

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 10/05/2022 15:24 (SGT)
Date of Accident 20/04/2022 07:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH158M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NAGARAJAN RAMA ARJUNAN
Passport No/FIN GXXXX621N
Email Address arjunaru498@gmail.com
Mobile Phone No (Phone) +65-98076170
Alternative Phone No +65-98076170

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz16
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 153

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number PNMC2021-00003025
Cover Note Number -

DRIVER

Name of Driver NAGARAJAN RAMA ARJUNAN
Passport No/FIN GXXXX621N

Date Of Birth	02/05/1981
Occupation	Outdoor
Date Of Driving Pass	28/04/2010
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-98076170
Alt. Phone Number	+65-98076170
Email Address	arjunaru498@gmail.com
Address	BLK 39 JURONG EAST AVENUE 1 #15-07
Address complement	PARC QASIS
Postcode	609776
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?	Yes
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	MIALITON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220423/2023

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	GBF3956S
Vehicle Manufacturer	Nissan

Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	NAGARAJAN RAMA ARJUNAN
Gender	Male
Phone No	(Phone) +65-98076170
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBH158M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	MIALITON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH158M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-85442798
Email	-

SKETCH PLAN

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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.

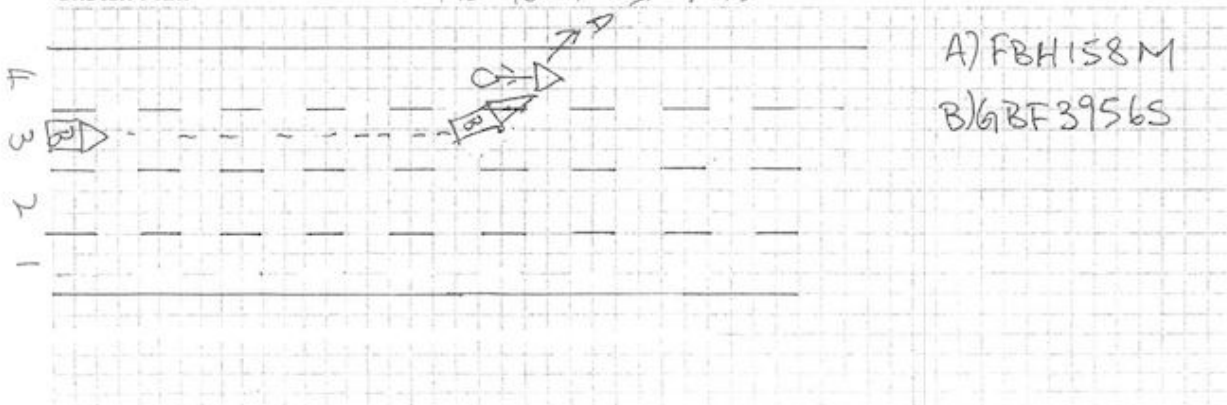
WRM
Policyholder's Signature / Date & Time

