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	Assessment/Surv	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No:50	wysix	. INC()/Non-INC().	¥1	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO	O): N: 0-2	0%; P: 21-79%. F: 80-	100%]	-200 - 002.5
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			Date&Time Completed	Done	by .
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

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 truthful and accurate 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.
- 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.

省等加坡。市场发展到其间的图式,因为中部 的	ACCIDENT STATEMENT
Date Of Report	31/03/2020 09:44
Date Of Accident	01/02/2020 07:50
Exact Location Of Accident	BEDOK SOUTH AVE 3
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF6822A
Insured/Policyholder	
Name Of Registered Owner	GANESAN RAKESH KANNA
Passport No/FIN	GXXXX417T
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91003231
Alternative Phone No	OFFICE-91003231
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ 16
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	MOTORCYCLE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5113067543
Cover Note Number	
Oriver	
Name of Driver	GANESAN RAKESH KANNA
Passport No/FIN	GXXXX417T
Date Of Birth	10/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2019
Driving Experience	

MALE

NOEMAIL

(LOCAL) +65-91003231

OFFICE-91003231

Address 568 UPPER EAST COAST ROAD

#01-07 THE DAFFODIL

Postcode 466584

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

0

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO 2

YES

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

: MUTHUKUMAR RAJASUDHAN

GENDER: : MALE

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

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200328/2025.

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 SLW4522X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GANESAN RAKESH KANNA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBF6822A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MUTHUKUMAR RAJASUDHAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBF6822A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- 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 <u>repudiate policy liability</u>.
- 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.
- 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 the [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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

Refer to polize report

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
01/02/2020	(DD/MM/YY)
0750	(HH:MM)
Bedok South Avenue 3	
	01/02/2020

	DETAILS OF VEHICLE	
Vehicle registration number	FBF 6822A	
Vehicle make and model	Yamaha FZ 16	
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:	
Vehicle category	Private Commercial Motorcycle	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes No pif no, please select: Third part claim Reporting only	

INSURANCE INFORMATION				
Insurance company	NTUC			
Policy number				
Type of policy	Comprehensive	Third party fire & theft \square	TP only	

INSURED / POLICY HOLDER					
Name	Ganesan Rakesh Kanna	Male	Female 🗆		
NRIC / Fin / Passport number G 3367417 T					
Contact	9100 3231				
Address	568 Upper East Coast Road #01-07 The Daffodil S (466 584)				

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	10/12/1993
Occupation	Indoor D Outdoor D
Driving date pass	29/03/2019

Was driver an employee of the insured's company? If no, relationship of the driver and insured:		NERAL INFORMATION OF THE ACCID	DENT
the insured's company? Accident captured by camera? Yes			
Accident captured by camera? Yes No Weather condition Clear Raining Others: Road surface Dryd Wet No of passenger O (Inclusive or PASSENGER 1 Name Muthukumar Raja sudhan Gender Male Female PASSENGER 2 Name Gender Male Female PASSENGER 3 Name Gender Male Female PASSENGER 4 Name Gender Male Female PASSENGER 5 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 7 No In the passenger Male Female PASSENGER 8 Name Gender Male Female PASSENGER 9 No In the passenger Male Female PASSENGER 9 No In the passenger Male Female PASSENGER 9 Male Female Male Female PASSENGER 9 Male Female			ured: Owner
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WITNESS 1		1	
			2.1.22
		WITNESS 1	
	Name		
WITNESS 2		WITNESS 2	
Name	Name		

	THIRD PARTY VEHICLE 1
Vehicle registration number	
Vehicle registration number Vehicle make model	SLW 4522-X
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
NOTE OF STREET	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE STATE OF THE S	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
医生物型性致感的 医 格尔克氏	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number/	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
The state of the s	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

经产品支票的证据	INJURED PERSON 1
Name	Ganesan Rakesh Kanna
Injuries sustained	Body
Which vehicle person in?	FBF6822 A
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No 🗆
hospital by ambulance?	
7	
PROMETER AND LINE	INJURED PERSON 2
Name	Muthukumar Rajasudhan
Injuries sustained	Body
Which vehicle person in?	FBF 6822 A
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes No 🗆
hospital by ambulance?	
ASSAM SATERATE TO A SATERANT	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No
hospital by ambulance?	
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	Vec = No =
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes D No D
nospital by ambulancer	
	INJUDED BEDSON F
Name	INJURED PERSON 5
Injuries sustained	
Which vehicle person in?	1
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	THE TANKS OF THE PARTY OF THE P
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HARLES OF THE STREET	INJURED PERSON 6
Name	INJOILED I ENDOIT O
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
A STATE OF THE PROPERTY OF THE	





1 of 4

Report No. T/20200328/2025

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

General Information of the Accident

Tel No: 65470000

DEDODT		TRAFFIC	ACCIDENT
REPORT	OF A	IRAFFIC	ACCIDENT

Date/Time Report Made: 28/03/2020 11:25		/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	Committee of the Commit	
Name of Informant: Address: GANESAN RKESH KANNA			Address:	
ID Type / ID No.: FIN NO / G3367417T		7T	Contact No.: Home/Office:	Mobile: 91003231
Nationality: INDIAN			Email:	
Sex: Age: Date of Birth: Male 26 10/12/1993			Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: MECHANICAL ENGINEERING		GINEERING	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambula	The state of the s		Type of Location
Location: Along Road 1 BEDOK SOU	TH AVENUE 3			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis	ion:			Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBF6822A	Motorcycle	YAMAHA	FZ 16	Black		1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF6822A	NTUC Income Insurance Co-Operative Limited	5113067543	02/10/2019	13/10/2020





2 of 4

Report No. T/20200328/2025

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

CONTINUATION OF REPORT

Details of Perso			Christian Charles			
Any Pedestrian Ir	TATION OF THE PROPERTY OF THE	T., (5.)		_		
No. of Pedestrian	s Injured: NIL	Use of Pede	estrian	Cross	ing: NA	
Rider			-	367243		
Name	GANESAN RKESH KANNA		ID No.		G3367417T	
Related Vehicle	FBF6822A (Motorcycle)		Contact No.		91003231	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	01/02/2020	Date Disch			/2020	
	ted Medical Leave NIL	Degree of I	Injury	NIL		
Pillion						
Name	MUTHUKUMAR RAJASUDHAN	1	ID No.		G3863321Q	
Related Vehicle	FBF6822A (Motorcycle)		Contact No.		93372348	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	arge	NIL		
	ted Medical Leave NIL	Degree of	Injury	NIL		

Brief Details.

ON THE STATED DATE, TIME AND LOCATION I WAS TRAVELLING ALONG THE MENTIONED LOCATION WITH MY PILLION ON BOARD WHEN I CAME TO A YELLOW SINGAL AT THE TRAFFIC LIGHT JUNCTION.OUT OF THE SUDDEN, A CAR OF UNKNOWN PLATE NUMBER DROVE TOWARDS ME AND HIT ONTO MY MOTORBIKE.

I WAS CONVEYED TO THE HOSPITAL WITH MY PILLION, BUT MY PILLION INJURY WAS STILL ALRIGHT SO HE WAS DISCARGED ON THE SAME DAY WHILE I WAS UNDER OBSERVATION FOR 1 DAY BEFORE TRANSFERRING TO THE HOSPITAL IN INDIA.

AS I AM A FOREIGNER , THE HOSPITAL BILL WILL BE EXPENSIVE IF I CONTIUNED STAYING AT SINGAPORE HOSPITAL SO I WENT TO THE HOSPITAL AT INDIA.

DURING MY STAY IN HOSPITAL, MY PILLION AS MENTIONED HAVE DONE AN ACCIDENT REPORT ON MY BEHALF. REFER TO REPORT NUMBER: T/20200210/2097 AND T/20200210/2099.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20200328/2025

CONTINUATION OF REPORT





4 of 4

Report No. T/20200328/2025

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

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: TP / EUGENE AW WEI XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2020 11:25
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp	Signature: Eg



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5113067543

Cover : Third Party

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

: ME121C079B2012861 : GANESAN RAKESH KANNA

3. Effective Date of Insurance

: 02 Oct 2019

4. Expiry Date of Insurance

: 13 Oct 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

: N/A

NAMED DRIVER (1)

: GANESAN RAKESH KANNA : MAHENDRAN SURESH

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: N/A

SUM INSURED

N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: LIM SHENG HAU (00000602572)

Date of Issue

: 02 Oct 2019 12:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_80	YA_UBI_800601					Change	Language	• Chan	ge Password	· Log Ou	
My Desktop Notice of Loss	Polic	y Query									
	Policy N	lo.				Date o	f Accident	[ō	1/02/2020 0	7:50	
	Vehicle	No.(For Motor)	FBF682	2A		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113067543		GANESAN RAKESH KANNA	G3367417T	GMC	Third Party	FBF6822A	FBF6822A	02/10/2019	13/10/2020

Singapore OD Excess		Singapore TP Excess				Toung/Ir	nexperience Driver Excess
OD Excess Agent	LIM SHENG HAU	TP Excess Agent Tel.	87513929		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate	No						
Info	holder Mailing Address						
	C420444500000000000000000000000000000000	ROAD Addre	ss 2	#01-07 THE DAFFO	DDIL	Address 3	SINGAPORE 466584
	568 UPPER EAST COAST		(300.50)				LINE WARRANT
Policyl	568 UPPER EAST COAST	Addre	se Tune	Singapore address		Doct Code	
Policyl Address 1 Address 4			ss Type	Singapore address		Post Code	466584
Policyl Address 1 Address 4	568 UPPER EAST COAST		d Policy	Singapore address 5113067543		Post Code	466584
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Policyl Address 1 Address 4 Unit No.	01-07 od Object: FBF6822A	Relate	d Policy	Cathally deserved with the		Post Code	466584

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Cyclother Name			
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cess Type Per Accident Windscreen Excess			
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nt No. 01-07 Related Policy Number \$1,13067543			
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named driver Name	3		
gister Date of Driver License 29/03/2019 Driver Age 26 Driving Expenence 0			
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