

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 22/04/2021 10:48 (SGT)
Date of Accident 18/04/2021 19:10 (SGT)
Exact Location of Accident Bukit Batok Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL3012J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DECRUZ TERENCE GERARD
NRIC No SXXXX403C
Email Address NAVINDRANBOBBY@GMAIL.COM
Mobile Phone No (Phone) +65-88925088
Alternative Phone No +65-88925088

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T150 SNIPER
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
Transmission Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number PNMC2020-00001000-01
Cover Note Number -

DRIVER

Name of Driver NAVINDRAN S/O MAHINDRAN
NRIC No SXXXX265B

Date Of Birth	08/05/1998
Occupation	Outdoor
Date Of Driving Pass	11/07/2017
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87771471
Alt. Phone Number	-
Email Address	NAVINDRANBOBBY@GMAIL.COM
Address	BLK 815 CHOA CHU KANG AVE 7 #03-05 SINGAPORE
Address complement	-
Postcode	681815
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
Weather Conditions	CLOUDY
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?	Yes
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	KHAIRUNNISSA ZANIRAH BINTE KHA
Gender	Female

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/20210419/2060

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	SMH3267G
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	NAVINDRAN S/O MAHINDRAN
Address	BLK 815 CHOA CHU KANG AVE 7 #03-05 SINGAPORE
Address Complement	-
Post Code	681815
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBL3012J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	KHAIRUNNISSA ZANIRAH BINTE KHA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBL3012J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

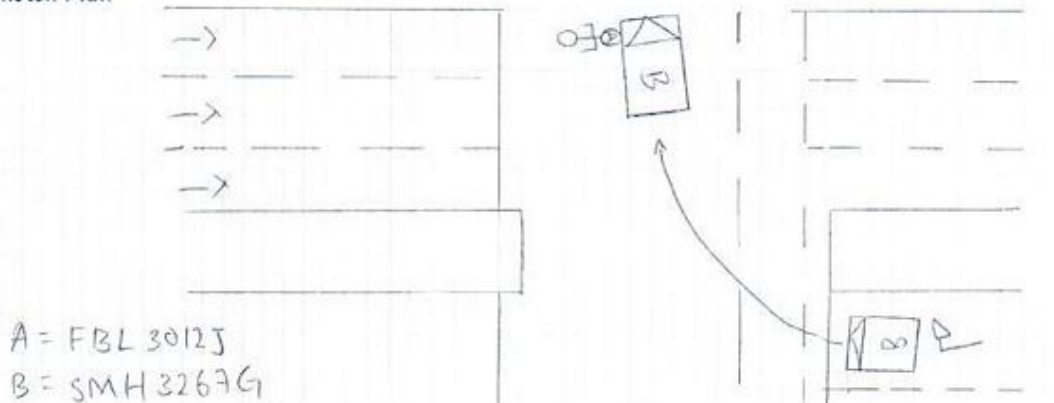
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Declaration

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20210419/2060

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

Report No. T/20210419/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2021 14:19		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: NAVINDRAN S/O MAHINDRAN			Address: APT BLK 815A CHOA CHU KANG AVENUE 7 #03-05 SINGAPORE 681815		
ID Type / ID No.: NRIC NO / S9815265B			Contact No.: Home/Office: Mobile: 87771471		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 08/05/1998	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name: SAF
Occupation: National Service Full Time			Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/04/2021 19:10	Type of Location: T-Junction
Location: BUKIT BATOK WEST AVENUE 5				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3012J	Motorcycle	YAMAHA	SNIPER 150	Yellow	Seriously Damaged	1
	Car	HYUNDAI		Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL3012J	FWD Singapore Pte. Ltd	PNMC2020-00001000-01	03/03/2021	02/03/2022



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Report No. T/20210419/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	NAVINDRAN S/O MAHINDRAN	ID No.	S9815265B
Related Vehicle	FBL3012J (Motorcycle)	Contact No.	87771471
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	18/04/2021	Date Discharge	18/04/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Pillion			
Name	KHAIRUNNISSA ZANIRAH BINTE KHAIRON JAZAN	ID No.	S9818826F
Related Vehicle	FBL3012J (Motorcycle)	Contact No.	90900481
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/04/2021	Date Discharge	18/04/2021
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On the 18/04/2021 at around 1909hrs, I was riding my motorcycle bearing plate number FBL3012J (Yellow/black Yamaha Sniper 150) carrying my girlfriend as a pillion, along Bukit Batok Road towards Jurong Town Hall Road. As I was passing by the T-Junction of Bukit Batok Road and Bukit Batok West Avenue 7 when the traffic light signal was green, a blue coloured Hyundai car made a right turn from Bukit Batok Road onto Bukit Batok West Avenue 7 without properly checking for oncoming traffic.

I could not stop in time to avoid collision with the said car and thus my motorcycle had hit the left side of the said car while both our vehicles were moving in between the junction. My pillion and I were injured due to the impact and both of us were subsequently conveyed by ambulance to Ng Teng Fong General Hospital for medical treatment. I was diagnosed with a fractured right ankle and was issued with 14 days of hospitalisation leave from 18/04/2021 to 01/05/2021, while my girlfriend was diagnosed with a swollen right arm and was issued with 6 days of medical leave from 18/04/2021 to 23/04/2021.

My motorcycle was quite badly damaged as it could not be ridden after the incident. I was contacted by a Traffic Police officer and was advised to lodge a traffic accident report.



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Report No. T/20210419/2060

CONTINUATION OF REPORT



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Report No. T/20210419/2060

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 MOHAMMAD HAMIZAN BIN ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/04/2021 14:19
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No: 65476433	Classification Of Case:
Authentication Stamp NP168	
SIGNATURE 	