

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	19/03/2020 14:27
Date Of Accident	17/03/2020 22:50
Exact Location Of Accident	TAMPINES AVENUE 05
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ291M
Insured/Policyholder	
Name Of Registered Owner	NYANAPRAGASH S/O ARUNASALAM
NRIC No	S8038483A
Email Address	KHALNAYAK53@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98531607
Alternative Phone No	OTHERS-98531607

Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155 ABS
Exact Purpose for which vehicle was being used at time of accident	
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	5111263449
Cover Note Number	

Driver

Name of Driver	NYANAPRAGASH S/O ARUNASALAM
NRIC No	S8038483A
Date Of Birth	08/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2004
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98531607
Fax Number	
Contact Number	OTHERS-98531607
Email Address	KHALNAYAK53@GMAIL.COM

Address	BLK 842E #02-122 TAMPINES STREET 82
Postcode	525842
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200318/2090;

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	SJN7509L
Vehicle Make/Model/Colour	HONDA / AIRWAVE 1.5M A
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	NYANAPRAGASH S/O ARUNASALAM
Approximate Age	39
Injuries Sustain	
Injured person in which vehicle?	FBQ291M
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 842E #02-122 TAMPINES STREET 82
Postcode	525842

Accident Sketch Plan


SKETCH PLAN

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. 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
- (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.



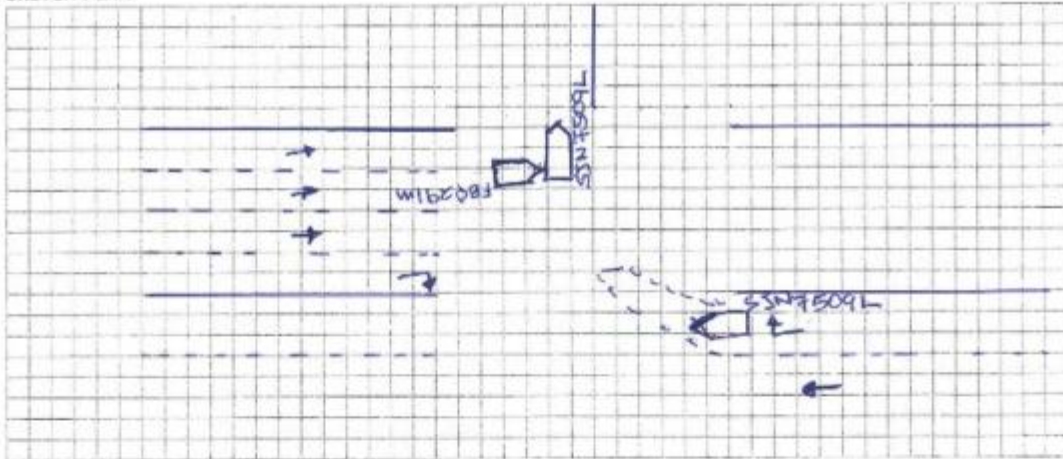
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
Name: 19 MAR 2020
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref
To Police Report.

DECLARATION

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

Policyholder's Signature
Date & Time:

GAAMC Sketch Plan Form V1.1

Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg
Reporting Centre Personnel's Signature
Name: 19 MAR 2020
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200318/2090

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200318/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2020 16:09		Vide Report No.:		Station Diary No.: 92	
Informant's Particulars					
Name of Informant: NYANAPRAGASH S/O ARUNASALAM			Address: APT BLK 842E TAMPINES STREET 82 #02-122 SINGAPORE 525842		
ID Type / ID No.: NRIC NO / S8038483A			Contact No.:		Mobile: 98531607
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 08/12/1980	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: GRAB FOOD DELIVERY			Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/03/2020 22:50	Type of Location: X-Junction
Location: Along Road 1 TAMPINES AVENUE 5				
Junction of TAMPINES AVENUE 5 and Ave 1 toward Tampines Hub direction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ291M	Motorcycle	YAMAHA	NMAX155 ABS	White	Seriously Damaged	0
SJN7509L	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ291M	NTUC Income Insurance Co-Operative Limited	5111263449	18/07/2019	17/07/2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200318/2090

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20200318/2090

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NYANAPRAGASH S/O ARUNASALAM	ID No.	S8038483A
Related Vehicle	FBQ291M (Motorcycle)	Contact No.	98531607
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	17/03/2020	Date Discharge	18/03/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the above mentioned date,time and said location, I was riding my YAMAHA motorcycle, FBQ291M, white in colour along cross junction of Tampines Ave 5 & Ave 1 heading to Tampines Hub direction. I was travelling straight along Tampines Ave 5 toward Tampines Hub direction at 2nd left lane(count from left), the traffic green is green at the junction and hence I proceed straight however I did slow down abit at the junction as the vehicle car SJN7509L from Tampines Ave 5 turning right toward Ave 1 seem like the car is not stopping. The car then slow down abit and I continue straight as I have the right of way. Opposite party then continue to accelerate as well and a collision took place between my front portion and opposite car left rear portion. Due to the huge impact I then fell onto the ground and lost conscious for a few second. After which one passerby came to help me and opposite driver had also called for ambulance and traffic police. Shortly after 10min, ambulance came and when I was about to be conveyed traffic police came and took down my particular before I left. On the next day traffic police IO contacted me to lodge a traffic accident report. I was not warded however I was given 4 days MC. I suffer pain at my back, back neck, shoulder and both arm and hand. Due to the accident my motorcycle damages is the whole front portion and require to be tow away.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20200318/2090

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200318/2090

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 / Staff Sgt TAN YI KUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2020 16:09
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168	



SIGNATURE

Accident Sketch Plan



ORIGINAL

MEDICAL CERTIFICATE

EMD202052210

Name NYANAPRAGASH S/O ARUNASALAM		NRIC No. S8038483A
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>17-Mar-2020</u> to <u>20-Mar-2020</u> inclusive.		
Type of medical leave granted : <input checked="" type="checkbox"/> Hospitalization Leave <input type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave, <input type="checkbox"/> Sterilization Leave, Delivered on : _____ Operated on : _____		
This certificate is not valid for absence from court attendance.		
Diagnosis		Surgical Operation (if applicable)
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 18-Mar-2020	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. HO XIN YI CASSANDRA , 64196J

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

