



## 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	18/11/2020 16:12
Date Of Accident	17/11/2020 14:45
Exact Location Of Accident	BRADDELL RD TWDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3707Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUDANAGUNTA SAI KIRAN
NRIC No	SXXXX871G
Email Address	SUDANAGUNTAKIRAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98310344
Alternative Phone No	OTHERS-98310344

### Vehicle Particulars

Manufacturer	YAMAHA
Model	R15V2
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	REPORTING ONLY
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	5104434447-02
Cover Note Number	

### Driver

Name of Driver	SUDANAGUNTA SAI KIRAN
NRIC No	SXXXX871G
Date Of Birth	26/12/1994
Occupation	INDOOR
Date Of Driving Pass	27/09/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98310344
Fax Number	
Contact Number	OTHERS-98310344
EMail Address	SUDANAGUNTAKIRAN@YAHOO.COM.SG

Address	BLK 265B PUNGGOL WAY #03-334
Postcode	822265
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### 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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SHD3312P
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	SUDANAGUNTA SAI KIRAN
------	-----------------------

Approximate Age

Injuries Sustain

ABRASION

Injured person in which vehicle?

FBJ3707Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

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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.



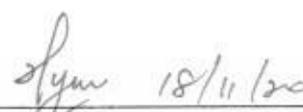
Policyholder's Signature

Date & Time: 18<sup>th</sup> Nov 20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 18/11/20

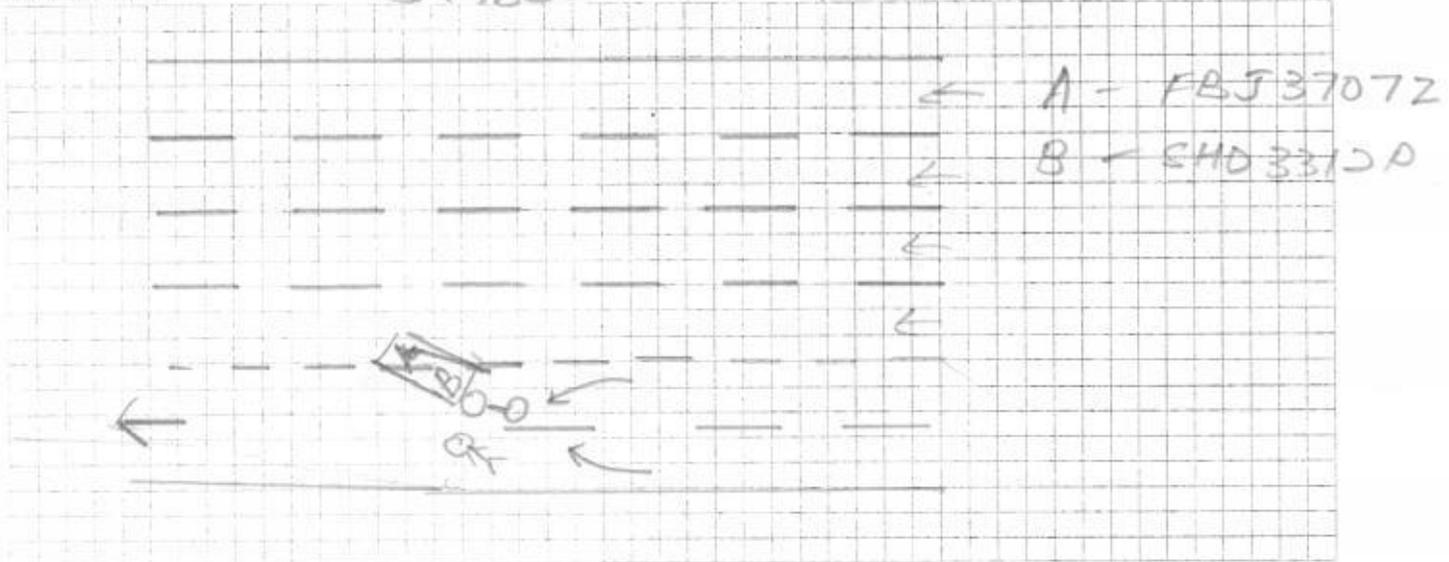
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BRADDELL RD TWOS CTE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When merging into the CTE from the Braddell Road, the taxi in front came to a complete halt abruptly in the merging lane. When the full front brakes were applied, the bike went into a skid sideways and ~~the~~ bumper touched the taxi in front due to no control during the skid.

