

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	17/02/2020 16:34
Date Of Accident	17/02/2020 07:40
Exact Location Of Accident	ALONG BUKIT BATOK RD TOWARDS JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1961M
Insured/Policyholder	
Name Of Registered Owner	KESAVAN S/O APPANA
NRIC No	SXXXX956F
Email Address	KESAVANYNAES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86133772
Alternative Phone No	OTHERS-86133772

Vehicle Particulars

Manufacturer	KAWASAKI
Model	Z800 ABS-806CC
Exact Purpose for which vehicle was being used at time of accident	GOING 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109071922
Cover Note Number	

Driver

Name of Driver	KESAVAN S/O APPANA
NRIC No	SXXXX956F
Date Of Birth	05/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86133772
Fax Number	
Contact Number	OTHERS-86133772
Email Address	KESAVANYNAES@GMAIL.COM

Address	BLK 489A CHOA CHU KANG AVENUE 5 #05-193
Postcode	681489
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 - MAJOR/MINOR RD
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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200217/2080

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL7068C
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HUA MENG LOUIS
NRIC/Passport Number	SXXXX360C
Contact Number	97662730
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KESAVAN S/O APPANA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK1961M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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: 17/02/2020
1540 hrs

Driver's Signature

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

34 KIT B+TOK
WEST AVE 2

Diagram of a T-junction:

- A vertical road labeled "Bukit Batok Rd" intersects a horizontal road labeled "TRAFFIC JUNCTION".
- A car labeled "A" is at the junction, moving from the horizontal road towards the vertical road.
- A car labeled "B" is on the horizontal road, moving towards car A.

Questions:

- FRK 1961M
- SJL 7068C

REFER to Police Report T/20200217/2080

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

Date & Time: 17/02/2020
1540hrs

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200217/2080

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20200217/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2020 15:06		Vide Report No.:		Station Diary No.: 81	
Informant's Particulars					
Name of Informant: KESAVAN S/O APPANA			Address: APT BLK 489A CHOA CHU KANG AVENUE 5 #05-193 SINGAPORE 681489		
ID Type / ID No.: NRIC NO / S8726956F			Contact No.: Home/Office: Mobile: 86133772		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 05/09/1987	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONTAINER HANDLING SPECIALIST			Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/02/2020 07:40	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 BUKIT BATOK ROAD JURONG TOWN HALL ROAD Along Bukit Batok Road towards Jurong Town Hall Road, after the junction of Bukit Batok Road and Bukit Batok West Avenue 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1961M	Motorcycle	KAWASAKI	Z800 ABS M	Black	Slightly Damaged	0
SJL7068C	Car	TOYOTA	VIOS	Blue	Slightly Damaged	0

Details of Vehicle Insurance

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



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T/20200217/2080

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 4

Report No. T/20200217/2080

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK1961M	NTUC Income Insurance Co-Operative Limited	5109071922	27/04/2019	26/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KESAVAN S/O APPANA	ID No.	S8726956F
Related Vehicle	FBK1961M (Motorcycle)	Contact No.	86133772
Hospital/Clinic	BUKIT BATOK POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	17/02/2020	Date Discharge	17/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	LIM HUA MENG LOUIS	ID No.	S7705360C
Related Vehicle	SJL7068C (Car)	Contact No.	97662730
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 17/02/2020 at about 0740hrs, I was riding my motorcycle FBK1961M, travelling along Bukit Batok Road towards Jurong Town Hall Road. I was on the second lane of the three lanes. Traffic was slightly congested however was still moving smoothly.

As I passed the junction of Bukit Batok Road and Bukit Batok West Avenue 2, suddenly one motorcar SJL7068C, which was on the third lane, filtered to the right abruptly. I was already travelling on the second lane and slightly ahead of the said motorcar.

The right side and front of the car collided onto the left side of my motorcycle. Due to the collision, I swerved to the left and almost lose balance however managed to control my motorcycle. I stopped at the side of the road and the motorcar remained at where he was at.

The damages to my motorcycle are scratches and dents on my left side mirror, engine case and also the left side of my cover set. The damages to the motorcar are the front bumper dropped off and also scratches on the front right of the motorcar and right mirror.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200217/2080

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3 of 4

Report No. T/20200217/2080

CONTINUATION OF REPORT

Due to the collision, I suffered a cut on my left wrist and was bleeding. We exchanged particulars and subsequently I left the scene and proceeded to Bukit Batok Polyclinic for medical attention. I was then given 4 days of MC due to the swelling on my left wrist. The driver of the motorcar was still at scene as his motorcar could not move as the bumper had dropped. I observed no visible injuries on the driver.

I do have a video footage of the incident which another motorist provided to me. No government property damaged. Traffic Police and Ambulance was not at scene.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200217/2080

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4 of 4

Report No. T/20200217/2080

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 2 HIDAYAT BIN SELAMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:

17/02/2020 15:06

Classification Of Case:

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: S66550020G / GST Reg. No.: M400017735

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 : MNA42002179 Vehicle Registration No: FBK 1961M
Name (as shown in NRIC) : KESAVAN S/O APPALA NRIC/FIN/Passport No : XXXX906F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 86133772
Email Address : _____
Date of Accident : 17/01/2020 Time of Accident : 0740
Place of Accident : ALONG BUKIT TIMAH RD TAVARES JUNCTION TOWN HILL RD
Insurance Company : MIIC

(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:

INSURED UNDER NRIC AND NOT MSIG

Policyholder / Driver's Signature
Date:

03/03/2020
Reporting Centre Personnel's Signature
Name: Paul LUTHER
NRIC/FIN No.:
Date: