SN0922170004 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 07/01/2022 15:15 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 1 (07/01/2022 15:15 (SGT))

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	07/01/2022 15:15 (SGT)
Date of Accident	06/01/2022 22:30 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9065G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BALASUBRAMANIAN NANDHAGOPAL
Passport No/FIN	GXXXX714P
Email Address	nandhuaero@gmail.com
Mobile Phone No	(Phone) +65-81387005
Alternative Phone No	+65-81387005

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb190x
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	184

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTMC01005768
Cover Note Number	-

DRIVER

Name of Driver	BALASUBRAMANIAN NANDHAGOPAL
Passport No/FIN	GXXXX714P

Date Of Birth	27/03/1989
Occupation	Outdoor
Date Of Driving Pass	23/09/2016
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81387005
Alt. Phone Number	+65-81387005
Email Address	nandhuaero@gmail.com
Address	BLK 230 PASIR RIS STREET 21 #05-52
Address complement	-
Postcode	510230
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHERMILA D/O N KUMAR
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210107/2002

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	SH7468X
Vehicle Manufacturer	Hyundai

Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN AH HAI
NRIC No	SXXXX913H
Contact Number	(Phone) +65-97833121
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	BALASUBRAMANIAN NANDHAGOPAL
Gender	Male
Phone No	(Phone) +65-81387005
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBM9065G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHERMILA D/O N KUMAR
Gender	Female
Phone No	(Phone) +65-91811506
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBM9065G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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' 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.

