

# 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 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 .....	15/03/2023 12:39 (SGT)
Reported by .....	Driver
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

Vehicle Registration Number .....	FBA7C
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### INSURED/POLICYHOLDER

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

### VEHICLE PARTICULARS

Manufacturer .....	Sym
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 .....	20/10/2020
Driving experience .....	2 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86715893
Alt. Phone Number .....	-
Email Address .....	sdsaravanan04@gmail.com
Address .....	10 RIVERVALE LINK #11-18
Address complement .....	-
Postcode .....	545044
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 - 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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230309/7055

#### 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 .....	GBK6303E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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 .....	SUNDHARAM SIVAKUMAR
Gender .....	Male
Phone No .....	(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? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes



Describe Circumstances of the Accident

Refer To Police Refus No: 7/20236309/705A

*[A large diagonal line is drawn across the remaining lines of the form, indicating no further details were provided.]*

Declaration

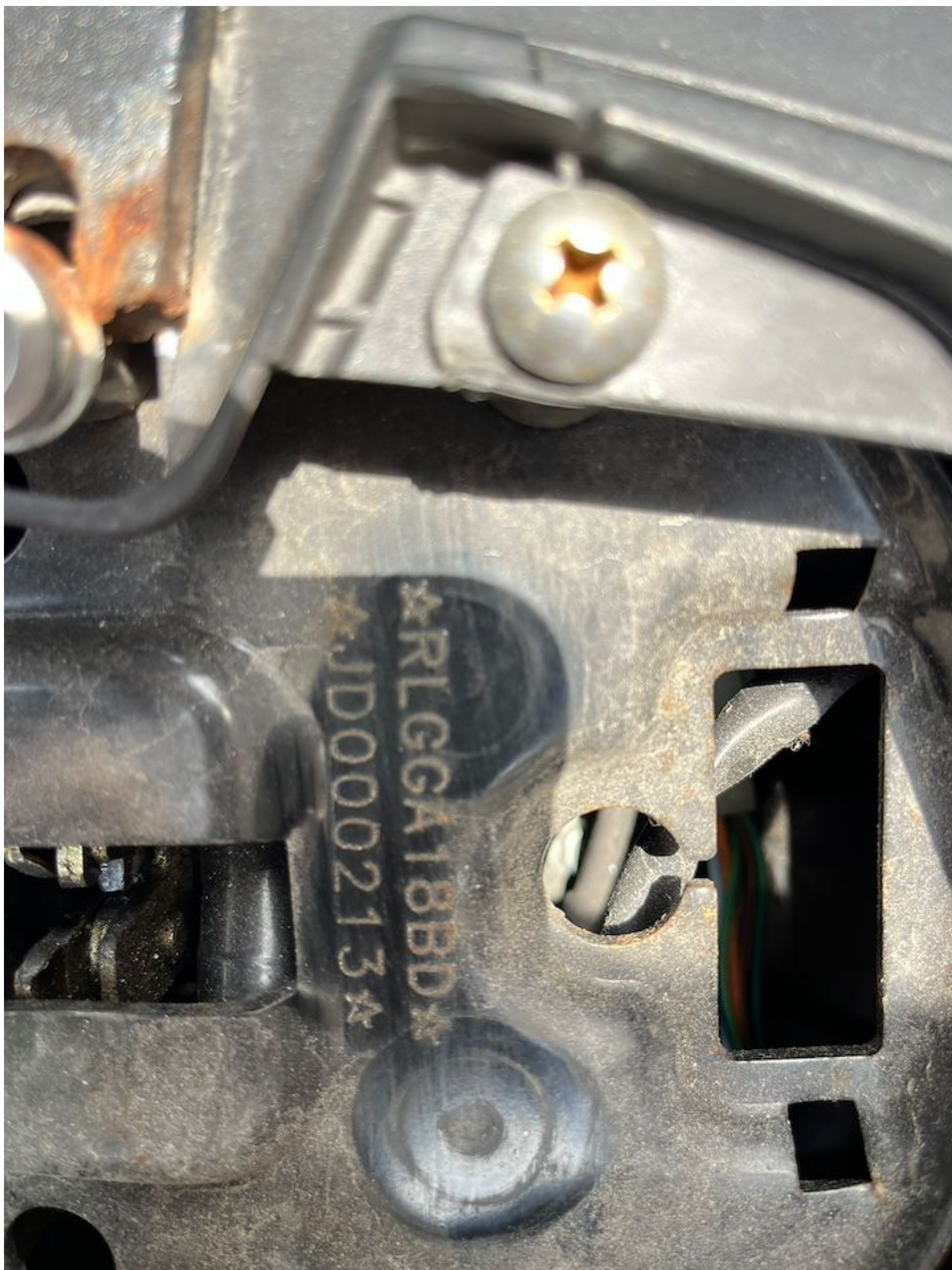
We declare the foregoing particulars are true in every respect.

*[Signature]*  
 Policyholder's Signature / Date & Time

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

*[Signature]* 15/03/2023  
 Witnessed by Reporting Centre Personnel


















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230309/7055

1 of 3

Report No. T/20230309/7055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/03/2023 15:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SUNDHARAM SIVAKUMAR			Address:		
ID Type / ID No.: FIN NO / G8927593N			Contact No.: Home/Office: Mobile: 86715893		
Nationality: INDIAN			Email: SDSARAVANAN04@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 04/01/1999	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2023 08:30	Type of Location: T-Junction
Location:  JURONG WEST STREET 42				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBA7C	Car					0
GBK6303E	Lorry					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230309/7055

2 of 3

Report No. T/20230309/7055

**CONTINUATION OF REPORT**

Driver			
Name	SUNDHARAM SIVAKUMAR	ID No.	G8927593N
Related Vehicle	FBA7C (Car)	Contact No.	86715893
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	14	Degree of	Serious

**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.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230309/7055

3 of 3

Report No. T/20230309/7055

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
PAN JIANHONG  
Contact No.: 65476904

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
09/03/2023 15:29

Classification Of Case:

NP168