

## 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
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#### 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
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Was there any video captured by Car Camera? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	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

  
Gan Lay Ping

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



# SKETCH PLAN

## IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

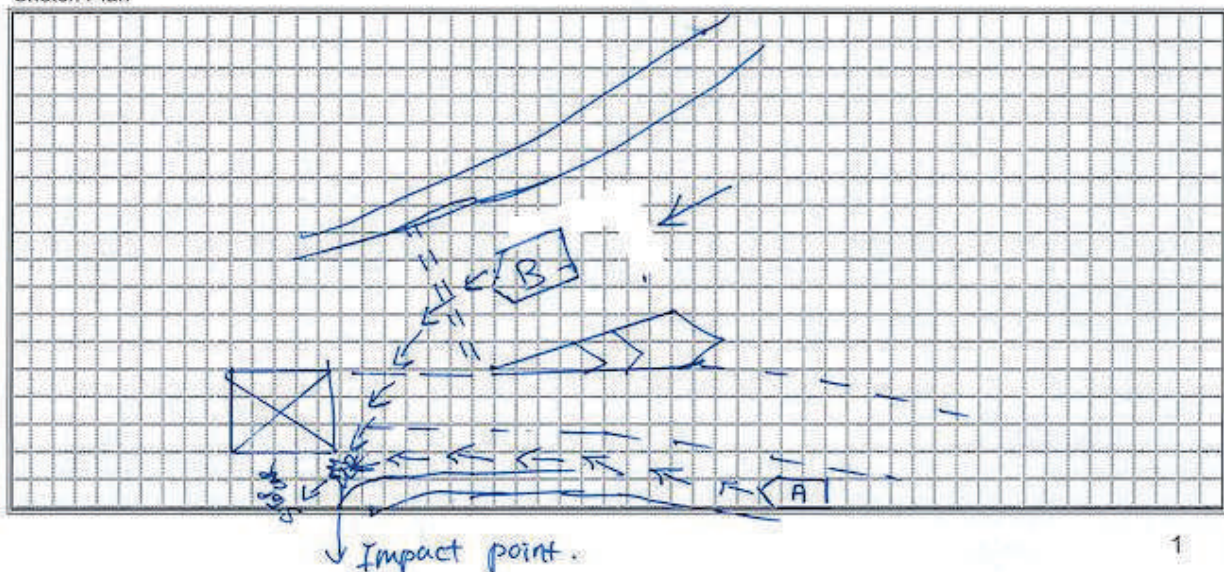
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

*[Signature]*  
Gan Lay Peng  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

