

## 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	13/01/2020 12:05
Date Of Accident	12/01/2020 10:45
Exact Location Of Accident	ALONG EAST COAST ROAD OUTISE 139 EAST COAST ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4493Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSHNI RANJANI PANNIRSELVAM
NRIC No	S7539461F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98218690
Alternative Phone No	Office-98218690

### Vehicle Particulars

Manufacturer	VOLVO
Model	XC40-2.0 T4 MOMENTUM (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800130276
Cover Note Number	

### Driver

Name of Driver	ANURA NEYSADURAI
NRIC No	S7119476J
Date Of Birth	09/05/1971
Occupation	INDOOR
Date Of Driving Pass	30/05/1990
Driving Experience	29 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98218690
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	22 WOOLLERTON PARK #08-24
Postcode	257526
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 60 DAKOTA CRESCENT #01-213/ 215 , <b>POSTCODE:</b> 390060 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3449999 - <b>FAX NO:</b> 64474185
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CARD WITH TP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK4037L
Vehicle Make/Model/Colour	

Details Of Properties  
Vehicle Category

MOTORCYCLE

Name of Driver

BENJAMIN TAN FU KANG

NRIC/Passport Number

S9242707B

Contact Number

91901007

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
<b>IMPORTANT NOTICE</b>	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing. 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. Information provided must be as <u>truthful and accurate as possible</u> . Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: <u>21/01/2020</u> Time: <u>1045</u> .
Exact Location of Accident	<u>ALONG EAST COAST ROAD</u>
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	<u>OUTSIDE 139 EAST COAST ROAD.</u> <u>SME4493Z.</u>
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	<u>ROSHNI RANJANI PANNIRSELVAN</u>
Personal Identification - NRIC (Singaporean/PR)	<u>SF539461F</u>
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer <u>NISSAN</u> Model <u>XT40</u>
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	<u>Social</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	<u>AIG ASIA PACIFIC</u>
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	<u>1800130276</u>
Motor CI	
<b>DRIVER</b>	<input type="radio"/> Same as Insured above
Name of Driver	<u>ANURA NEYSADURAI.</u>
Personal Identification - NRIC (Singaporean/PR)	<u>SF119476J</u>
- FIN/Passport Number	
Date of Birth	<u>09</u> dd/ <u>05</u> mm/ <u>1977</u> yy
Driving Date Pass	<u>30</u> dd/ <u>05</u> mm/ <u>1990</u> yy
Year of Driving Experience	Year(s) _____ Month(s) _____
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	<u>98248690</u>

Address of Driver	39 NOOLLETON PARK	
	#08-24	Postcode (57526)
Email Address	MDENAIL	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Spouse	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	HEAD SIDE	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others	
<b>OTHER INFORMATION</b>		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	01	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name	MOUNTBATTEN NPP.	
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	FBKA037L	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	BENJAMIN TAN FU KANG	
Personal Identification - NRIC (Singaporean/PR)	S9242707B	
- FIN/Passport Number		
Contact Number	91901007	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles )		

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

#### 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' law yers/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

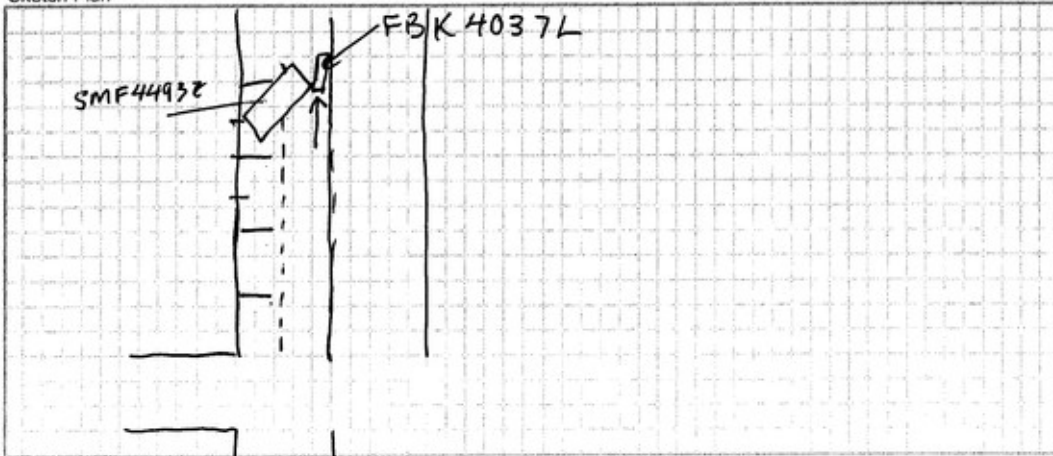
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Rishi Salwan  
Policyholder's Signature / Date & Time

