SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/08/2019 12:32
Date Of Accident	06/08/2019 12:10
Exact Location Of Accident	PIE(CHANGI AIRPORT) LANE 3 BEFORE ENG NEO AVENUE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE3178B
Insured/Policyholder	
Name Of Registered Owner	HARITHRAN S/O M KRISHNASAMY
NRIC No	S9635134H
Email Address	KHARIS0015@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86917131
Alternative Phone No	OTHERS-86917131
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO SCHOOL
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	5095079561-01
Cover Note Number	
Driver	
Name of Driver	HARITHRAN S/O M KRISHNASAMY
NRIC No	S9635134H

03/10/1996

11/06/2015

4 YEARS AND 1 MONTH

(LOCAL) +65-86917131

KHARIS0015@GMAIL.COM

OTHERS-86917131

INDOOR

MALE

Address BLK 172 WOODLANDS STREET 13

#12-303

Postcode 730172

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 Vehicle

auranaa Campany of Drivaria Own Vahiala

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

ambulance?

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

YES

YES

Was any other material or property damaged?

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

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address 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/20190809/7002

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

SFY2210U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 27

DETAILS OF INJURED PERSON 1

Name HARITHRAN S/O M KRISHNASAMY

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBE3178B

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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- 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
- 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.
- 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.

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Accident Sketch Plan

	Eng NPO	1	PTF (Changi Quest)
	Ave	1	PIE (Chang i Airport)
LREZINDR	TH		
) FBE 3178B	0,0		
SFY 2210 U	B		
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		1	
SCRIBE CIRCUMSTANCES OF	HE ACCIDENT		
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10 8	AN 12500		
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prs ps	All Jacobs		
PLS PS	AB 125018		
PLS PS	All Jacobs	h \	
PIS PS	AB JOSON		
Pls P	All Jacobs		
PIS PS	AN JOSON		
PIS PS	AN JOSEPH		
	AN JOSON		
CLARATION	s are true in every respect.		
CLARATION We declare the foregoing particular			/ dedness
CLARATION			Reporting Centre Personnel's Senatura Name: NRICTEIN No.: WEST WAY





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Report No. T/20190809/7002

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

REPORT O	F A TRAFFIC	ACCIDENT			
Date/Tim 09/08/20	ne Report M 119 02:17	fade:	Vide Report No.: Station Diary No		
Informa	nt's Particu	ulars			
Name of HARITH	Informant: RAN S/O M	KRISHNASAMY	Address: 172 WOODLANDS STR	EET 13 #12-303 SINGAPORE 730172	
ID Type NRIC NO	/ ID No.: 0 / S96351	34H	Contact No.: Home/Office:	Mobile: 86917131	
National SINGAP	ity: PORE CITIZ	ZEN .	Email: KHARIS0015@GMAIL.0	COM	
Sex: Male	Age: 22	Date of Birth: 03/10/1996	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupa			Driving Licence Informat Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/08/2019 12:05	Type of Location: PIE (changi airport) lane 3 before eng neo ave
Location: PAN ISLAND	EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
		Traffic Control:		Traffic Volume: Light
Traffic Flow: One Way				- 0

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE3178B	Motorcycle	YAMAHA	R15	Blue	Seriously Damaged	0
	Car					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
venicie No.	insurance Company	Illouration ite		





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Report No. T/20190809/7002

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

CONTINUATION OF REPORT

Vehicle No.	ehicle Insurance Insurance Company	Insurance No	Effective	Expiry Date
FBE3178B	NTUC Income Insurance Co-Operative Limited			

A Dedeckies is	unlund: No				
Any Pedestrian In		Use of Ped	lantrian	Croce	ing: NA
No. of Pedestrian	s Injured: NIL	Use of Ped	estrian	Cioss	ing. IVA
Rider		Seattle .			
Name	HARITHRAN S/O M KRISHNAS	AMY	ID No.		S9635134H
Related Vehicle	FBE3178B (Motorcycle)		Contact No.		86917131
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Driving Licence Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/08/2019	Date Disc			3/2019
No. of Days gran	ted Medical Leave 18	Degree of	Injury	Serio	us

My name is Harithran Krishnasamy and I am a full time student, currently pursuing my Bachelors of Honours in Mechanical Engineering and also work as a part time home tutor for 2 Junior College students.

I was on my way to school on 6th August 2019, Tuesday, when I met with this traumatic accident. I was travelling on PIE (Changi Airport) before Eng Neo Avenue Exit, on the third lane, when I was hit from the back of my motorcycle by a car. The force from the hit threw me off my bike, however I was still holding on to my handle bar and crashed to the ground on my left shoulder. I was dragged on the road with my left side bearing the pressure of the bike, myself and the rough surface of the road for about 3 to 4

Upon releasing my handle bar due to the intense pain on my left arm, I rolled uncontrollably around 4 to 5 times before coming to a stop. I looked up and saw my bike was about 3 metres away from where I stopped. I managed to get up and stop the oncoming vehicles to prevent them from running over me. A chinese passer-by biker assisted me by calling the ambulance and police. I felt giddy, nauseous and could not open my eyes fully. However, I managed to get myself to the side of the road and lay down flat until the ambulance arrived.

