

## 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	08/04/2019 17:17
Date Of Accident	07/04/2019 13:20
Exact Location Of Accident	ALONG CHOA CHU KANG AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG1226Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KANDAVEL SATHIYARAGAVAN
NRIC No	S9674305Z
Email Address	SATHIYA803@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82928745
Alternative Phone No	OTHERS-82928745

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING (FOOD PANDA)
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	5077539715-03
Cover Note Number	

### Driver

Name of Driver	KANDAVEL SATHIYARAGAVAN
NRIC No	S9674305Z
Date Of Birth	18/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82928745
Fax Number	
Contact Number	OTHERS-82928745
EEmail Address	SATHIYA803@GMAIL.COM

Address	BLK 645 JURONG WEST STREET 61 #06-106
Postcode	640645
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 - CHANGE/CROSS LANE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190407/2108

#### 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	SLZ9344U
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIM SENG
NRIC/Passport Number	S8009809Z
Contact Number	97938065
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KANDAVEL SATHIYARAGAVAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG1226Z
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.

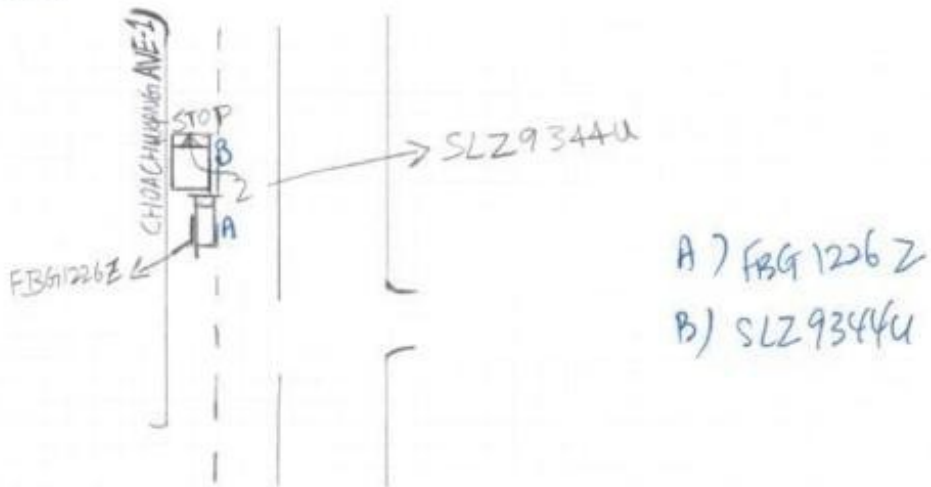
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PR. REF. to Police Report  
7/20/2019/2108

## DECLARATION

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

 8/4/19

Policyholder's Signature  
Date & Time:

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

 08/04/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190407/2108

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20190407/2108

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2019 20:53	Vide Report No.: J/20190407/0110	Station Diary No.: 152
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### Informant's Particulars

Name of Informant: KANDAVEL SATHIYARAGAVAN			Address: APT BLK 645 JURONG WEST STREET 61 #06-106 SINGAPORE 640645	
ID Type / ID No.: NRIC NO / S9674305Z			Contact No.: Home/Office: Mobile: 82928745	
Nationality: INDIAN			Email:	
Sex: Male	Age: 22	Date of Birth: 18/12/1996	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: FOOD DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/04/2019 13:20	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG AVENUE 1				
TOWARDS CHOA CHU KANG WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1226Z	Motorcycle	YAMAHA	YZF-R15	Red	Seriously Damaged	0
SLZ9344U	Car				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG1226Z	NTUC Income Insurance Co-Operative Limited	5077539715-03	28/03/2019	27/03/2020



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190407/2108

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20190407/2108

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	KANDAVEL SATHIYARAGAVAN	ID No.	S9674305Z
Related Vehicle	FBG1226Z (Motorcycle)	Contact No.	82928745
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Other Person</b>			
Name	LIM KIAN SENG	ID No.	S8009809Z
Related Vehicle	SLZ9344U (Car)	Contact No.	97938065
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 07/04/2019 at about 1320hrs, I was riding my motorcycle FBG1226Z along Choa Chu Kang Ave 1 towards Choa Chu Kang Way on the left lane. At that point of time, there was another vehicle SLZ9344U travelling slightly ahead of me on the right lane.

I noticed that there was a pedestrian standing on the curb on the left side. Suddenly the car which was on the right lane swerved into the left lane in front of me and stopped to pick up the pedestrian. I was unable to stop in time and I collided into the rear of the car.

As a result of the collision, I the front fairing, signal lights and headlights of my motorcycle was broken. Traffic Police and Ambulance came to scene and I was conveyed to Ng Teng Fong General Hospital. There is a CCTV inside the car.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190407/2108

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649618  
Tel No: 1800-2689999

3 of 3

Report No. T/20190407/2108

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 /  
Staff Sgt IQBAL PRATAMA PUTRA BIN AZMAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/04/2019 20:53

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI  
Contact No.: 65476904

Classification Of Case:

Authentication Stamp  
NP168

Singapore Police Force



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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