[Signature]  
Driver's Signature (if driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



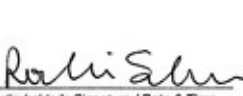
**Describe Circumstance of the Accident**

**IMPORTANT NOTE**

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**Declaration**

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



Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20200112/2061

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

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Report No. T/20200112/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/01/2020 16:29	Vide Report No.: G/20200112/0103	Station Diary No.: 12
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**Informant's Particulars**

Name of Informant: ANURA NEYSADURAI			Address: 22 WOOLLERTON PARK #08-24 SINGAPORE 257526	
ID Type / ID No.: NRIC NO / S7119476J			Contact No.: Home/Office: Mobile: 98218690	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 09/05/1971	Type of Informant: Driver	
Race: Ceylonese			Language: English	Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/01/2020 10:45	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 EAST COAST ROAD JOO CHIAT ROAD Outside 139 East Coast Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4037L	Motorcycle	YAMAHA	MT-09 ABS TRACER	Red	Seriously Damaged	0
SMF4493Z	Car	VOLVO	XC40 T4 MOMENTU M	Black	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**POLICE REPORT**





**SINGAPORE  
POLICE FORCE**



T/20200112/2061

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

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Report No. T/20200112/2061

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	BENJAMIN TAN FU KANG	ID No.	S9242707B
Related Vehicle	FBK4037L (Motorcycle)	Contact No.	91901007
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	ANURA NEYSADURAI	ID No.	S7119476J
Related Vehicle	SMF4493Z (Car)	Contact No.	98218690
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 12/01/2020 at about 10.45am, I was driving my car (SMF4493Z) out from a parallel parking lot along East Coast Road. It is a 2-lane road but the left lane was occupied by 5 parallel parking lots. All the 5 parking lots were parked with vehicles and my car was parked in the center parking lot. I was doing a three-point turn to shift my car out of the parking lot. When my car was half way out from the parking lot with my car in a 45 degree angle position. I checked back for any traffic and the road was clear. When I started to move my car forward. Suddenly, a motorcycle (FBK4037L) collided onto the right driver side of my car. The impact caused the rider flew forward and landed in front of where my car was and the motorcycle came to a complete stop and was leaning against the center divider. I immediately came out of my car to make a check on the rider who was lying down on the ground. By that time, some passers-by had already went to assist the rider. I immediately called for ambulance for the rider. After about 5 minutes, the rider is able to stand up and moved to the side of the road with the help of some passers-by. The motorcycle was also shift to the side of the road by passers-by. I then shifted my car in order not to cause any obstruction on the road. The rider was in a state of shock, after about another 5 minutes of calming down, I am able to communicate and exchange particulars with the rider. The rider had complained of pain on his knees and some aching on his body. No visible injuries on him. Subsequently, ambulance came and the rider was convey to Changi General Hospital. I stayed at scene to wait for traffic police. Traffic police attended to me. My car had suffered some damaged at the right front wheel and front bumper area. I then activated my insurance company's roadside assist that towed my car away to the workshop..

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200112/2061

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

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Report No. T/20200112/2061

CONTINUATION OF REPORT

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200112/2061

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

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Report No. T/20200112/2061

**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 PU SONGHUI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Signature Of Informant:

Date/Time:  
12/01/2020 16:29

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

**Driving License**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

**S7119476J**

**ANURA NEYSADURAI**

Birth Date: 09 May 1971  
Issue Date: 10 Jul 2018

002622085H

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7119476J**

**ANURA NEYSADURAI**

Name



Race  
**CEYLONESE**

Date of birth  
**09-05-1971**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

S7119476J

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	30 May 1990

NP 428A

Licence No: S7119476J

5553785

**S7119476J**

NRIC No: S7119476J

Date of issue  
**06-01-2016**

Address  
**22 WOOLLERTON PARK  
#08-24  
SINGAPORE 257526**




Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

