

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 Submission 08/12/2020 14:50 (SGT)
Date of Accident 05/12/2020 21:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information CANBERRA STREET MSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH2967G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NAVINDRAN S/O A GUNASHEKARRAN
NRIC No S9244870C
Email Address navindran251192@gmail.com
Mobile Phone No (Phone) +65-98580694
Alternative Phone No +65-98580694

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz16st
Variant -
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 - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage ThirdParty
Fleet Policy No
Policy Number D20MTMC01003018
Cover Note Number -

DRIVER

Name of Driver NAVINDRAN S/O A GUNASHEKARRAN
NRIC No S9244870C
Date Of Birth 25/11/1992
Occupation Indoor

Date Of Driving Pass	05/04/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98580694
Alt. Phone Number	+65-98580694
Email Address	navindran251192@gmail.com
Address	BLK 479A YISHUN STREET 42 #12-45
Address complement	-
Postcode	761479
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PRIYA SHANTINEE D/O GUNASEGARAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE POLICE REPORT.

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	SKA1991Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ISMADI BIN SININ
NRIC No	S8504803A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PRIYA SHANTINEE D/O GUNASEGARAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH2967G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	NAVINDRAN S/O A GUNASHEKARRAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH2967G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

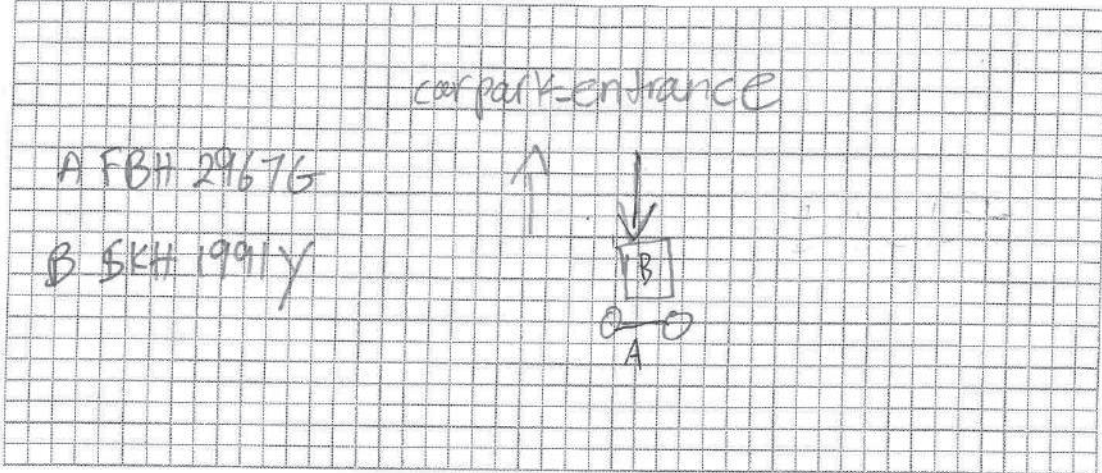
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



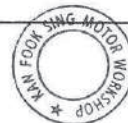
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see police report-

DECLARATION

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

13.52



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.:

GIARMC SketchPlanForm_V3

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**SINGAPORE
POLICE FORCE**



T/20201206/2079

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

Report No. T/20201206/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2020 20:04		Vide Report No.:		Station Diary No.: 83
Informant's Particulars				
Name of Informant: NAVINDRAN S/O A GUNASHEKARRAN		Address: APT BLK 479A YISHUN STREET 42 #12-45 SINGAPORE 761479		
ID Type / ID No.: NRIC NO / S9244870C		Contact No.: Home/Office: Mobile: 98580694		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 28	Date of Birth: 25/11/1992	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: WAREHOUSE ASST		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/12/2020 21:55	Type of Location: Car Park
Location: CANBERRA STREET				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2967G	Motorcycle	YAMAHA	FZ16ST	Black	Seriously Damaged	1
SKA1991Y	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH2967G	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC01003018	04/05/2020	03/05/2021



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Tel No: 1800-8529999

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Report No. T/20201206/2079

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	PRIYA SHANTHINEE D/O GUNASEGERAN	ID No.	S9612962I
Related Vehicle	FBH2967G (Motorcycle)	Contact No.	90126319
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Rider			
Name	NAVINDRAN S/O A GUNASHEKARRAN	ID No.	S9244870C
Related Vehicle	FBH2967G (Motorcycle)	Contact No.	98580694
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	ISMADI BIN SININ	ID No.	S8504803A
Related Vehicle	SKA1991Y (Car)	Contact No.	NIL
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 05/15/2020, at around 2152hrs, I was intending to exit the carpark of the MSCP of B/102 Canberra St as I couldn't find a parking lot for my motorcycle (bearing registration no.: FBH 2967G). My wife was my pillion at the time.

At around 2156hrs, I was passing by the carpark's main entrance when suddenly, a car (bearing registration no.: SKA 1991Y) came dashing into the carpark and collided with the right side of my bike.

Both my wife and I fell on our left side and sustained several injuries on our leg, back and arm. I assisted



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Report No: T/20201206/2079

CONTINUATION OF REPORT

my wife to get up and I also moved my bike to the side. I also called for the Police. The driver of the car did get down and exchanged his particulars with me.

TP and ambulance soon arrive after and the paramedics treated my wife and I before eventually moving off. TP advised for me to go to A&E and lodge a report after.

Following the accident, my wife and I went to KTPH's A&E to seek treatment and both of us were given 5 days of MC.



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T/20201206/2079

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Report No. T/20201206/2079

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 2 MUHAMAD SYABIL BIN SALLEH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/12/2020 20:04

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD NOOR BIN ABDUL
RAHMAN

Contact No.: 65476201

Authentication Stamp

NP168

Classification Of Case:

SM 025



Signature

Singapore Police Force