SN09233F0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/03/2023 12:39 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (15/03/2023 12:39 (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 Actual 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.

- 4. The issue and acceptance 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 15/03/2023 12:39 (SGT) Reported by Date of Accident 09/03/2023 08:30 (SGT) Exact Location of Accident Jurong West Street 42, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Sym

Vehicle Registration Number FBA7C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHUN HWAI (CHEN JUNHUAI) NRIC No SXXXX121B Fmail Address sdsaravanan04@gmail.com Mobile Phone No (Phone) +65-86715893 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model VF31 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 183

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNMC2022-00002776

DRIVER

Name of Driver SUNDHARAM SIVAKUMAR Passport No/FIN GXXXX593N Date Of Birth 04/01/1999 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	20/10/2020 2 YEARS AND 5 MONTHS Male (Phone) +65-86715893 - sdsaravanan04@gmail.com 10 RIVERVALE LINK #11-18 - 545044 No Friend No
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20230309/7055	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	GBK6303E - -

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 Gender Phone No	SUNDHARAM SIVAKUMAR Male (Phone) +65-86715893
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBA7C
Were seat belts worn?	I BA7C
	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
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- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my workshop and the General insurence 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 Agrannal 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' law yers/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;
- (ii) 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Parsonal 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

BD

Witnessed by Reporting Centre Personnel

Sketch Plan

Junh Wast St 42

	VA D Z WA WA	
	Refer To Police Reput No: 7/20236309/7050	à
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Declaration

