



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 23/06/2022 14:20 (SGT)
 Reported by Both
 Date of Accident 24/04/2022 14:20 (SGT)
 Exact Location of Accident Pasir Ris Drive 4, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS4503R

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner MEENATCHI SUNDARAM GUNASEELAN
 NRIC No S7863154F
 Email Address GUNASEELAN_SG@YAHOO.COM
 Mobile Phone No (Phone) +65-90602069
 Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
 Model Fz150
 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 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
 Policy Number / Cover Note Number 5121927692-01

DRIVER

Name of Driver MEENATCHI SUNDARAM GUNASEELAN
 NRIC No S7863154F
 Date Of Birth 24/01/1978
 Occupation Outdoor



Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

30/10/2013,
8 YEARS AND 6 MONTHS
Male
(Phone) +65-90602069
-
GUNASEELAN_SG@YAHOO.COM
BLK 226 #08-86
PASIR RIS STREET 21
510226
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Major/Minor Rd
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) 1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Pasir Ris Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18005852999
Alt. Police Station Phone No (Fax) +65-65855261
Police Station Address 1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPOR: T20220509/2107

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3193X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -

Vehicle Colour
Vehicle Category
Name of Driver
Contact No
Address
P

Vehicle Colour	-
Vehicle Category	Taxi
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)	4

INJURED PERSONS DETAILS

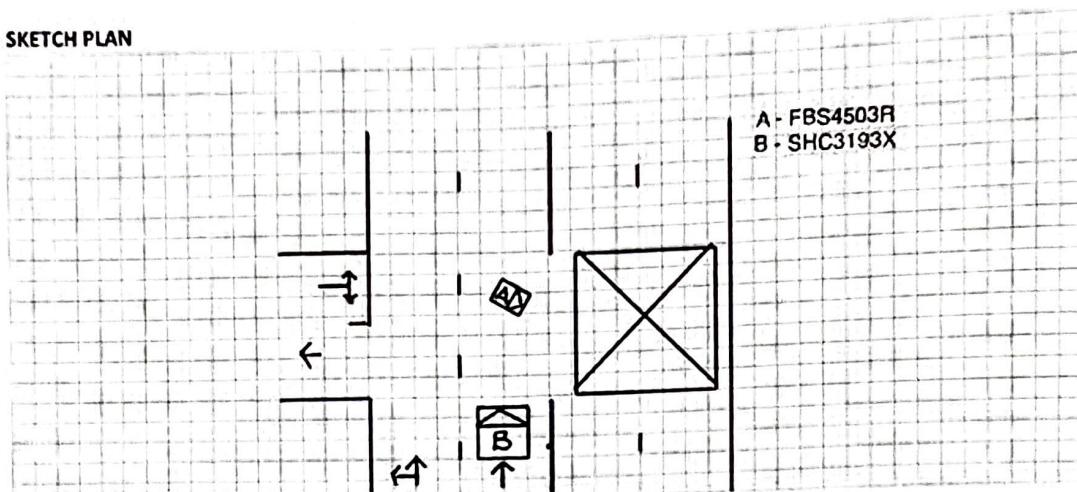
INJURED 1

Name of injured person	MEENATCHI SUNDARAM GUNASEELAN
Gender	Male
Phone No	(Phone) +65-90602069
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS4503R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

163.00

1 FRONT RHS FOOTREST RUBBER

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for text. A diagonal line is drawn from the bottom-left corner to the top-right corner, indicating that no description was provided.

DECLARATION

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

M. Ikhsan
 Policyholder's Signature
 Date & Time: 23062022 & 1500Hrs

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: Md Ikhsan
 NR/C/FIN No.: S098395

SKETCH PLAN

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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.
- (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: 23/06/2022 & 1500HRS (if driver is not the policyholder)

Driver's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name: Md Ikhsan

NRIC/FIN No.: S098395

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	154F
Vehicle No:	FBS4503R
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jun 2022
Vehicle Make:	YAMAHA
Vehicle Model:	FZS ABS MANUAL
Primary Colour:	Blue
Manufacturing Year:	2020
Engine No:	G3N5E0059785
Chassis No:	ME1RG6628L0059621
Maximum Power Output:	-
Open Market Value:	\$1,770.00
Original Registration Date:	23 Apr 2021
First Registration Date:	23 Apr 2021
Transfer Count: -	1
Actual ARF Paid:	\$266.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	22 Apr 2031
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$7,670.00
COE Rebate Amount:	\$4,770.00
Total Rebate Amount:	\$4,770.00

The information contained herein is correct as at 25 Jun 2022

OK

Yamaha FZS150

Listing Type	Paid Ad
Brand	Yamaha
Model	Yamaha FZS150
Engine Capacity	149cc
Classification	Class 2B
Registration Date	26/09/2019
COE Expiry Date	25/09/2029 (7yrs 3mths COE left)
Mileage	50000km
No. of owners	1
Type of Vehicle	Street Bikes

SGD \$9500