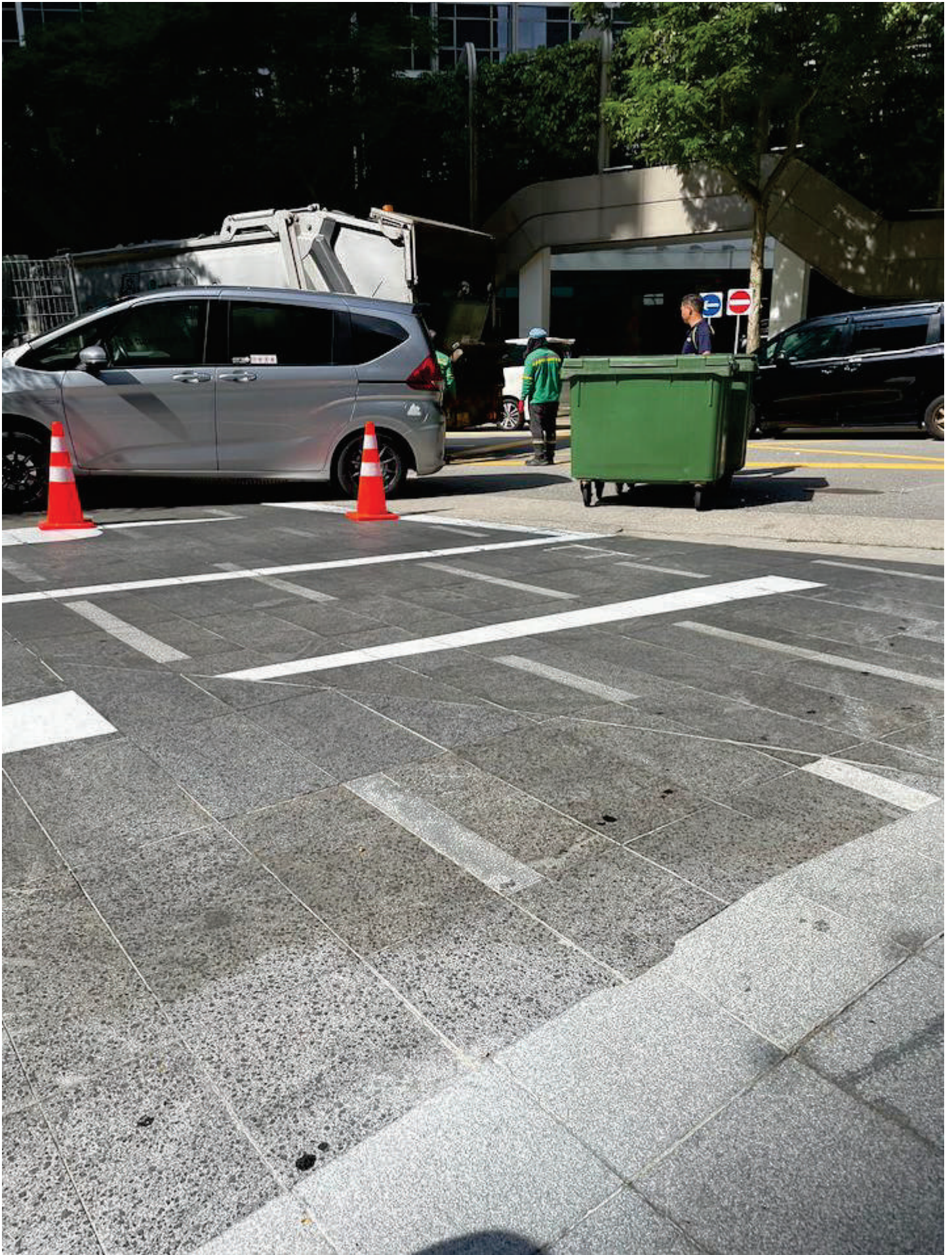
## Sketch Plan



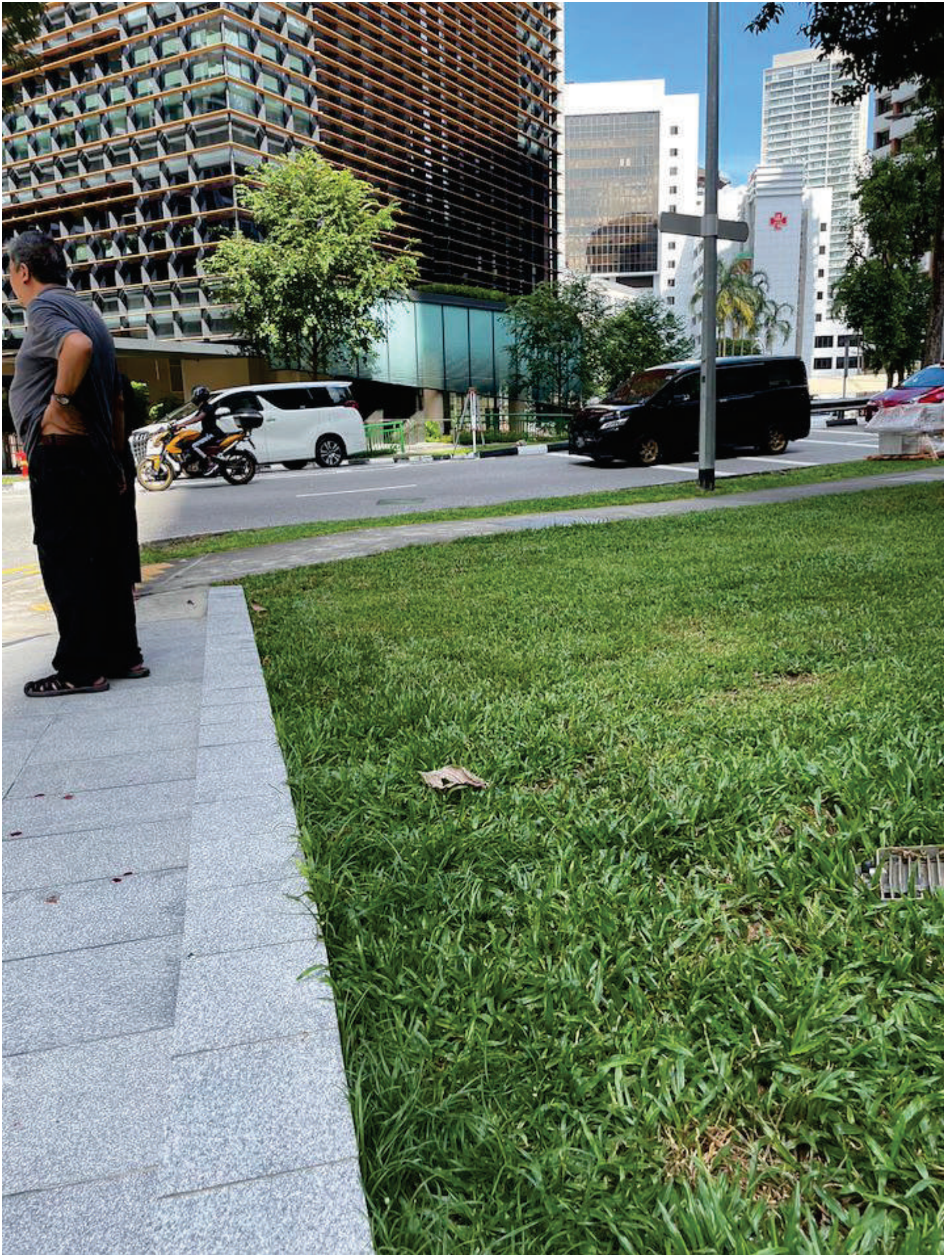








































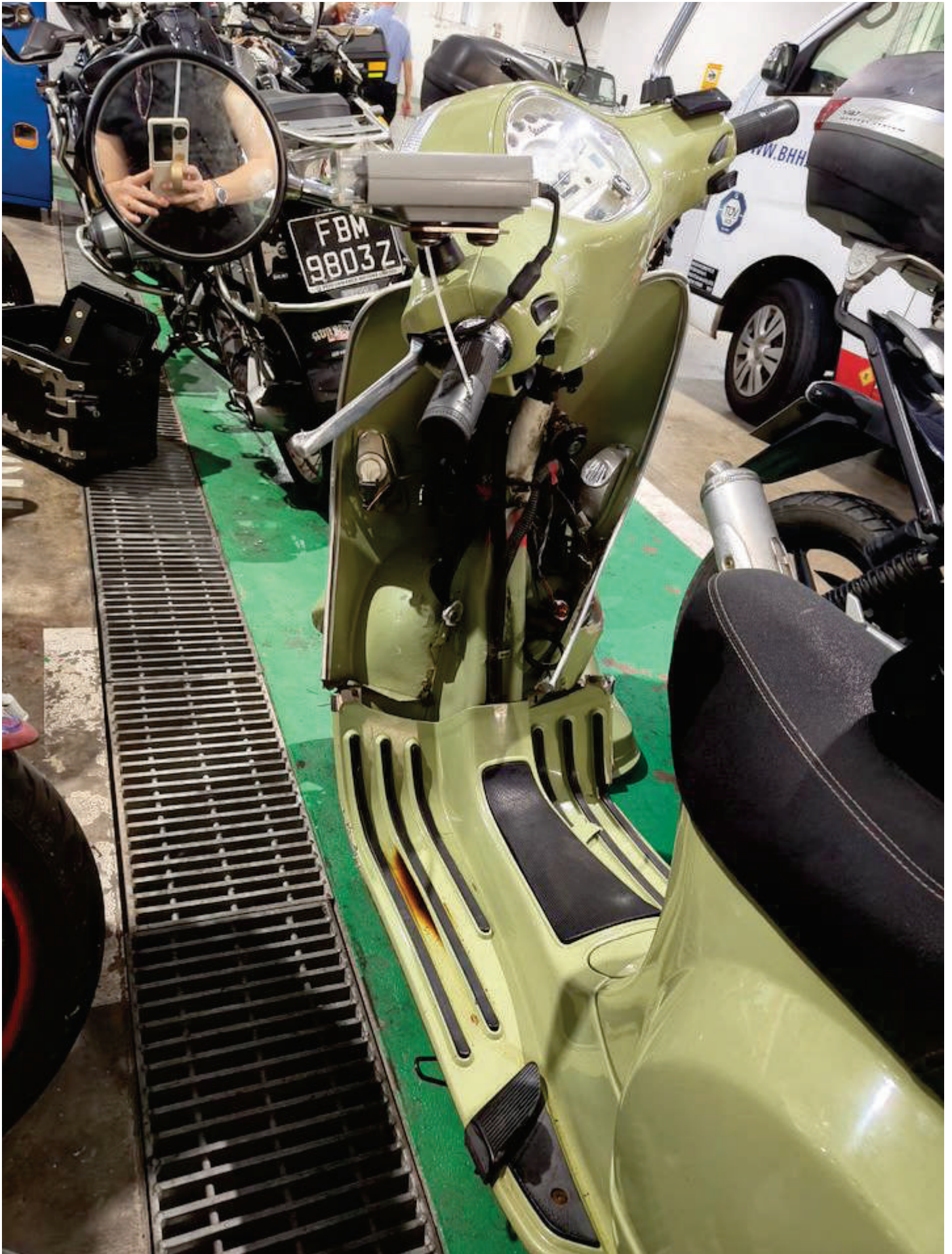




















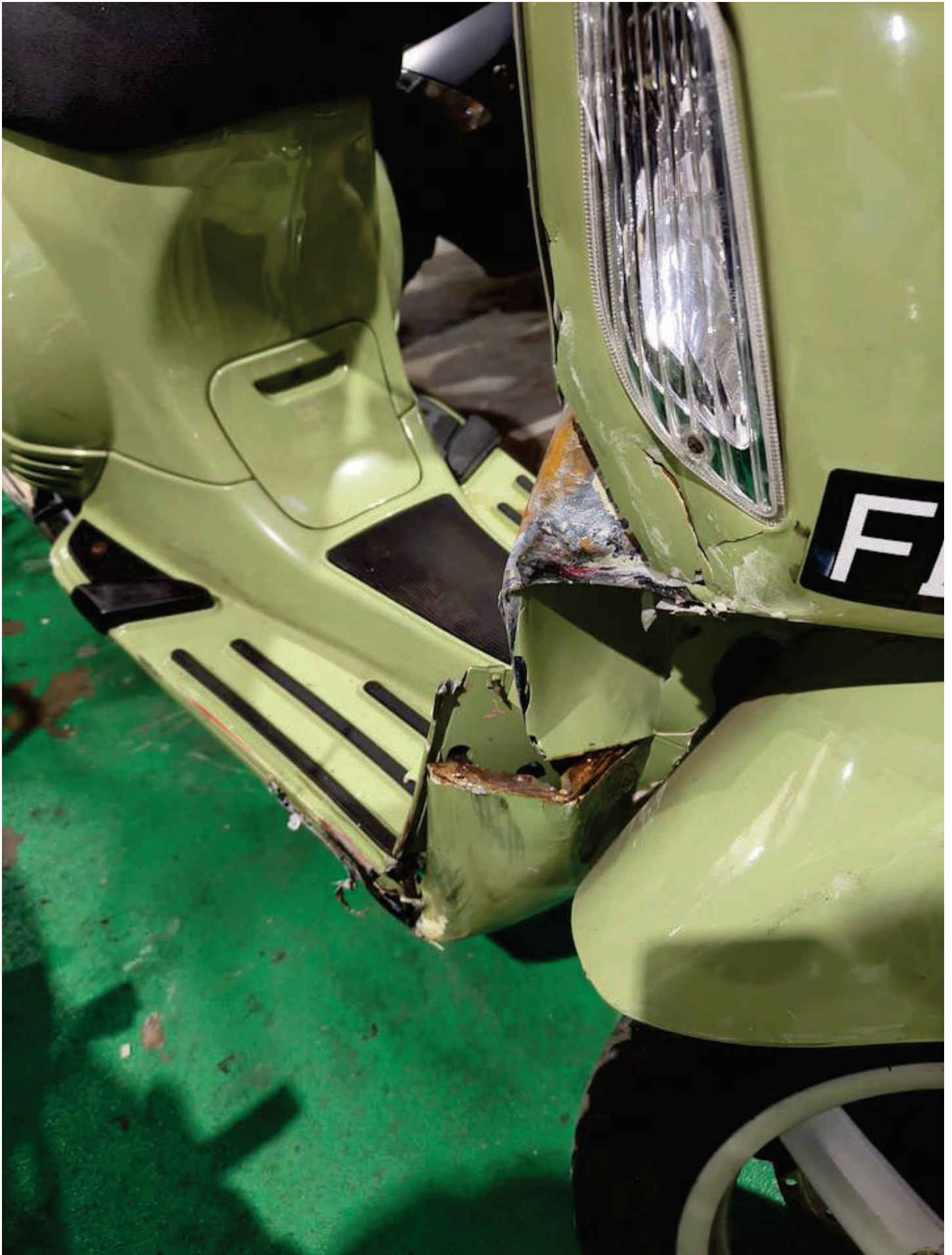




























**SINGAPORE  
POLICE FORCE**

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



T/20240819/7155

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Report No. T/20240819/7155

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
KWOK WEI JIE, DANIEL  
Contact No.: 89220186