We declare the foregoing particulars are true in every respect,

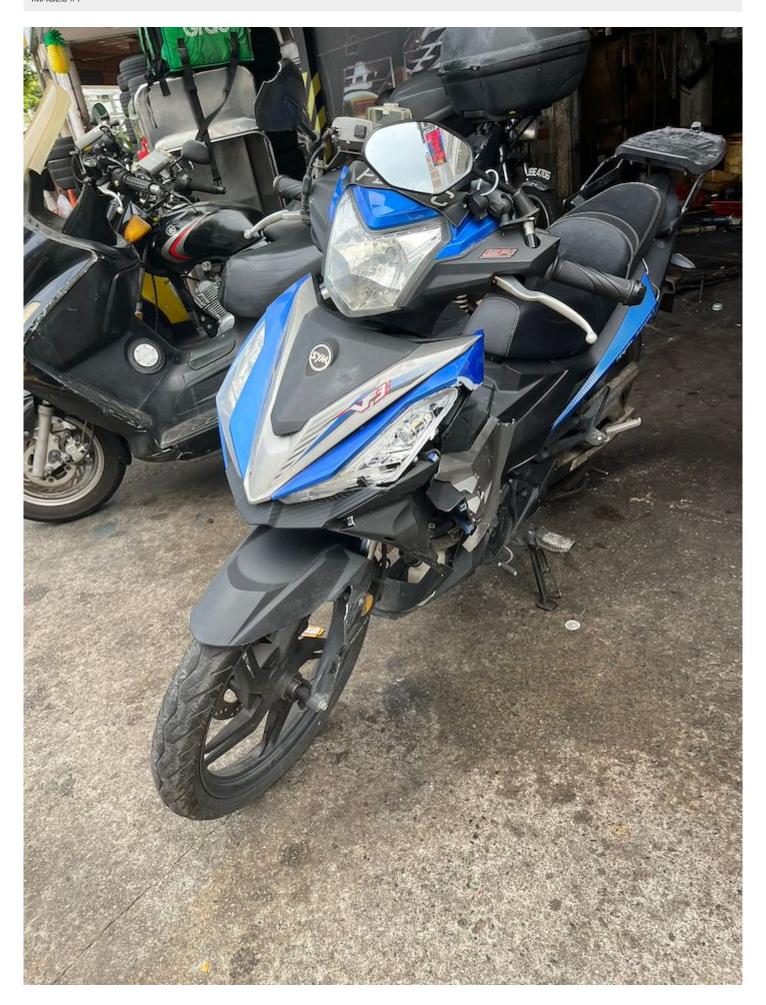
Policyholder's Signature / Date & Time

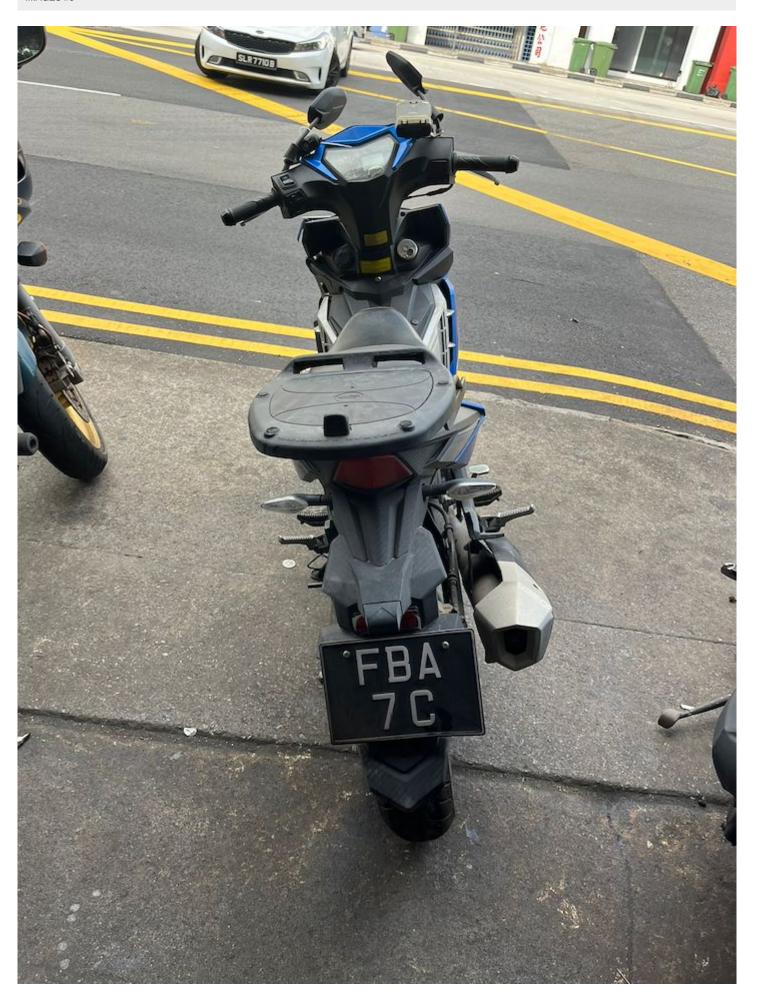
Oriver's Signature (if driver is not the policyholder) / Date & Time

