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co. Reg. No.: 199905490E | GST Reg. No.: M200903196

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION)
ROAD TRANSPORT ACT,1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES,1959 (MAL

Cert No./Policy No.	: D18MTMC01006618
Insured	: CHAGANTI SAI SRINIVAS
Motor Vehicle (Regn No.)	: FBN4912U
Cover	: Third Party, Fire & Theft
Policy Commencement Date	: 16 OCTOBER 2018 15:26
Policy Expiry Date	: 15 OCTOBER 2019 23:59
Maximum Liability (Section I)	: Market value at time of loss
Excess*	: $300 - Section I
Named Driver 1	: CHAGANTI SAI SRINIVAS
Named Driver 2	: PONNUSAMY ARIVAZHAGAN
HIRE PURCHASE OWNER	: YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
CHAGANTI SAI SRINIVAS, PONNUSAMY ARIVAZHAGAN

Provided that the person driving is permitted in accordance with the licensing or other laws or regu
has been so permitted and is not disqualified by order of a Court of Law or by reason of any en
from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under
its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of

Limitations As To Use
Use only for social, domestic and pleasure purposes and
(a) by the insured in person in connection with his business or profession or
(b) in connection with the insured's business or profession

The Policy does not cover
(i) Use for hire or reward
(ii) Use for racing pacemaking, reliability trial or speed-testing
(iii) Use for the carriage of goods (other than samples) in connection with any trade or business
(iv) Use for any purpose in connection with the Motor Trade

Accident Reporting
It is a condition precedent to liability that the insured shall call at the Company's Accident Reportin
within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our E

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicl
(Chapter 188) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motor

Sompo Insurance Singapore Pte. Ltd.

