

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	23/05/2019 09:23
Date Of Accident	16/05/2019 08:50
Exact Location Of Accident	ANG MO KIO AVENUE 1 TOWARDS BISHAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5260H
Insured/Policyholder	
Name Of Registered Owner	KUNAL NIMISH JHAVERI
NRIC No	S9470243G
Email Address	KUNALJHAVEN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82336025
Alternative Phone No	OTHERS-82336025

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-200CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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	5080807544-02
Cover Note Number	

Driver

Name of Driver	KUNAL NIMISH JHAVERI
NRIC No	S9470243G
Date Of Birth	26/03/1994
Occupation	INDOOR
Date Of Driving Pass	08/04/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82336025
Fax Number	
Contact Number	OTHERS-82336025
Email Address	KUNALJHAVEN@HOTMAIL.COM

Address	15 AMBER ROAD #13-01
Postcode	439865
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 - HEAD TO REAR
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	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190516/2068

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	GBE660U
Vehicle Make/Model/Colour	NISSAN NV350
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO WEE BOON, ROLAND
NRIC/Passport Number	S7517571Z
Contact Number	97959659
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name KUNAL NIMISH JHAVERI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE5260H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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: 16/5/19
1700

Driver's Signature

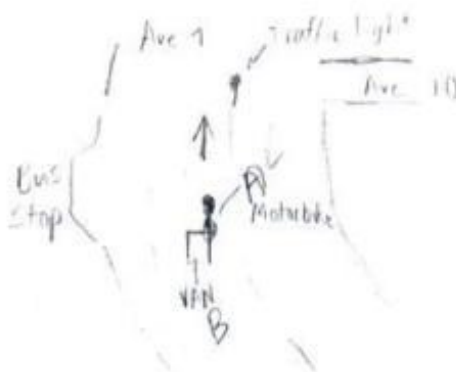
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A) FBE 5260H
B) GBE 660 V



DIS 25442 ~ Black paper
 7/20/90516/2068

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

1700

Date & Time:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190516/2068

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 4

Report No: T/20190516/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2019 13:56		Vide Report No.:		Station Diary No.: 51	
Informant's Particulars					
Name of Informant: KUNAL NIMISH JHAVERI			Address: 15 AMBER ROAD #13-01 SINGAPORE 439865		
ID Type / ID No.: NRIC NO / S9470243G			Contact No.: Home/Office: Mobile: 82336025		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 26/03/1994	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: RAILWAY ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/05/2019 08:45	Type of Location: Bend
Location: Along Road 1 ANG MO KIO AVENUE 1 ANG MO KIO AVE 1 TOWARDS BISHAN, BEFORE JUNCTION OF ANG MO KIO AVE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5260H	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Black	Seriously Damaged	0
GBE660U	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
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T/20190516/2068

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20190516/2068

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5260H	NTUC Income Insurance Co-Operative Limited	5080807544-02	30/05/2018	29/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider:			
Name	KUNAL NIMISH JHAVERI	ID No.	S9470243G
Related Vehicle	FBE5260H (Motorcycle)	Contact No.	82336025
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/05/2019	Date Discharge	16/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

I am the rider and registered vehicle owner of a black in colour Pulsar 200 DTSI bearing vehicle plate number FBE5260H.

On the 16/05/2019 at 0845hrs, I was riding my vehicle (FBE5260H) along Ang Mo Kio Ave 1 towards Bishan direction and when approaching the junction with Ang Mo Kio Ave 10, I was in the extreme right lane as I wanted to turn right into Ang Mo Kio Ave 10. My vehicle (FBE5260H) was still moving when I felt an impact from the rear of my vehicle (FBE5260H). I then fell off my bike and sustained some injuries. The impact was from a black company Nissan van (corbell technologies) bearing vehicle plate number GBE550U as the front part of the van (GBE550U) had collided into the rear portion of my vehicle (FBE5260H).

GBE 660U GBE 660U

There was attendance by Traffic Police and ambulance. I did manage to secure the driver's particulars (Teo Wee Boon, Roland, S7517571Z, H/P: 97959659 of GBE550U. My vehicle (FBE5260H) was towed by Traffic Police. I was conveyed conscious by ambulance to Tan Tock Seng Hospital. I was discharged on the same day (16/05/2019) and the extent of my injuries are abrasions on knees and hands. I was also given two days of MC.

I wish to state that I do not have a camera attached to me or my vehicle (FBE5260H). I do not have any photos of the damages sustained for both vehicles (FBE5260H & GBE550U). I was also advised by my insurance company to lodge a Traffic Accident Report.

GBE 660U

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190516/2068

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Police Station Of Origin:
Marine Parade N.P.C
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Tel No: 1800-4428999

Report No. T/20190516/2068

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190516/2068

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449296
Tel No: 1800-4428999

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Report No. T/20190516/2068

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:

G /

Sgt 3 MOHAMED ZAMIL BIN MOHAMED ANIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/05/2019 13:56

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

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



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020 / GST Reg. No: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA4906647X Vehicle Registration No : FAE 5760H
Name (as shown in NRIC) : KUNAL NIMISH JAVARI NRIC/FIN/Passport No : S9470243G
(*Vehicle Driver / Vehicle Owner (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 82336025
Email Address : _____
Date of Accident : 16/05/2019 Time of Accident : 08:50
Place of Accident : After the KID AVA 1 Towards Bushan
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① 1P Vehicle Number to GBE 660 U
- ② WICAD AMMENDMENT POLICE REPORT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Devi Luthar
NRIC/FIN No.:
Date: 27/05/2019