

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	03/06/2023 09:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/06/2023 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARD WOODLANDS CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5233A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DAVID KING THORAIRAJAN
NRIC No	S8142516G
Email Address	davidkingnlp@gmail.com
Mobile Phone No	(Phone) +65-98244137
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00206732200

DRIVER

Name of Driver	DAVID KING THORAIRAJAN
NRIC No	S8142516G
Date Of Birth	28/12/1981
Occupation	Indoor

Date Of Driving Pass	20/10/2009
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98244137
Alt. Phone Number	-
Email Address	davidkingnlp@gmail.com
Address	202 COMPASSVALE DRIVE #06-577
Address complement	-
Postcode	541202
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	Collided into Motorcyclist
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	BRA3356
Vehicle Category	Motorcycle

PASSENGER 1

Name	DAUGHTER
Gender	Female

PASSENGER 2

Name	DAUGHTER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN/TP REPORT

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 BRA3356
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 Name of Driver ERIC DAS
 Contact Number (Phone) +65-97597807
 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 -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? BRA3356
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

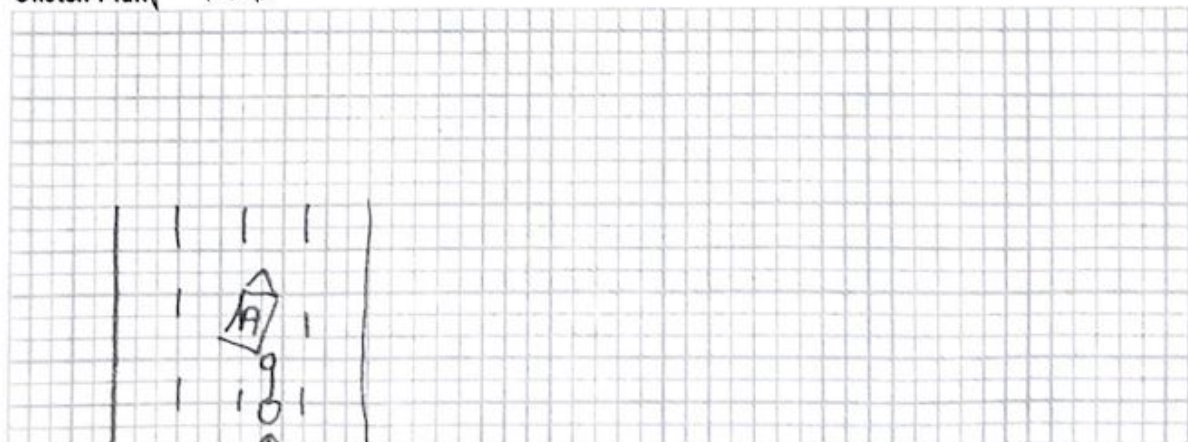
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



BKE toward woodland checkpoint

Describe Circumstance of the Accident

1145am I was going to JB through Woodlands Expressway
 feeling it is a big jam on the right side of the
 end of expressway, I signalled and move to the
 left knowing the motorbike is quite far away.
 Then I heard the bang and see the guy 33, Eric was
 on the road. He mentioned knee pain. Bike crashed onto my
 car. I asked him how it happened as he was far
 away and I signalled. He said he couldn't brake
 in time because of the rainy and wet terrain.


Declaration

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


 Policyholder's Signature / Date & Time

1/6/23
 1430hrs

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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)























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SINGAPORE
POLICE FORCE

F/20230601/7096

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POLICE REPORT (NP299)

Report No. F/20230601/7096

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 01/06/2023 20:20	Vide Report No.	Station Diary No.
Name Of Informant DAVID KING THORAIKARAN	Address 202A COMPASSVALE DRIVE #06-577 SINGAPORE 541202	
ID Type / ID No. NRIC NO / S8142516G	Contact No. Home/Office: 98244137	Mobile:
Nationality SINGAPORE CITIZEN	Email Address DAVID@MINISTRYOFEMPOWERMENT.COM	
Occupation Training and staff development professional	Sex Male	Age 41
Institution/School Name	Date of Birth 28/12/1981	Race Indian
Date/Time Of Incident 01/06/2023 11:45 - 01/06/2023 11:45	Location Of Incident 202A COMPASSVALE DRIVE #06-577 SINGAPORE 541202	

Brief details.

Dear Sir/Madam

I got into an accident at 1145am near BKE. I was changing lane slowly as I signalled and turned. I also saw the bike behind me was at a distance. The next thing I knew is there was a loud sound and the guy, Mr Eric Das, 33, Malaysian on the floor with his bike smashed my car. My car is SJM 5233A and his motorbike is BRA 3356.

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: 01/06/2023 20:20
Officer In-Charge Of Case:	Classification Of Case:

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SINGAPORE
POLICE FORCE

F/20230601/7096

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

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230601/7096

It is unfortunate that he could not brake on time and I asked him why he couldn't do so. He did mention that the wet terrain was not enough for him to brake. I called an ambulance and checked with him. He had knee problem. Besides that he said he had problem in his throat to the medic.



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1/2



SINGAPORE
POLICE FORCE



F/20230601/7096

2 of 2

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2/2