Stella

Authorised Signatory

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

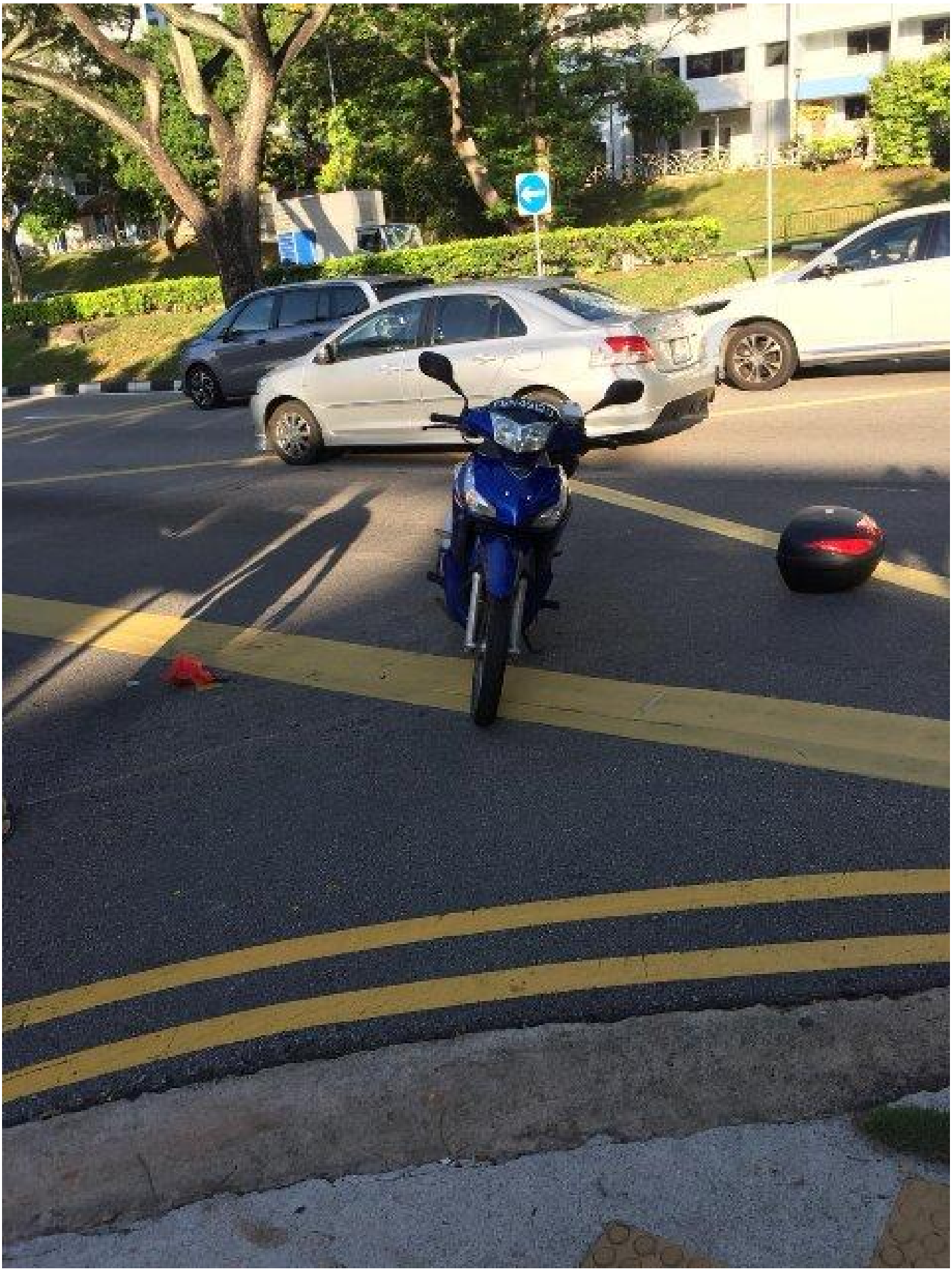
Accident Photo

Accident Photo

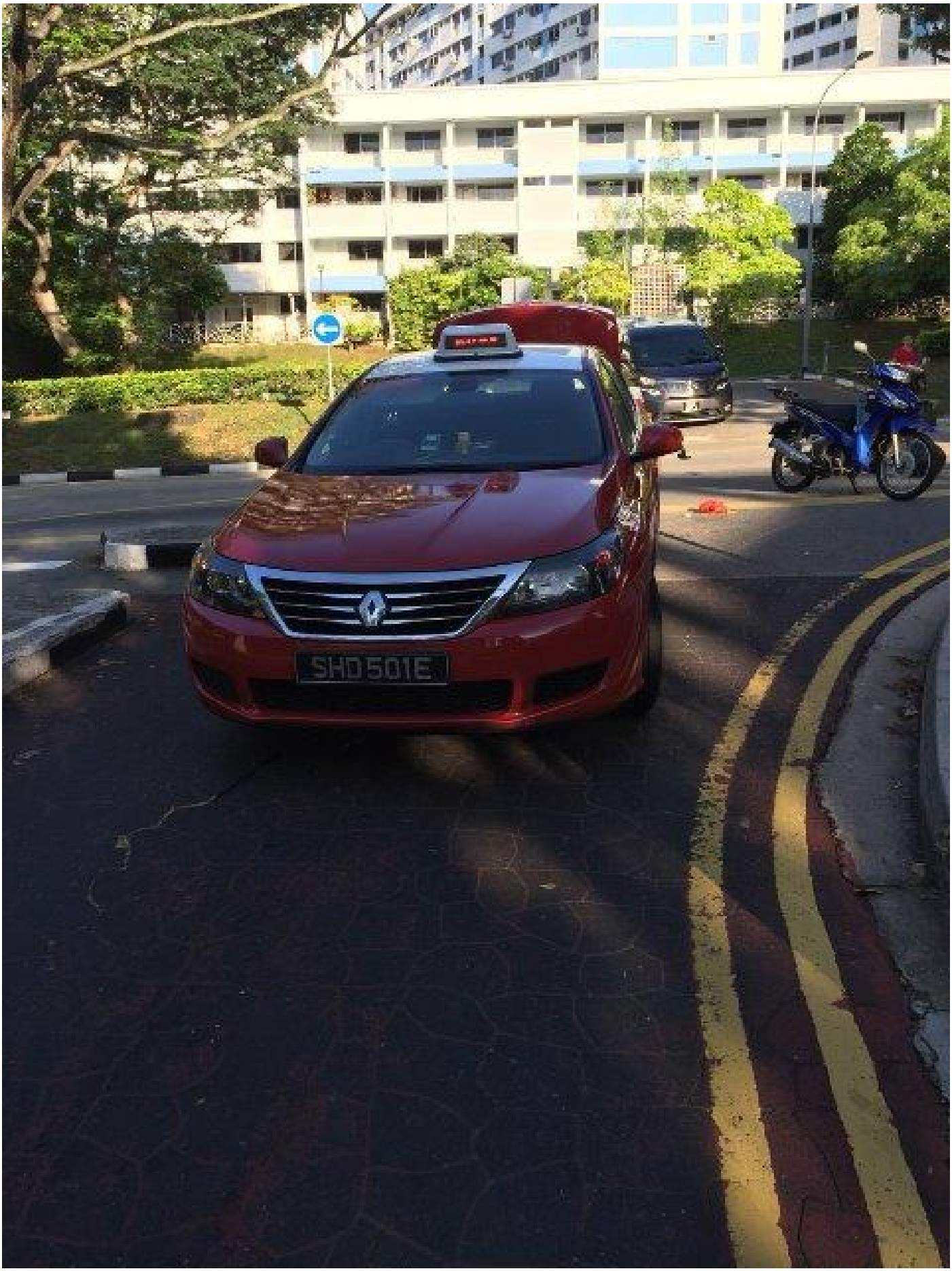
Accident scene

Accident scene

Accident scene



Accident scene



Accident scene

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