



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	04/05/2022 16:24 (SGT)
Date of Accident	03/05/2022 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Pasir Ris dr 3 infront of Blk 601
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AU2539C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NARGUNAN S/O GOBY
NRIC No	S8503139B
Email Address	N_GOBY@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91283615
Alternative Phone No	+65-91283615

VEHICLE PARTICULARS

Manufacturer	Vespa
Model	Primavera
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	Auto
CC	160

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5117754010-01
Cover Note Number	-

DRIVER

Name of Driver	NARGUNAN S/O GOBY
NRIC No	S8503139B



Date Of Birth	13/02/1985
Occupation	Indoor
Date Of Driving Pass	16/06/2015
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91283615
Alt. Phone Number	+65-91283615
Email Address	N_GOBY@HOTMAIL.COM
Address	BLK 406 PANDAN GARDEN #13-41
Address complement	-
Postcode	600406
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	KASTURI SELVARAJOO
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clamentine Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No, Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADV TO UPLOAD ONTO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB839X
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD RAUSYAN BIN MUASAJI ANGULLIA
NRIC No	S9413172C
Contact Number	(Phone) +65-91518304
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	KASTURI SELVARAJOO
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	AU2539C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	NARGUNAN S/O GOBY
Gender	Male
Phone No	(Phone) +65-91283615
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	AU2539C
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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7. By the lodgment 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.

**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time: 4/5/2022 1600

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

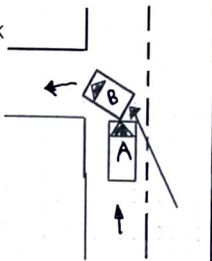
Reporting Centre Personnel's Signature  
Name: HONG DA  
NRC/FIN No.: S992334

SKETCH PLAN

PASIR RIS DR 3 INFRONT OF BLK  
601

BLK 601

A:AU2539C  
B:SNB839C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature

Date & Time: 4/5/2022 1600

Driver's Signature

(if driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name: HONG DA

NR C/FIN No S992334

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S8503139B



Name

NARGUNAN S/O GOBY

செகா நற்குனன்

Race

INDIAN

Date of birth

13-02-1985

Country/Place of birth

SINGAPORE

Sex

M



S8503139B

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8503139B

Name

NARGUNAN S/O GOBY

Birth Date 13 Feb 1985

Issue Date 04 Mar 2008



001577349B

5536204



NRIC No S8503139B



Date of issue

28-11-2015

APT BLK 408 PANDAN GARDENS #13-41

SINGAPORE 600408

NRIC No S8503139B

Date: 17/06/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

use 2B Motorcycles < 200 CC  
use 1A Motorcycles between 201 CC and 400 CC  
use 3 Motor cars < 3000 kg with < 7 passengers, exclusive of the driver, and motor trucks/vehicles < 2500 kg

16 Jun 2015

17 Jan 2018

04 Mar 2009

S / No 9000312384

031238

License No: S8503139B



401 4284



# SINGAPORE POLICE FORCE



T/20220504/2026

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 4

Report No. T/20220504/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/05/2022 11:53			Vide Report No.:		Station Diary No.: 46	
<b>Informant's Particulars</b>						
Name of Informant: NARGUNAN S/O GOBY			Address: APT BLK 406 PANDAN GARDENS #13-41 SINGAPORE 600406			
ID Type / ID No.: NRIC NO / S8503139B			Contact No.: Home/Office:		Mobile: 91283615	
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 37	Date of Birth: 13/02/1985	Type of Informant: Rider			
Race: Indian			Language: English		Institution / School Name:	
Occupation: STUDENT WELFARE OFFICER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/05/2022 12:15	Type of Location: T-Junction
Location:  PASIR RIS DRIVE 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AU2539C	Motorcycle	PIAGGIO	VESPA PRIMAVERA 150 ABS	Blue	Slightly Damaged	1
SNB839X	Car	KIA	CERATO	Black	No Damage	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





# SINGAPORE POLICE FORCE



T/20220504/2026

2 of 4

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20220504/2026

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AU2539C	NTUC Income Insurance Co-Operative Limited	5117754010-01	05/06/2021	04/06/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	Kasturi Selvarajoo		ID No.	S8876335A
Related Vehicle	AU2539C (Motorcycle)		Contact No.	91852061
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	NARGUNAN S/O BOBY		ID No.	S8503139B
Related Vehicle	AU2539C (Motorcycle)		Contact No.	91283615
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	03/05/2022		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Muhammad RAusyan Bin Musaji Angullia		ID No.	S9413172C
Related Vehicle	SNB839X (Car)		Contact No.	91518304
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





**SINGAPORE  
POLICE FORCE**



T/20220504/2026

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20220504/2026

**CONTINUATION OF REPORT**

**Brief Details.**

On 03/05/2022 at about 1215hrs, I was on the left lane and driving along Pasir Ris Drive 3 road and it was just before a carpark entrance on my left, a vehicle bearing registration plate number SNB839X was initially behind me and on the right lane, he then changed lane abruptly to my lane and came in front of my vehicle.

As I was not able to react on time, My wife and I both self skidded and suffered some injuries. I felt some pain on my left elbow area and also minor bruises on my right thigh. My wife felt pain on her hip and also swollen on her left leg. She also had some abrasions on her right hand. Both my wife and I was given 3 days MC from Alexandra Hospital which we seek treatment on our own.

The said driver left the scene at first but subsequently came back again as he felt bad about it. I wish to state that I had a video recording of the said vehicle changing abruptly causing me and wife to self skid. The recording was a car cam recording from a driver behind me who also witness the incident.

The witness particulars as follows:  
Cheryl Lai  
96924500



**SINGAPORE  
POLICE FORCE**



T/20220504/2026

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20220504/2026

**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 2 CHUA WEN HUI  
GORDON

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/05/2022 11:53

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

NP168