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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 th

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
THE RESERVE OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	23/07/2020 16:08
Date Of Accident	23/07/2020 05:00
Exact Location Of Accident	JUNCTION OF UBI AVENUE 2 AND UBI AVENUE 1
Country/State of Loss	SINGAPORE
Manager Vincinia (1979)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE2058X
Insured/Policyholder	
Name Of Registered Owner	KAMALANATHAN S/O MANIAM KESAVAL
NRIC No	SXXXX311E
Email Address	SOVIJASTAR6093@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91637204
Alternative Phone No	OTHERS-91637204
Vehicle Particulars	
Manufacturer	SUZUKI
Model	GSX-R 1000-988CC (M)
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

5107986751-01

Cover Note Number

Driver

Name of Driver KAMALANATHAN S/O MANIAM KESAVAL

NRIC No SXXXX311E Date Of Birth 28/02/1995 Occupation OUTDOOR Date Of Driving Pass 10/05/2018

Driving Experience 2 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91637204

Fax Number

Contact Number

OTHERS-91637204

EMail Address

SOVIJASTAR6093@GMAIL.COM

Address

BLK 334 UBI AVENUE 1

#14-799

Postcode

400334

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 - U-TURN

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES.

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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

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

PLEASE REFER TO POLICE REPORT T/20200723/7016

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

SHA2730M

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

TAXI

Name of Driver

HASHIM BIN OTHMAN

NRIC/Passport Number

SXXXX758Z

Contact Number

98627021

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

Name Approximate Age Injuries Sustain Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? PETAILS OF INJURED PERSON 1 KAMALANATHAN S/O MANIAM KESAVAL SLIGHT INJURY FBE2058X NO

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.
- 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.
- 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.
- 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 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:
 - 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:
 - 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:

1545

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persoppel's Signature

Name:

NRIC/FIN No .:

College Control Control Con-

UBIA	1 30	
	B) AN C J	A) FBE 2058X B) SHA 2730M
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I/We declare the foregoing particulars are true in every respect.

Poligyholder Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 07 / 2020 100/N	MM/YYYYL TIME-/ O.S O.O. VIRILAND
LOCATION: Junction of URL	,
1 DELANG OF US	AVE 2 & URI AVE I
1. DETAILS OF VEHICLE	
DINSURANCE COLOR	Χ
CIPOLICY NUMBER:	INCOME
FIROUCY TYPE	
DIPOLICY TYPE: (COMPREHENSIVE / THE	IRD PARTY / THIRD PARTY FIRE & THEFT
DIYPE SALOON COURSE 1000	K9 SUZUKI
TO THE PROPERTY OF THE PROPERT	A C AS A SALVE A COLOR OF THE SALVE AND A
9) VEHICLE CATEGORY: (PRIVATE / CON h) PURPOSE OF USING AT ACCIDENT TO	MERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME I) ARE YOU CLAIMING UNDER YOUR OW	E TO WORKPLACE
I) ARE YOU CLAIMING UNDER YOUR OW IF NO, PLEASE STATE (THIRD PARTY CLA	'N INSURANCE (YES/NOP
IF NO. PLEASE STATE (THIRD PARTY CLA 2. INSURED / POLICY HOLDER	M / REPORTING ONLY)
AINAME: Kannlonett Ia	V
AINAME: Kawalanathan SIO N	MALE FEMALE
c/ADDRESS:	CONTACT:
CONTINUE TO 3.d IF DRIVER ALSO POLI	CYHOLEG
	CTHOLDER
Clichelina district SINAME: AS ABOVE	for the same of th
DINNIC/FIN/PASSPORT	(MALE / FEMALE) CONTACT:
c)ADDRESS:	colativet:
"d)DATE OF BURELLA DE	
eloccupation (NDDCC) (1995)	(DD/MM/YYYY)
DOTE SERRIVING DAGE (OUTDOOR)	
TO UNITED AN EMPLOYER OF THE TELE	194 2018 ·
IF NO, RELATIONSHIP OF THE DRIVER 5. GIWEATHER CONDITION: (CLEAR / FAIRNING)	SURED'S COMPANY? (YES / NO)
5. GIWEATHER CONDITION (CLEAR 164)	WITH INSURED: OWNER
	O / OTREIS
OREFORIED TO POLICE WEEKING	
IF TES, PLEASE STATE WHICH POLICE STAT	ON: TRAFEIC BOLLES
He of passinger a) VEHICLE NUMBER: CHA 2720M	STATIC POULCE
(Including disease) DI DENVER'S NAME: CHA 2730M	MODEL:
(Including driver) b) DRIVER'S NAME: () NRIC/FIN/PASSPORT:	
7. THIRD PARTY VEHICLE	CONTACT:
to all passunger d) VEHICLE NUMBER:	Money
(Including driver) DRIVER'S NAME:	MODEL:
The state of the s	PART OF FREE PART OF THE PART
()	CONTACT:
(A)	- T
5 N	41 10
	** E # **

email = Sourastar 6093 @gmail com



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

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 14:39	/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	Ke di salah like di	
		S/O MANIAM	Address: 334 UBI AVENUE 1 #14-799	SINGAPORE 400334
ID Type NRIC N	/ ID No.: O / S95073	11E	Contact No.: Home/Office:	Mobile: 91637204
National SINGAP	ity: PORE CITIZ	EN	Email: KAMAL_MANIAM@HOTMAII	L.COM
Sex: Male	Age: 25	Date of Birth: 28/02/1995	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupat Lorry dri			Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry: 23/07/2020