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

Date/Time:  
19/08/2024 22:43

Classification Of Case:

NP168





**SINGAPORE  
POLICE FORCE**



T/20240819/7155

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

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Report No. T/20240819/7155

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MEYYAPPAN RAMANATHAN	ID No.	S6969953G
Related Vehicle	FBG4591Z (Motorcycle)	Contact No.	90281986
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	19/08/2024	Date Discharge	19/08/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious

**Brief Details.**

In front of the laurels condo @ 38, 40 cairnhill road





**SINGAPORE  
POLICE FORCE**



T/20240819/7155

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

1 of 3

Report No. T/20240819/7155

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2024 22:43		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MEYYAPPAN RAMANATHAN			Address: 32 BROCKHAMPTON DRIVE SINGAPORE 559080		
ID Type / ID No.: NRIC NO / S6969953G			Contact No.: Home/Office: Mobile: 90281986		
Nationality: INDIAN			Email: MEYYAPPS@GMAIL.COM		
Sex: Male	Age: 54	Date of Birth: 22/11/1969	Type of Informant: Rider		
Race: Indian			Language: English		
Occupation: ICT service manager			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/08/2024 10:00	Type of Location: 3 lane with 4th lane merging in from right
Location: CAIRNHILL ROAD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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	Condition	No of Passenger
FBG4591Z	Motorcycle	PIAGGIO	VESPA LX150 CVT	Green		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBG4591Z	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P20778338R02	30/07/2024	29/07/2025