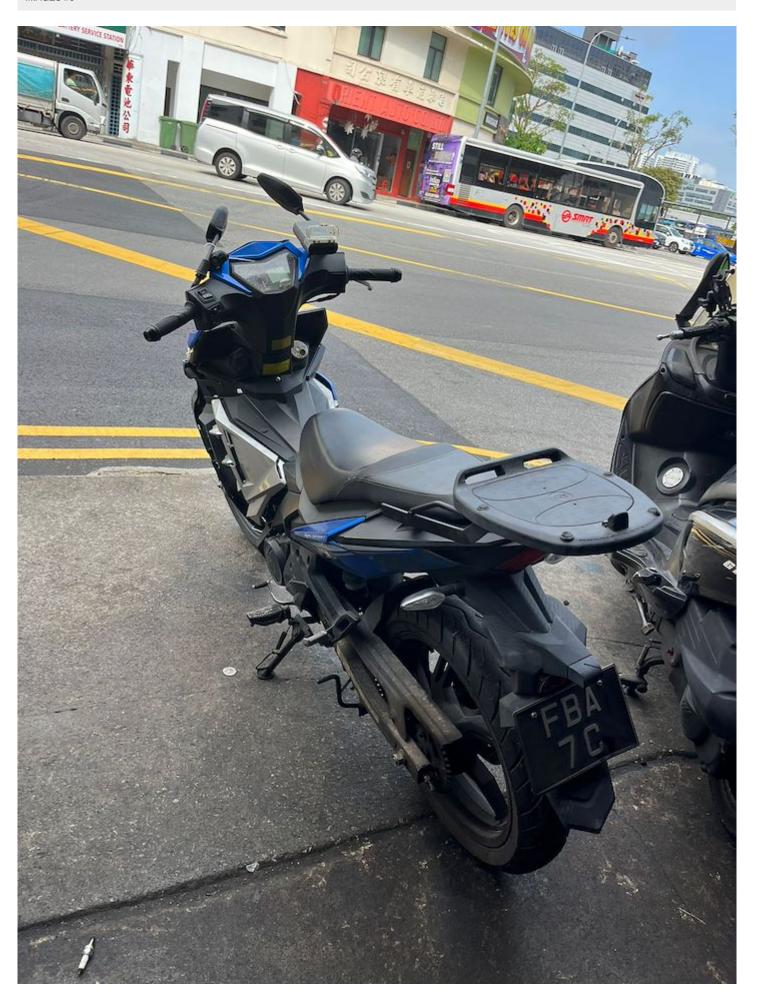


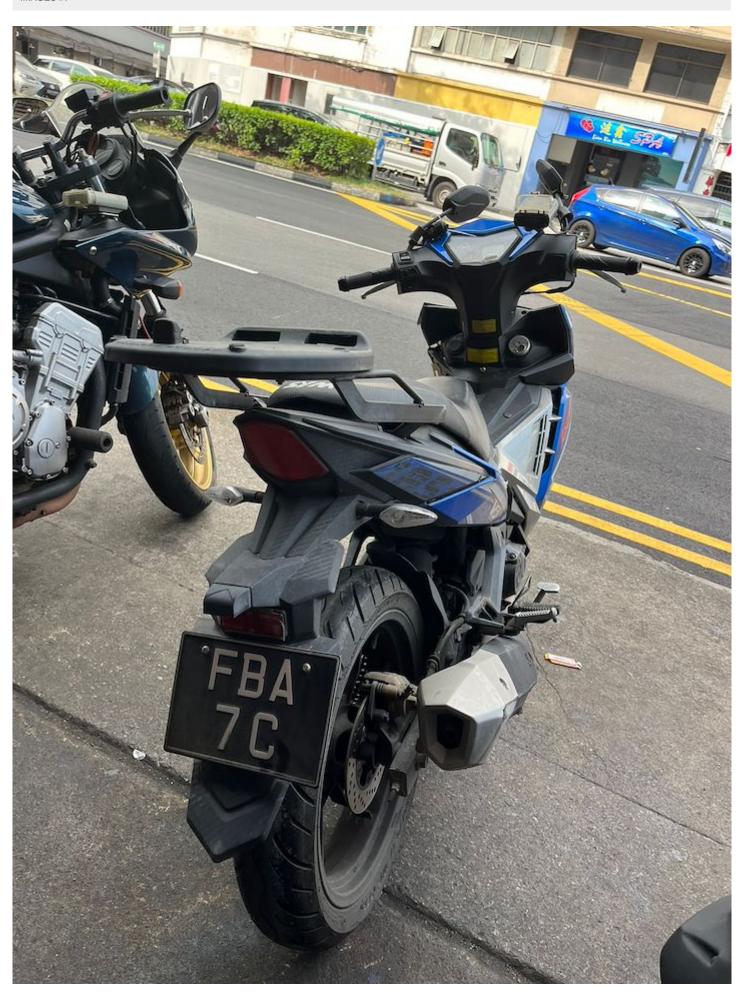


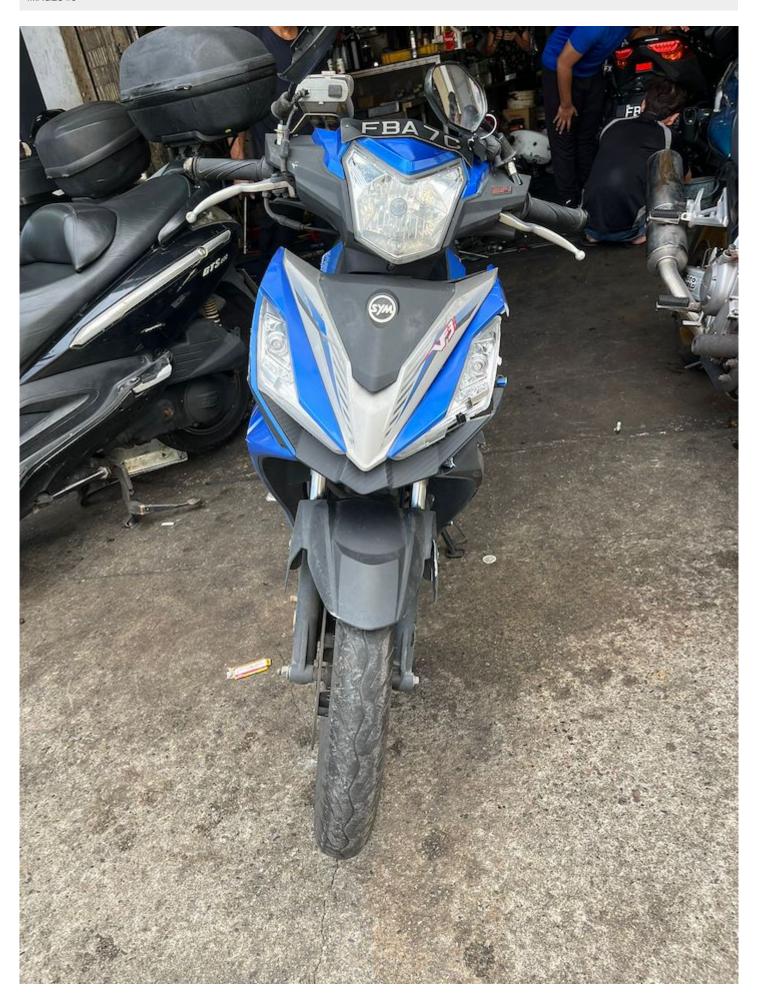
















Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230309/7055

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 123 15:29	/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		MONTH STATE OF CHARLES
CONTRACTOR OF STREET	Informant: ARAM SIVA		Address:	
ID Type FIN NO	/ ID No.: / G8927593	BN	Contact No.: Home/Office:	Mobile: 86715893
National INDIAN	ity:		Email: SDSARAVANAN04@GM/	AIL.COM
Sex: Male	Age: 24	Date of Birth: 04/01/1999	Type of Informant: Driver	
Race: Indian	116	h	Language: English	Institution / School Name:
Occupation:			Driving Licence Informatio Class:	n: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Date/Time of Drive: Accident: No 09/03/2023 08:		Type of Location T-Junction
JURONG WE	ST STREET 42			
		D 10 1		
		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: One Way		CONTRACTOR OF THE CONTRACTOR O		Road Speed Limit: Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBA7C	Car					0
GBK6303E	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	The same of the sa
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230309/7055

CONTINUATION OF REPORT

Driver			AND DESCRIPTIONS	1000	JEST DI	SCHOOL SELECT
Name	SUNDHARAM SIVAKUMAR		ID No.	3	G8927593N	
Related Vehicle	FBA7C (Car)			Conta	ct No.	86715893
Hospital/Clinic	NIL		- 17	Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	14	Degree o	of Serio		us

Brief Details.

I was traveling along Jurong West Ave 2 towards PIE Changi. At the entrance, suddenly vehicle GBK6303E made an illegal right turn out from Jurong Road and hit onto my vehicle.

I am suffering from body ache and leg injuries and was conveyed to Ng Teng Feng General Hospital from the scene and received 14 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230309/7055

CONTINUATION OF REPORT

Sketch	Plan
Oliveron.	4 16411

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2023 15:29
Officer In Charge Of Case: TP / TPIB / PAN JIANHONG Contact No.: 65476904	Classification Of Case:

NP168