The police arrived with the ambulance and took over from there, as I was feeling like I was going to be unconcious and was scared. I was rushed to TTSH where I had to be hospitalized till 8th August 2019. I had to be admitted into Ward 12C, Room 06, Bed 090. I suffered abrasion and friction burn on both my arms, along with shoulder bruises which has caused a tear in my tissue muscles. I had to undergo X-Ray and MRI scans and have ensured that there are no fractures by the hospital.

I have been granted hospitalization from 6 August 2019 to 23 August 2019. And have been examined from 6 August 2019, 12:50 to 8 August 2019, 15:50.

During this period, I was not able to attend my school and would not be able to attend school until I have healed, which will cause me to miss out on a lot of school lessons, which I will have to substitute by paid

supplementary classes. Futhermore, now I am not able to do my tutoring job due to these injuries which has affected my source of income to fund my school fees and expenses.

On the site of the incident, I have lost my Sperry shoes and Apple watch series 4 (GPS + cellular) when being strucked by the car. Additionally, my Hershcel school bag, Iphone XS, ASUS school laptop, Scientific Graphing Calculator, Scientific calculator, writting materials, my attire and my bike gears sustained heavy damage from the accident, along with my motorcycle. In addition i am currently taking my class 2 license, on top of my class 2B, 2A and 3 which i have





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

Report No. T/20190809/7002

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CONTINUATION OF REPORT

attained over the past 4 years. I am very traumatised and taken by suprise from this accident as I have been a very abiding driver of the traffic rules and regulations for the past 4 years of my driving experience on the road and have never gotten a demerit point due to the safety I give to other road users and myself on the road.

This summary is the best of my knowledge that I can recall from the accident.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20190809/7002

CONTINUATION OF REPORT

Sketch Plan	Ë					
Informant is	not	able	to	provide	sketch	plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/08/2019 02:17
Officer In Charge Of Case: TP / TPHQ / MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:



TAN TOCK SENG HOSPITAL

11 Jalan Tan Tock Seng, Singapore 308433 Tel. (65) 6256 6011

HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

HARITHRAN S/O M KRISHNASAMY | S9635134H | 22Y 10M | M | Indian | 1219572992Z | 06-Aug-2019 | 08-Aug-2019

ADMISSION DETAILS

Admission Date: 06-Aug-2019

DOB: 03-Oct-1996

Age: 22Y 10M (as of admission)

Ward: WARD 12C

Room: ROOM 06

Bed: BED 090

Patient Type: Inpatient

Patient Class: Class B2

Attending Dr.: ONG HANG SHYAN (09424B)

Medical Service Code: Orthopaedic Surgery

DISCHARGE DETAILS

Discharge Date/Time: 08-Aug-2019 15:45 Discharge Status:

Follow Up at SOC

Condition at Discharge:

Improved - Condition better than at time

of admission

DIAGNOSIS

ABRASION AND/OR FRICTION BURN

SHOULDER BRUISE

PROCEDURE

Not Applicable

DRUG ALLERGY DATA

Adverse Drug Reaction / Drug Allergy

No drug allergy

Medical Alert

No medical alert

The drug allergy data is accurate as at 08-Aug-2019 15:52

CLINICAL SUMMARY

TCU Dr Desmond Team Clinic 1/12

Discharge Medication

The discharge medication data is accurate as at 08-Aug-2019 15:42

Route

Medication Name

Dosage Regimen

Instructions

PO

Paracetamol Tab

1 g every 6 hourly when

pain

necessary 1 month

PO

traMADol Tab

50 mg every 8 hourly when necessary 2 weeks

Pain.

PO

Metociopramide Tab

necessary 2 weeks

10 mg 3 times per day when Nausea and/or vomiting.

PO

Etoricoxib Tab

90 mg every morning when necessary 2 weeks

breakthrough pain

PO

Omeprazole Cap

20 mg every morning when necessary 2 weeks

With arcoxia

Medical Certificate

By : NG XIN LE(P1436G)

Date : 08-Aug-2019 15:52

This is a computer-generalist summary of information available and correct at point of print Please refer to your doctor for further information or confidence.

Printed by: NG XIN LE (P1436G) Printed Date/Time: 08-Aug-2019 15:52

Page 1 of 2



ICAL CERTIFICATE	ORIGINAL	TTSH19185148
E; HARITHRAN S/O M KRISHNASAMY		NRIC: \$96351340
of Medical Leave granted : HOSPITALIZATION LE	AVE	
above named is unfit for duty for a period of 23-Aug-2019 inclusive	18 day(s) from 05-Aug-201	9 to
certificate is not valid for absence from court after	dance.	
above named attended for Examination/Treatmen	t from 06-Aug-2019 12:50 to 08-	Aug-2019 15:50
Aug-2019 NG XIN LE (P1436G)	WHIC	L
Date Issued by	Location	Signature





























