

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	11/02/2022 17:51 (SGT)
Date of Accident	10/02/2022 15:45 (SGT)
Exact Location of Accident	Kaki Bukit Ave 6, Singapore
Additional Location Information	AUTOBAY ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK144L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NANDA KUMAR KARTHIKEYAN
NRIC No	SXXXX797D
Email Address	ttom101010@yahoo.com.sg
Mobile Phone No	(Phone) +65-96809722
Alternative Phone No	+65-96809722

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMMPHQ22-000172
Cover Note Number	-

DRIVER

Name of Driver	NANDA KUMAR KARTHIKEYAN
NRIC No	SXXXX797D

Date Of Birth	14/01/1980
Occupation	Indoor
Date Of Driving Pass	02/12/2019
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96809722
Alt. Phone Number	+65-96809722
Email Address	ttom101010@yahoo.com.sg
Address	BLK 180D RIVERVALE CRESCENT
Address complement	#14-385
Postcode	544180
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	Raining
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?	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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT AND POLICE REPORT : T/20220211/2037

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	SMM6923A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	PETER
Contact Number	(Phone) +65-92727087
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	NANDA KUMAR KARTHIKEYAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BRUISES ON RIGHT WRIST, RIGHT RIBCAGE AND BOTH KNEES
Injured person in which vehicle?	FBK144L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

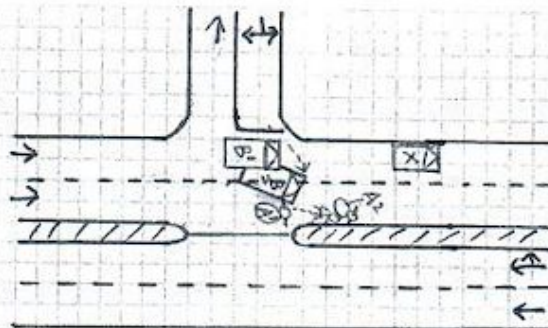
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) FBK 1442

(B) SMM 6923A

Along Kaki Bukit Ave 6
(outside of AutoBay)

Describe Circumstances of the Accident

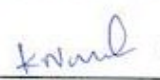
On 10/02/22 at about 15:45hrs, I was riding my bike (FKK 144L) along Kaki Bukit Ave 6 in the right lane. Suddenly a white car (SMM 6923A) which was parked along the road side on the left was dash out to the right lane without check and give way to the oncoming traffic from his right hand side and caused my bike have to apply emergency brake however it is not enough time and my bike skidded and then collided with the white car. Due to the collision, my bike and i was flung off and then lay on the side of road divider. After the accident i went to visit doctor for my injured portion and was given 5 days of rest. I will follow up my medical treatment if any necessary. Hence, I hereby lodge this report to claim against the white car's (SMM 6923A) insurance for my accident damages.


— Refer to the police report : T/20220211/2037. —

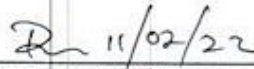
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time

 11.02.2022
Driver's Signature (If driver is not the policyholder) / Date & Time

 11/02/22
Witnessed by Reporting Centre Personnel





































SINGAPORE POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



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Report No. T/20220211/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2022 13:37		Vide Report No.:		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: NANDA KUMAR KARTHIKEYAN			Address: APT BLK 180D RIVERVALE CRESCENT #14-385 SINGAPORE 544180		
ID Type / ID No.: NRIC NO / S8068797D			Contact No.: Home/Office: Mobile: 96809722		
Nationality: SINGAPORE CITIZEN			Email: ttom101010@yahoo.com.sg		
Sex: Male	Age: 42	Date of Birth: 14/01/1980	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: AVIATION TECHNICIAN			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2022 15:45	Type of Location: Straight Road
Location: KAKI BUKIT AVENUE 6				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: SKIDDED WHILE BRAKING				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK144L	Motorcycle	HONDA	CB400 SUPER FOUR M	Blue	Slightly Damaged	0
SMM6923A	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

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Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



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Report No. T/20220211/2037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK144L	EQ INSURANCE COMPANY LTD.	DMMPHQ22-000172	05/02/2022	04/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NANDA KUMAR KARTHIKEYAN		ID No.	S8068797D
Related Vehicle	FBK144L (Motorcycle)		Contact No.	96809722
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL
Driver				
Name	PETER		ID No.	NIL
Related Vehicle	SMM6923A (Car)		Contact No.	92727087
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 10/02/2022 at around 1545hrs, I was riding my motorcycle, registration number: FBK144L, along Kaki Bukit Avenue 6 on the right lane. Suddenly, there was a white car, registration number: SMM6923A, which was parked along the roadside on the left had dashed out from the right side without checking or giving way to oncoming traffic. This caused me to apply emergency brake which made my motorcycle skid cause me to collide with the white car.

Due to the collision, my motorcycle and I was flung off and I laid down on the side of the road divider. I then stood up and the other driver helped me to push my motorcycle to the other side of the road. I then exchanged particulars and went for a medical check-up. The doctor informed me that I suffered bruises on my right wrist, right ribcage and both knees. He then gave me 5 days medical leave.

I brought my motorcycle to my workshop and mechanic advised me to lodge a police report on the accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



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Report No. T/20220211/2037

CONTINUATION OF REPORT

The damages to my vehicle is as listed below:

- 1.) Engine slider
- 2.) Front headlight cover
- 3.) Exhaust damage
- 4.) Back break level
- 5.) Front brake level
- 6.) Speedometer
- 7.) Rear ferring
- 8.) Right side mirror



SINGAPORE POLICE FORCE

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1 Cassia Link SINGAPORE 397618
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Report No. T/20220211/2037

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:
G / SR STAFF SGT MUHAMMAD
HAZWAN BIN ADNAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

NP168

Signature Of Informant:

Date/Time:
11/02/2022 13:37

Classification Of Case: