

## 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 ..... 28/07/2021 18:29 (SGT)  
Date of Accident ..... 24/07/2021 19:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SIM AVENUE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FZ2971B

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KESAVAN S/O MANOHARAN  
NRIC No ..... S9530714J  
Email Address ..... KESAVAN24@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-90210469  
Alternative Phone No ..... +65-90210469

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... CB400SF4J M  
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 ..... 399

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5120024067  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... KESAVAN S/O MANOHARAN  
NRIC No ..... S9530714J

Date Of Birth .....	24/08/1995
Occupation .....	Indoor
Date Of Driving Pass .....	06/09/2017
Driving experience .....	3 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90210469
Alt. Phone Number .....	+65-90210469
Email Address .....	KESAVAN24@HOTMAIL.COM
Address .....	BLK 145 POTONG PASIR AVENUE 2
Address complement .....	#06-52
Postcode .....	350145
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 - Change/cross lane
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 vehicle 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 .....	Potong Pasir Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002829999
Alt. Police Station Phone No .....	(Fax) +65-62815964
Police Station Address .....	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

-

#### 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 .....	SLP2442T
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 .....	KESAVAN S/O MANOHARAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FZ2971B
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

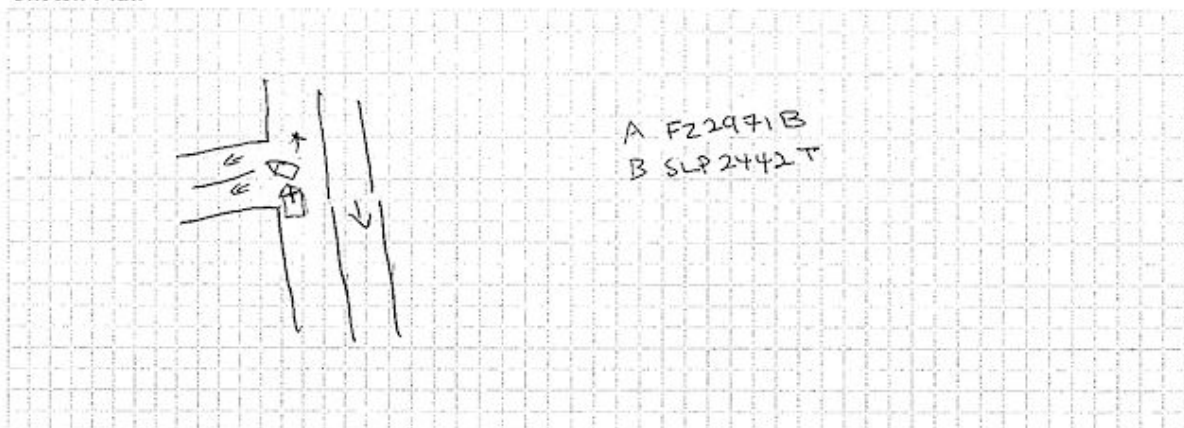
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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5. Any false reporting may be referred to the Police for investigation.
6. The report 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 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' 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.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

## **Sketch Plan**



### Describe Circumstances of the Accident

LICENSE PLATE: F22971B ACCIDENT DATE & TIME: 24/07/2021 19:00  
CONTACT NUMBER: 90210469 E-MAIL ADDRESS: KESAVAN24@hotmail.com  
LOCATION: SIMS AVENUE  
Refer to police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

## Declaration

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

Witnessed by Reporting Centre  
Personnel



































**SINGAPORE  
POLICE FORCE**



T/20210727/2106

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

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Report No. T/20210727/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/07/2021 19:50	Vide Report No.:	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: KESAVAN S/O MANOHARAN			Address: APT BLK 145 POTONG PASIR AVENUE 2 #06-52 SINGAPORE 350145	
ID Type / ID No.: NRIC NO / S9530714J			Contact No.: Home/Office: Mobile: 90210469	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 25	Date of Birth: 24/08/1995	Type of Informant: Rider	
Race: Ceylonese			Language:	Institution / School Name:
Occupation: SCDF REGULAR			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2021 19:00	Type of Location: T-Junction
Location:  SIMS AVENUE				
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

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ2971B	Motorcycle	HONDA	CB400SF4J M	Black	Seriously Damaged	0
SLP2442T	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ2971B	NTUC Income Insurance Co-Operative Limited	5120024067	25/11/2020	21/12/2021





**SINGAPORE  
POLICE FORCE**



T/20210727/2106

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Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

Report No. T/20210727/2106

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	KESAVAN S/O MANOHARAN	ID No.	S9530714J
Related Vehicle	FZ2971B (Motorcycle)	Contact No.	90210469
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/07/2021	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	Serious
<b>Driver</b>			
Name	SALLY	ID No.	NIL
Related Vehicle	SLP2442T (Car)	Contact No.	91893977
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 the 24/07/2021 at about 7pm, I was riding my motorcycle(FZ2971Z) along Sims Avenue. In front of me was a motorcar bearing the plate number, SLP2442T. At a junction of Sims Avenue where drivers can make a left turn into Paya Lebar Road, said vehicle was traveling straight. Out of nowhere, the vehicle just make a sudden left turn without signaling or checking for blind spots. From my view, the vehicle swerved left into the road leading to Paya Lebar Road. As it was too sudden, I was unable to stop in time and ended up hitting onto the other party left rear passenger. After the collision, I was stuck on my motorcycle. However, the other party continued to turn which resulted in my right feet third toe being fractured and was bleeding profusely.

The other party then stopped the vehicle and came down to make a check. The other party only provided me with her IC but not her driving license as she claims that she didn't bring it. We then exchanged contact numbers before she left the scene. When I contacted her on the 27/07/2021, she refused to provide me the license again. I only know that the other party name is Sally.

I have the particulars of Sally and one of the witnesses but my phone was damaged. I am now trying to get the images back after contacting Apple.



**SINGAPORE  
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T/20210727/2106

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Report No. T/20210727/2106

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210727/2106

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Police Station Of Origin:  
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SINGAPORE 350142  
Tel No: 1800-2829999

Report No. T/20210727/2106

**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: E / Sgt 2 KWEK CHUAN HOCK	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/07/2021 19:50
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp: NP168  SN 57	
 SIGNATURE	