DECLARATION

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

*S. Sarker*  
 Policyholder's Signature  
 Date & Time: 18<sup>th</sup> Nov 20

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

*Slym* 18/11/20  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (17/11/20) (DD/MM/YYYY), TIME: (15:00) (HH:MM)

LOCATION: ETB BRADACELL RD TWAS CTE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ3707Z  
b) INSURANCE COMPANY: NILIC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA R15V2  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SUDANAGUNTA SAI KIRAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98310344  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS ARGUE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (26/12/1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 07/09/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / (NO))

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD3312P MODEL: TAXI

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = Sudanagunta Kiran@yahoo.com.sg

fax =

video =

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

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Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104434447-02		SUDANAGUNTA SAI KIRAN	S9473871G	GMC	Third Party	FBJ3707Z	FBJ3707Z	05/10/2020	04/10/2021

Continue

**Claim Handling**

Accident MT/1110632

Policy No.	5104434447-02	Vehicle No.	FB137072	GST Registration No.	
Certificate No.					
Policyholder Name	SUDANAGUNTA SAI KIRAN			Policyholder NRIC	S9473871G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98310344	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

**Accident Details**

Report Date	18/11/2020 18:23	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	17/11/2020	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BRADDELL RD TWDS CTE				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED-OD Excess	0.00	YIED TP Excess	0.00
Additional Excess		Driver is Covered?	Not Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 265B #03-334	Address 2	PUNGGOL WAY	Address 3	PUNGGOL EMERALD
Address 4	SINGAPORE 822265	Address Type	Singapore address	Post Code	822265
Unit No.	#03-334	Related Policy Number	5104434447-02		

**OI Driver Info**

Driver Name	Sudanagunta Sai Kiran	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S9473871G
Register Date of Driver License	01/01/2018	Driver Age	25
Contact No.(Mobile)	98310344	Contact No.(Office)	0
Address 1	BLK 265B	Address 2	PUNGGOL WAY
Address 4	SINGAPORE 822265	Address Type	Singapore address
Unit No.	#03-334	Address 3	PUNGGOL EMERALD
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Post Code	822265
		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**Modification History**

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	SUDANAGUNTA SAI KIRAN	Insured NRIC	S9473871G
Contact No.(Mobile)	98310344	Contact No.(Home)		Contact No.(Office)	
Email Address	SUDANAGUNTAKIRAN@YAHOO	TP Vehicle Number	FB137072	Name of Preferred Workshop	
Claim Description	FB137072 / SHD3312P ON 17 Nov 2020				
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered	18/11/2020 18:26	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Lost but Repaired	

Print AK letter

**Attachment**

Accident No. MT/1110632 Claim No. 001

Last Doc. Received

Yes  No

Upload Date

18/11/2020 00:00

- Choose File No file chosen

Message Read

Clear	Category *	Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Key	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:26	SAS		Normal	SAS 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:26	Photos		Normal	Photos 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:26	Photos		Normal	Photos 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:26	Photos		Normal	Photos 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:26	Photos		Normal	Photos 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:26	Photos		Normal	Photos 2020-11-18
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:25	Photos		Normal	Photos 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:25	Photos		Normal	Photos 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:25	Photos		Normal	Photos 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:25	Photos		Normal	Photos 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:25	Photos		Normal	Photos 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:25	Photos		Normal	Photos 2020-11-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 18:25	Photos		Normal	Photos 2020-11-18

Video List

Uploaded By/Date	Folder Date	File Name	Key	Source
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