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2020 05:00	Type of Location T-Junction
Junction of U Weather: Raining	oi Ave 2 and Ubi Ave	1 Road Surface:		Road Speed Limit: 60 Km/h
Kaning				
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light

Details of V	ehicle Involve	d		ET TELEVISION		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBE2058X	Motorcycle	SUZUKI	GSXR1000	Blue	Slightly Damaged	0
SHA2730M	Car	HYUNDAI		Blue	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBE2058X	NTUC Income Insurance Co-Operative Limited			anpily Date		





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

2 of 3 Report No. T/20200723/7016

CONTINUATION OF REPORT

Details of Perso	on involved	HDL4 II				
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of Pe	dostria	n Cross	olean NIX
Rider	AND EXCEPTION	7 St. 1-1	036 01 F6	destria	ii Cros	sing: NA
Name	KAMALANATHAN SA	O MANIA	AM KESAVAL	ID No).	S9507311E
Related Vehicle	FBE2058X (Motorcyc	ile)		Conta	act No.	91637204
Hospital/Clinic	UBI FAMILY CLINIC	& SURG	ERY	Class Drivin Licen Expin	g	Class: 2B,2A,2,3,4 Date of Expiry: 23/07/2020
Date Treatment	23/07/2020		Date Disc	harne	23/07	/2020
No. of Days gran	ted Medical Leave	03	Degree of			A STATE OF THE STA
Driver	CALCON CONCE		Dogico oi	injury	Oligiti	
Name	HASHIM BIN OTHMA	N		ID No	. 1	S0201758Z
Related Vehicle	NIL			Conta	ct No.	98627021
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

Taxi SHA2730M made and illigel u-turn from the 2nd lane on to the path on my motorcycle FBE2058X. Causing my motorycle to hit the right front bumper of the taxi.



T/20200723/7016

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

Report No. T/20200723/7016

3 of 3

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2020 14:39
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp	

Claim Handling

Pitkey No.										
	\$107986751-D1		Vehicle No.	FREZUSEX			W			
Certificate No.						GET HA	gistration A	10.		
Philicyholder Name	KAMALANATHAN S/D MA	NIGH KESAVAL				- Western Sa	order to be seen			
Freduct Code	MUTURCYCLE INSURAN	CE	Cover Type	Third Facty, Fire	6 That		nider NEIC		59507311E	
Contact No.(Motivie)	91637264		Contact No. (Office)			Londing			0	
Email Address			Special Remark				No.(Home	7		
ANC	No Yes		TCA	No Ves		eCode	3		No. w	
NCD Protection	No.		(NCD Entitlement(%)	20.		#Code f			17,000	
Accident Details						: PHARME.	Here.		Nov	
Fepart Dale	23/07/2020 te 05		Accident Report Within 24 fire :	966		Acciden	Torre		alle Co	
Date of Accident	23/07/2020		Time of Accident hhomm	05:00					Collegen + U-T	µm)
Reporting Centre			Orange Force			IDM No.	ef-Acciden	r:	Simpapione	
Accident Location	JUNCTION OF UST AVEN	T 3/MG/N 16h GNV 2 4h				11.74 760				
Total fixcess Applicable										
Excess Type	Per Accident		Windscreen Excess							
GO Standard Excess										
YORD OO EXCESS		9-50	TP Standard Excess		11.00					
Additional Excess		0.00	13ED TV Excess		9.00	Driver is	Cavered?		Nut Covered	
Yotal OO Excess Applicable		9229							UNIVERSITY OF THE	
₩ Benefits		0.00	Tutal TP Excess Applicable		11.00					
₩ GST Registered Informat	tion									
GET Registered	The .									
GST Registration No.				40.000.000.000.000.000	1/20 on Dete					
Modification History				GET Statu	s Verlieg		Yes			
→ Po5cyhulder Halling Add	****									
Acoresa 1	BLK 334 #14-799		Addrson 3	IMI AVENUE 1		-			0.191001	
Actoress 4			Address Type	Singapore actitress		Address			SINGAPORE 40	G134
Unit Na.	14-795		Related Pakey Number	\$107986781-QC		Post Cod			400334	
⇒ OI Briver Into	7/47/27/27/27/27/27/27/27/27/27/27/27/27/27			AND SOME THE						
Driver Name	KAMALABATHAN S/O HAN	DAM KESAYAL	Driver Type	Hain Driver						
Unnamed driver Name Register Date of Driver License			Driver NKIC	59507311E		Driver Do	100		29/02/1995	
Contact No. (Mobile)	06/11/2018		Driver Age.	25			aperience:		8	
Address 1	9163720<		Contact No (Office)			Contact fo			1.75	
Address 4	UPK 324 %T4-500		Address 2	THE AVENUE 1		Address I	ė.		SINSAPORE NO	0334
unit fig.	514 - Tento		Address Type	Singepore attoress		Post Cook	8		400334	****
Dies he own a fingapore	34-799 Yes No									
				Fa. 120 - 100 (100 (100)						
Resistored car?	40 EE 20E		Driver Vehicle No.	PREZIDENX		Driver Inc	eurer Comp	eny.	WINC	
	45.00 a 150		Driver vehicle No.	PEREZOTANO		Driver Inc	surer Comp	eny	NTUC	
Distantion			Driver Vehicle No.	FBE2058X		Driver Inc	over Comp	eny	NTUC	
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