

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	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

DETAILS 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 time of accident	PRIVATE USE
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	5113067543
Cover Note Number	

Driver

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	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91003231
Fax Number	
Contact Number	OFFICE-91003231
Email Address	NOEMAIL

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	- - -
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 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)	2
Passenger 1	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

Accident Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
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- 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 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 insurer(s) 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 :
 - (I) 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 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' 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
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

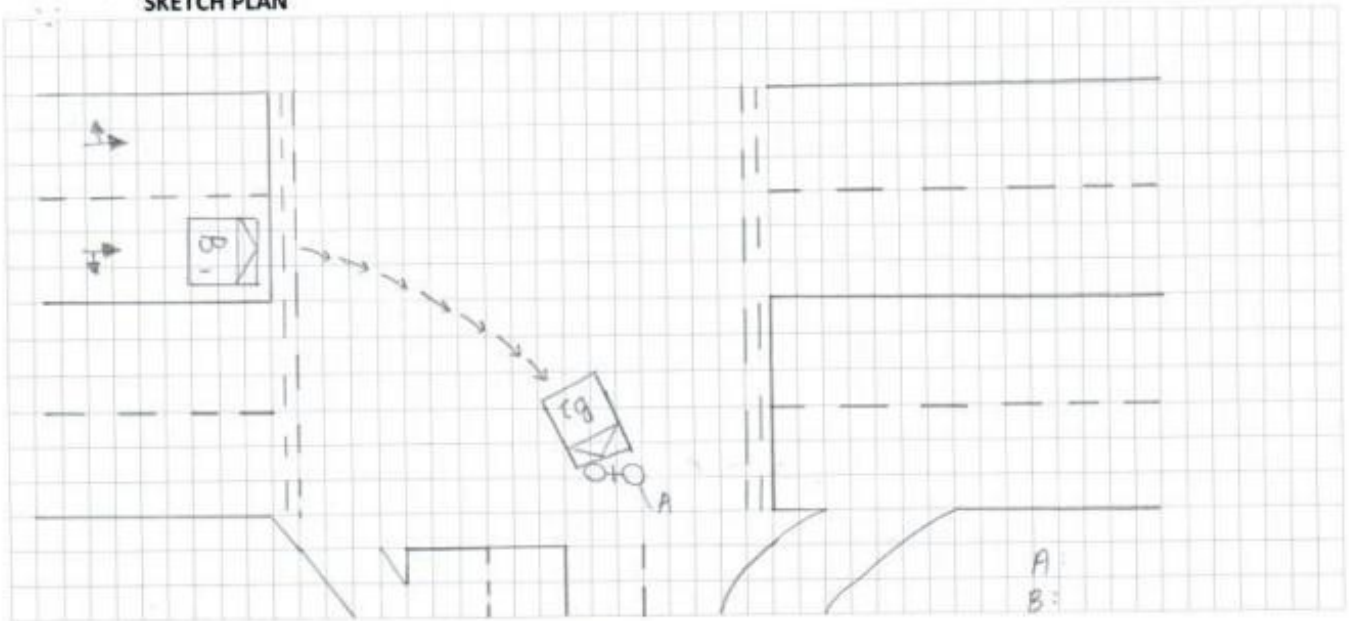
Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police 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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200328/2025

1 of 4

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

Report No. T/20200328/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2020 11:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: GANESAN RKESH KANNA			Address:	
ID Type / ID No.: FIN NO / G3367417T			Contact No.: Home/Office: Mobile: 91003231	
Nationality: INDIAN			Email:	
Sex: Male	Age: 26	Date of Birth: 10/12/1993	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: MECHANICAL ENGINEERING			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/02/2020 07:50	Type of Location:
Location: Along Road 1 BEDOK SOUTH AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF6822A	Motorcycle	YAMAHA	FZ 16	Black		1

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200328/2025

2 of 4

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

Report No. T/20200328/2025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
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 Discharge	02/02/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pillion			
Name	MUTHUKUMAR RAJASUDHAN		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 Discharge	NIL
No. of Days granted 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 DISCHARGED 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 Report



**SINGAPORE
POLICE FORCE**



T/20200328/2025

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

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Report No. T/20200328/2025

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20200328/2025

4 of 4

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

Report No. T/20200328/2025

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 Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD
Contact No.: 65476423

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/03/2020 11:25

Classification Of Case:
 **SINGAPORE
POLICE FORCE**

Signature: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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