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

car 10/05/2022
Witnessed by Reporting Centre Personnel

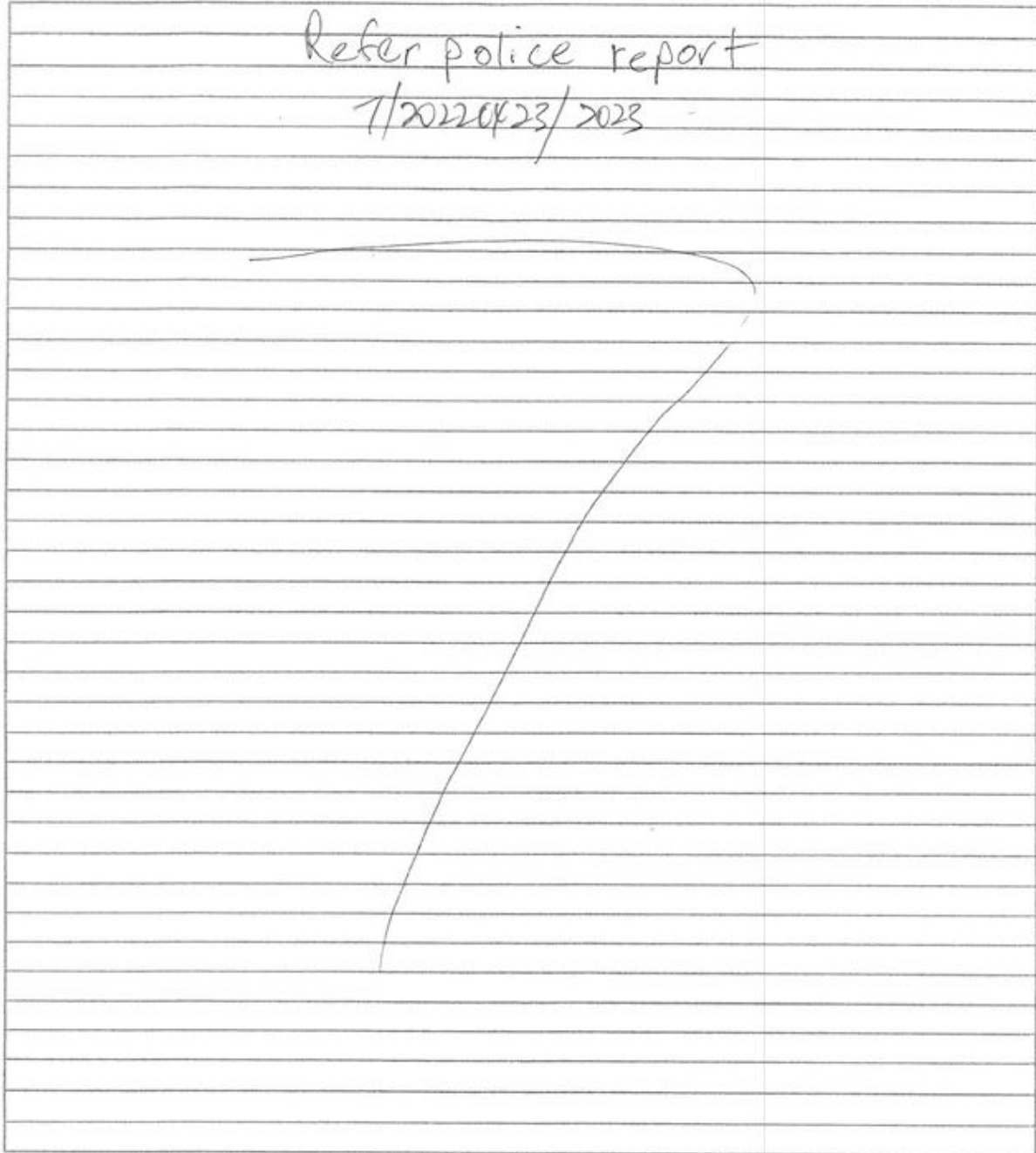
Sketch Plan

PIE TOWARDS TMS



Describe Circumstances of the Accident

Refer police report
7/20220423/2023



Declaration

We declare the foregoing particulars are true in every respect.

W. Rm
Policyholder's Signature / Date & Time

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

10/05/2022
Witnessed by Reporting Centre Personnel
























**SINGAPORE
POLICE FORCE**


T/20220423/2023

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-9999999

1 of 3

Report No: T/20220423/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2022 10:29	Vide Report No.: E/20220420/0038	Station Diary No.: 48
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Informant's Particulars			
Name of Informant: NAGARAJAN RAMA ARJUNAN		Address: APT BLK 2D JALAN PAPAN #05-37 AVERY LODGE SINGAPORE 619415	
ID Type / ID No.: FIN NO / G7605621N		Contact No.: Home/Office: Mobile: 98076170	
Nationality: INDIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 02/05/1981	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B Date of Expiry: 27/04/2025	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/04/2022 07:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
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: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH158M	Motorcycle	YAMAHA	FZ 16	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBH158M	FWD Singapore Pte, Ltd	PNMC2021- 00003025	11/07/2021	25/09/2022



**SINGAPORE
POLICE FORCE**



T/20220423/2023

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Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20220423/2023

CONTINUATION OF REPORT

Brief Details.

My current address is 39 Jurong East Avenue 1, 15-07 Parc Oasis Singapore 609778.

On 20 April 2022 at about 0730hrs, I was riding my motorcycle bearing registration plate number FBH158M along PIE towards Tuas together with my pillion namely Mialton, G6529607T (Hp: 85442798). We was on the way to our workplace located at Woodlands Avenue 12. While riding along PIE towards Tuas, I was at the last lane of the forth lane. I was about to exit towards CTE when suddenly a van bearing registration plate number GBF3956S was driving at third lane suddenly change to the forth lane. I did not see the van and suddenly, I felt an impact on my right side. I then realised that I was thrown out from my motorcycle and landed in front of the van. I then unable to recall what had happened.

On the same day, I woke up and discovered that I am at Tan Tock Seng Hospital. I then contacted my friend, Mialton and asked what had happened. He then informed that we got into an accident with a van. Subsequently, ambulance and Police came. I was conveyed to the hospital by ambulance. My friend, Mialton also informed that there is a witness who saw the incident and had provided his contact number Hp: 85442798. I was informed by my friend, Mialton that he was not injured.

On 22 April 2022 at about 1600hrs, I was being discharge from hospital. The doctor provide me with 17 days of Medical Leave from 20 April 2022 to 6 May 2022. I have a fractured on my right hand, middle and fourth finger. I also have abrasion on both legs, left hand and right hand. I feel pain on my back and neck.

I wish to inform that I received a case card reference report E/20220420/0038 and the in-charge case is IO Justin.



**SINGAPORE
POLICE FORCE**



T/20220423/2023

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20220423/2023

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 /

Other NOOR SHAKILAH BINTE
HASSIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/04/2022 10:29

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

NP168