

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 First Submission	27/08/2024 17:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/08/2024 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	38 Cairnhill Road infront of The Laurels Condo
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG4591Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MEYYAPPAN RAMANATHAN
NRIC No	SXXXX953G
Email Address	MEYYAPPS@GMAIL.COM
Mobile Phone No	(Phone) +65-90281986
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Piaggio
Model	VESPA LX150 CVT
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	151
Vehicle Fuel	Petrol
First Registration Date	25/07/2012
Chassis no	ZAPM6820000009911
Effective Date/Time of Ownership	01/07/2024 01:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P20778338R02

DRIVER

Name of Driver	MEYYAPPAN RAMANATHAN
NRIC No	SXXXX953G
Date Of Birth	22/11/1969
Occupation	Indoor
Driving Pass Date	08/04/2011
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90281986
Alt. Phone Number	-
Email Address	MEYYAPPS@GMAIL.COM
Address	BLK 32 BROCKHAMPTON DRIVE - SINGAPORE 559080
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver 1	SKQ6267M
Insurance Company of Other Vehicle Owned by Driver 1	Auto & General Insurance (Singapore) Pte. Limited.
Vehicle Registration Number of Other Vehicle Owned by Driver 2	FBE2497L
Insurance Company of Other Vehicle Owned by Driver 2	Auto & General Insurance (Singapore) Pte. Limited.

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?	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

Refer to Sketch Plan

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 SML6925A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver Ameen
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

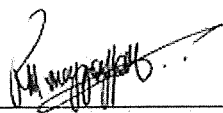
Name of injured person Meyyappan Ramanthan
Gender Male
Phone No (Phone) +65-90281986
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained Lips torn, left knee contusion , Bleeding nose, broken teeth.
Injured person in which vehicle? FBG4591Z
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

Describe Circumstance of the Accident

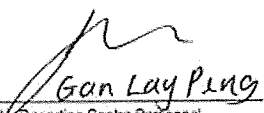
Refer to Police Report No. 7120240819/7155

Declaration

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


Policyholder's Signature / Date & Time
16:30hrs
27/8/24

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


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

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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)

I understand, acknowledge, agree and consent that:

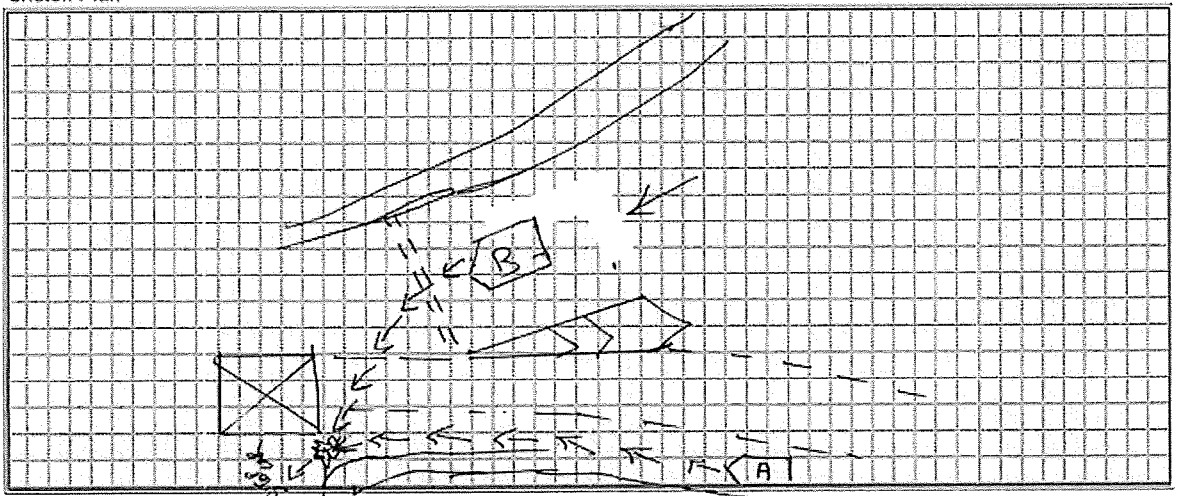
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

[Handwritten Signature]
 Policyholder's Signature / Date & Time
 27/8/24

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

[Handwritten Signature: Gon Lay Peng]
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



↓ Impact point.

Vehicle Details

<i>Vehicle No.</i>	<i>Make / Model</i>
FBG4591Z	PIAGGIO / VESPA LX150 CVT
Vehicle Type :	Vehicle Attachment 1 :
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	ZAPM6820000009911
Propellant :	Engine No. :
Petrol	M682M3004097
Motor No. :	Engine Capacity :
-	151 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
-	114 kg
Year Of Manufacture :	Original Registration Date :
2012	25 Jul 2012
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
PQP Paid :	COE Expiry Date :
\$4,966.00	24 Jul 2027
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
31 Dec 2024	-
Inspection Due Date :	Intended Transfer Date :
30 Jun 2025	27 Aug 2024
CO2 Emission :	CEV/VES Rebate Utilised Amount :
-	-