SN09211T0006 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 29/01/2021 11:22 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 1 (29/01/2021 11:22 (SGT))

Your NCD will be affected due to late reporting

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 witholding 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	29/01/2021 11:22 (SGT)
Date of Accident	31/12/2020 18:30 (SGT)
Exact Location of Accident	Whitley Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1117Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAVINDRAN MUNIANDY S/O MARIMUTHU
NRIC No	SXXXX989I
Email Address	EFFERALCOMMBIZ@GMAIL.COM
Mobile Phone No	(Phone) +65-91517754
Alternative Phone No	+65-91517754

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fzn150
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 - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5111214777-01
Cover Note Number	-

DRIVER

Name of Driver	RAVINDRAN MUNIANDY S/O MARIMUTHU
NRIC No	SXXXX989I
Date Of Birth	22/07/1969
Occupation	Indoor

Date Of Driving Pass	27/05/2000
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91517754
Alt. Phone Number	+65-91517754
Email Address	EFFERALCOMMBIZ@GMAIL.COM
Address	BLK 63 TEBAN GARDENS RD #24-635
Address complement	-
Postcode	600063
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	DRIZZLING
Road Surface	Wet

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?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210103/2028

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	SMA9478L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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	RAVINDRAN MUNIANDY S/O MARIMUTHU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBM1117Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

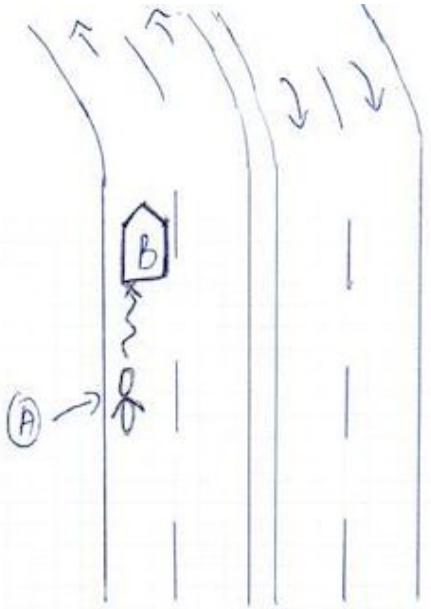
   (e) the information so collected under (d) above may be shared / disclosed:

   (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



(A) FBM 1117Z
(B) SMA 9478L.

Whitley Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT mount Pleasant flyover.

Refer to Police Report. T/20210103 / 2028

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.:

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


NAC
NATIONAL
ASSESSMENT
CENTRE
Auto
Consultants
Pte Ltd
FZ

IMAGES #7

SINGAPORE POLICE FORCE

T/20210103/2028

Report No. T/20210103/2028

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
03/01/2021 13:16		9

Informant's Particulars

Name of Informant: RAVINDRAN MUNIANDY S/O MARIMUTHU			Address: APT BLK 63 TEBAN GARDENS ROAD #24-635 SINGAPORE 600063	
ID Type / ID No.: NRIC NO / S6982989I			Contact No.: Home/Office:	Mobile: 91517754
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 51	Date of Birth: 22/07/1969	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: QUALITY ASSURANCE FOREMAN			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2020 18:30	Type of Location: Flyover
Location: WHITLEY ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBM1117Z	Motorcycle	YAMAHA	FZN150	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM1117Z	NTUC Income Insurance Co-Operative Limited	5111214777-01	19/07/2020	18/07/2021

SINGAPORE POLICE FORCE

T/20210103/2028

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20210103/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAVINDRAN MUNIANDY S/O MARIMUTHU	ID No.	S6982989I
Related Vehicle	FBM1117Z (Motorcycle)	Contact No.	91517754
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/12/2020	Date Discharge	01/01/2021
No. of Days granted Medical Leave	60	Degree of Injury	Serious

Brief Details.

On 31st December 2020 at about 1830hrs, I was riding my vehicle FBM1117Z along PIE towards Changi. I then exited the expressway via Whitley road. The traffic was quite packed when I exited the expressway and I was right behind a Grab silver Hyundai Ionic car (unsure of the plate number). Suddenly, at the vicinity of Whitley Road flyover, the car in front of me jam-braked. As such, I did the same. As a result, I self-skidded and hit onto the car in front. I fell from my bike and I was semi-conscious at that point of time. My bike sustained damages on its front mudguard, odometer, leg pedal and rear box. I was unsure of the other damages that my bike sustained. The car sustained damages on its rear bumper. The traffic police and the ambulance arrived shortly after and I was conveyed to Tan Tock Seng Hospital to have myself medically checked. From there, I received 60 days of hospitalization leave.

I wish to state that I do not have the particulars of the driver.

SINGAPORE POLICE FORCE

T/20210103/2028

Report No. T/20210103/2028

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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: J / Sgt 2 MOHAMAD NURHADIE SYAFIQ BIN MOHAMAD SANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2021 13:16
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SALIM Contact No.: 65476437	Classification Of Case:
Authentication Stamp	