7/1/2022 2.15pm

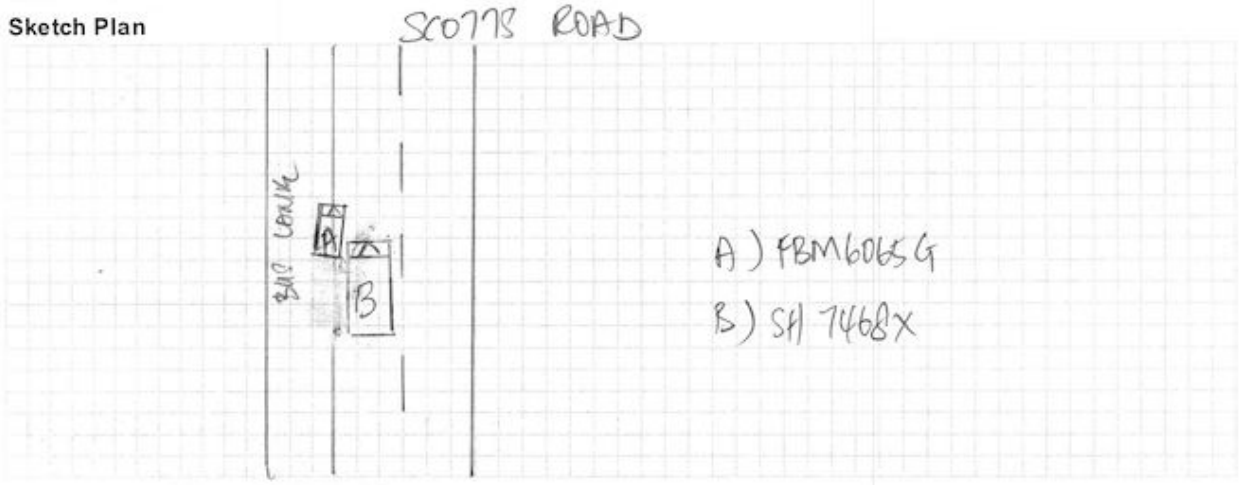
Policyholder's Signature / Date & Time

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

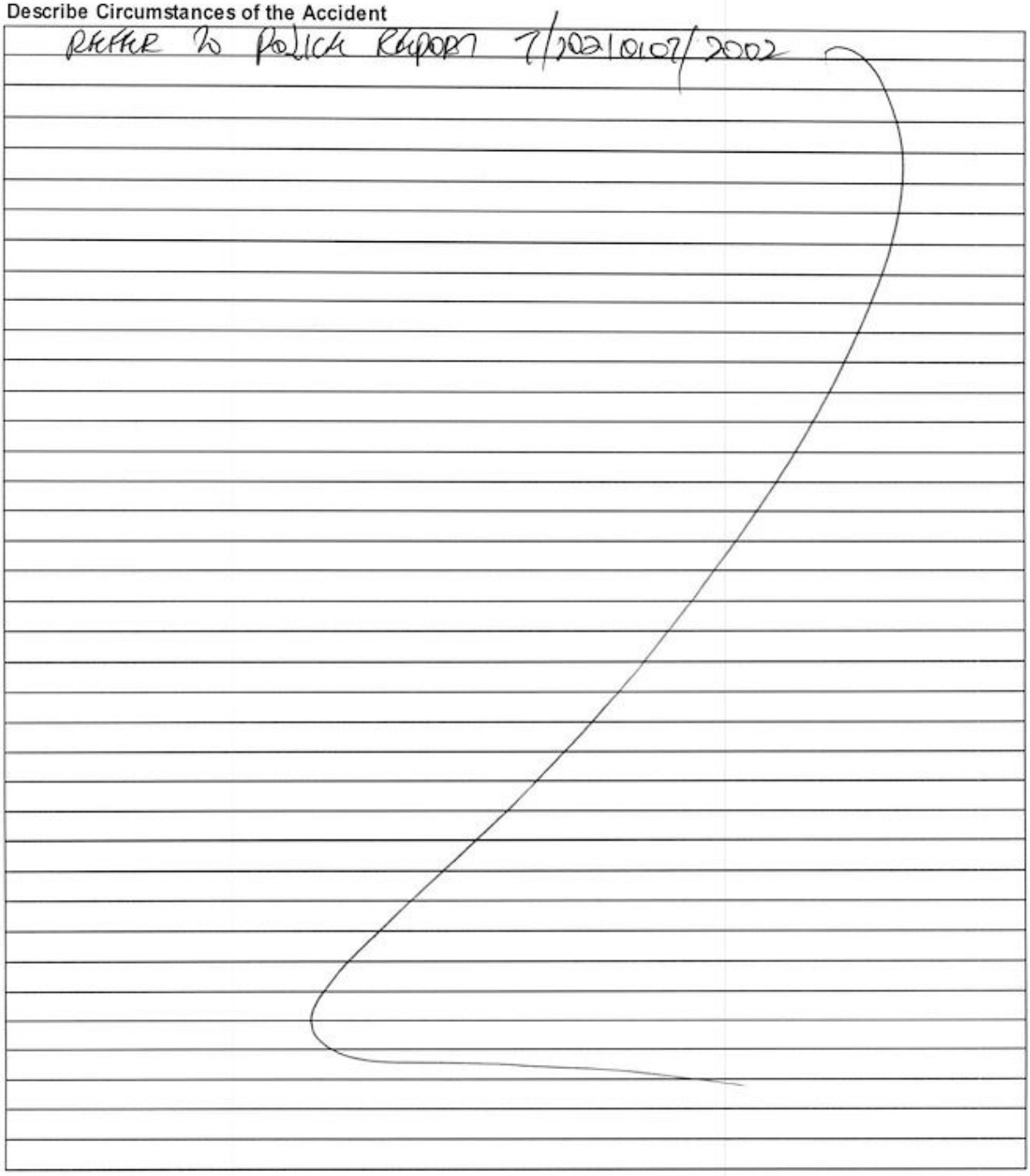
07/01/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident



Declaration

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

7/1/22 2:15pm

Policyholder's Signature / Date & Time

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

07/01/2022

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

SINGAPORE POLICE FORCE

T/20220107/2002

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220107/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/01/2022 00:43		8

Informant's Particulars

Name of Informant: NANDHAGOPAL BALASUBRAMANIAN			Address: APT BLK 230 PASIR RIS STREET 21 #05-52 SINGAPORE 510230	
ID Type / ID No.: FIN NO / G3156714P			Contact No.: Home/Office: Mobile: 81387005	
Nationality: INDIAN			Email:	
Sex: Male	Age: 32	Date of Birth: 27/03/1989	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Technical Engineer			Driving Licence Information: Class: 2B,3C	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2022 22:30	Type of Location: Straight Road
Location: SCOTTS ROAD				
Weather: Clear		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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM6065G	Motorcycle	HONDA	CB190X MANUAL	Red	Totally Damaged	1
SH7468X	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20220107/2002

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220107/2002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM6065G	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC01005768	17/09/2021	16/09/2022

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Pillion					
Name	Shermila D/O N Kumar		ID No.	S9030634J	
Related Vehicle	FBM6065G (Motorcycle)		Contact No.	91811506	
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	Slight	
Rider					
Name	NANDHAGOPAL BALASUBRAMANIAN		ID No.	G3156714P	
Related Vehicle	FBM6065G (Motorcycle)		Contact No.	81387005	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight	
Driver					
Name	Tan Ah Hai		ID No.	S1309913H	
Related Vehicle	SH7468X (Car)		Contact No.	97833121	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

SINGAPORE
POLICE FORCE

T/20220107/2002

Police Station Of Origin:
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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220107/2002

CONTINUATION OF REPORT

Brief Details.

On the 06/01/2022 at about 2230hrs I was riding my motorbike with my fianc along Scotts Road after I exited the roundabout I was on the bus lane and I wanted to switch to the lane 1 . When I looked at my motorbike's side mirror I did not see any car coming so I turned to lane 1 . As I was entering lane 1 the Taxi hit me on the rear. After the collision the right handle, right foot rest as well as the motorbike handbrake were damaged. The traffic police were at the scene and suggested to go to the nearest Police station to make a police report regarding the matter. I have slight scratches on my right leg and my fianc has slight scratches on her right leg as well. I am writing this report for me to claim insurance for the incident that happen. SCDF Paramedics were at scene and they advised both my wife and I to see a doctor tomorrow if any pain on our leg persists.

SINGAPORE POLICE FORCE

T/20220107/2002

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220107/2002

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 D / Sgt 1 REECE LOW JIAJUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2022 00:43
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:

Authentication Stamp
NP168