

## 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	15/07/2020 17:30
Date Of Accident	13/07/2020 19:45
Exact Location Of Accident	YISHUN AVE 9 EXIT INFRONT OF 317A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB3773Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAVICHITHRAN S/O LOSHY
NRIC No	S9444817D
Email Address	KAVI_MUSIC0104@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90586241
Alternative Phone No	OFFICE-90586241

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR600
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2019-00004853
Cover Note Number	

### Driver

Name of Driver	KAVICHITHRAN S/O LOSHY
NRIC No	S9444817D
Date Of Birth	01/12/1994
Occupation	INDOOR
Date Of Driving Pass	29/08/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90586241
Fax Number	
Contact Number	OFFICE-90586241
Email Address	KAVI_MUSIC0104@HOTMAIL.COM

Address	BLK 306 YISHUN CENTRAL #03-199
Postcode	760306
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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### 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	SHA638K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	KAVICHITHRAN S/O LOSHY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBF3773Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## 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.

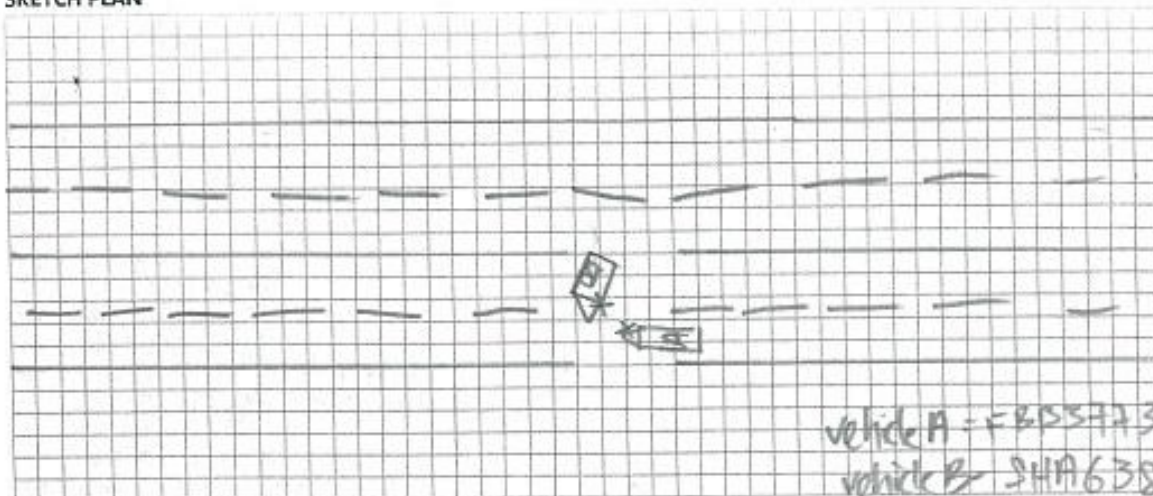
  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200714/2081

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20200714/2081

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2020 17:23		Vide Report No.: L/20200713/0128		Station Diary No.: 101	
<b>Informant's Particulars</b>					
Name of Informant: KAVICHITHRAN S/O LOSHY			Address: APT BLK 306 YISHUN CENTRAL #03-199 SINGAPORE 760306		
ID Type / ID No.: NRIC NO / S9444817D			Contact No.: Home/Office: Mobile: 90586241		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 01/12/1994	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Associate Engineer			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/07/2020 19:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 YISHUN AVENUE 9 YISHUN CENTRAL infront of Blk 317A Yishun Avenue 9, before carpark entrance				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3773Z	Motorcycle	HONDA	CBR600RR3	Black	Seriously Damaged	0
SHA638K	Yellow Comfort Taxi				Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3773Z	FWD Singapore Pte. Ltd	PNMC2019-00004853	09/11/2019	08/11/2020

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200714/2081

2 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20200714/2081

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	KAVICHITHRAN S/O LOSHY	ID No.	S9444817D
Related Vehicle	FBB3773Z (Motorcycle)	Contact No.	90586241
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	13/07/2020	Date Discharge	14/07/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

On 13/07/2020 at about 1945hrs, I was travelling along Yishun Avenue 6 turning into Yishun Avenue 9. As I was approaching the carpark entrance/exit, in front of Blk 317A Yishun, from a distance, I noticed there was a yellow taxi from the opposite side waiting to turn right into the carpark. However, as I was getting closer, I noticed that the taxi had make a turn into the carpark as such I had no time to react and the taxi collided to my bike.

I then flung onto the taxi front bonnet where a few passerby came over to carry me and placed me on the grass patch. At that point of time I was still conscious but I was not able to move due to the pain on my hips. Moments later, Ambulance came to the scene and I was conveyed to KTPH for further treatment and given 7 days MC.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200714/2081

3 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20200714/2081

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:

L /  
Sgt 3 ONG SHI HAO

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
14/07/2020 17:23

Classification Of Case:

SN 085



Signature:

Singapore Police Force



## ADDENDUM2



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: 56650020G / 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 : MYTA 20059808 Vehicle Registration No: FB6573 Z  
Name (as shown in NRIC) : Kavichithran s/o Loshy NRIC/FIN/Passport No : SXXXXX817D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Bik 306 Yishun Central @ #03-199 Singapore 760306  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9058 6241  
Email Address : kavi\_music0104@hotmail.com  
Date of Accident : 13/07/2020 Time of Accident : 19:45  
Place of Accident : Yishun ave 9 exit Infront of 317A  
Insurance Company: FWD

#### (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:

~~Report~~ Was any injured conveyed to hospital by  
ambulance : NO to YES

Policyholder / Driver's Signature  
Date:

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

## ADDENDUM1



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 : MYTA 20059808-01 Vehicle Registration No: FB6873 Z  
Name (as shown in NRIC) : Kavichithran slo Loshy NRIC/FIN/Passport No : SXXXX817D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 306 Yishun Central @ #03-199 Singapore 760306  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9058 6241  
Email Address : kavi\_music0104@hotmail.com  
Date of Accident : 13/07/2020 Time of Accident : 19:45  
Place of Accident : Yishun ave 9 exit Infront of 317A  
Insurance Company: FWD

#### (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:

- ① Re-upload amended police report.
- ② Re-correct driving <sup>pass</sup> ~~licence~~ date.
- ③ Re-correct injury person name.

Policyholder / Driver's Signature  
Date:

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

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: S66500206 / GST Reg. No.: M400037735

**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 : MYTA 20059808-042 Vehicle Registration No: FB8373 Z  
Name (as shown in NRIC) : Kavichithram s/o Loshy NRIC/FIN/Passport No : 8XXXX817D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 306 Yishun Central @ 403-199 Singapore 760306  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9058 6241  
Email Address : kavi\_music0104@hotmail.com  
Date of Accident : 13/07/2020 Time of Accident : 19:45  
Place of Accident : Yishun ave 9 exit in front of 317A  
Insurance Company : \_\_\_\_\_

#### (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:

Reconnect the addendum form Insurance Company NTUC → FWD.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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