

## 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	28/05/2019 14:28
Date Of Accident	20/05/2019 13:30
Exact Location Of Accident	ALONG COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	AY2000T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUGANESH S/O BERABAHARAN
NRIC No	S9729038E
Email Address	KUGANESH15@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87226080
Alternative Phone No	OFFICE-87226080

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150

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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT2019TR00269
Cover Note Number	

### Driver

Name of Driver	KUGANESH S/O BERABAHARAN
NRIC No	S9729038E
Date Of Birth	30/04/1997
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87226080
Fax Number	
Contact Number	OFFICE-87226080
Email Address	KUGANESH15@GMAIL.COM

Address	BLK 62 TEBAN GARDENS ROAD #25-629
Postcode	600062
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 EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT

#### 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	SHC8532T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE JOO HOCK
NRIC/Passport Number	S2677610D
Contact Number	82820766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

## Accident Sketch Plan Pg. 1


### SKETCH PLAN


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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:

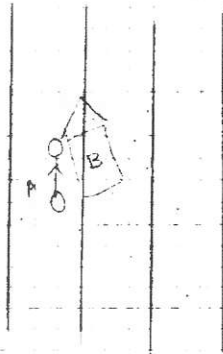
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Accident Sketch Plan Pg. 1

### SKETCH PLAN

A- AY 2006 T.  
B- CHC 85327



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Accident Date & Time : 20/5/2019 1330

Accident Location : Commonwealth Ave

As per police report

☐ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

## DECLARATION

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

**\* IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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.:



**SINGAPORE  
POLICE FORCE**



T/20190521/2114

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20190521/2114

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
AY2000T	GREAT AMERICAN INSURANCE COMPANY	MT2019TR00269	18/03/2019	17/03/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KUGANESH S/O BERABAHARAN	ID No.	S9729038E
Related Vehicle	AY2000T (Motorcycle)	Contact No.	87226080
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	21/05/2019	Date Discharge	21/05/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Driver			
Name	LEE JOO HOCK	ID No.	S2677610D
Related Vehicle	SHC8532T (Car)	Contact No.	82820766
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 20 May 2019 at about 2330hrs, I was riding my motorbike AY2000T along Commonwealth Ave near to Queenstown MRT on the most left lane. There is a taxi SHC8532T who was driving on my right the 2nd lane. The taxi then suddenly swerves towards the left to the taxi stand and I applied brake immediately and also sounded the horn however could not stop and avoid in time resulting my motorbike collided with the taxi rear left area.

After the collision, I fell off from the motorbike and suffered abrasions on my right hand, knee, shin and ankle. The ambulance then arrived at scene however initially I did not wish to be conveyed but subsequently I felt head pain and vomiting thus I was being conveyed to NUH for further medical treatment. I was given a MC of 4 days. My right eye also felt blurred vision after accident and the doctor had arranged for specialist for follow up. The passenger who flagged the taxi witnessed the accident however I did not manage to take down the particulars.



**SINGAPORE  
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T/20190521/2114

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Report No. T/20190521/2114

CONTINUATION OF REPORT

A  
NP



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20190521/2114

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Report No. T/20190521/2114

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:  
D /  
Sgt 3 FOO SHI HONG, DARIUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 LIM HONG LEE  
Contact No.: 65476438

Authentication Stamp  
NP168

Signature Of Informant:

*[Signature]*

Date/Time:  
21/05/2019 16:23

Classification Of Case: