

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 Authorised 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 ability.
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 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 Report	24/11/2017 15:46
Date Of Accident	22/11/2017 22:50
Exact Location Of Accident	JALAN BESAR AFTER DESKER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL4812K
Insured/Policyholder	
Name Of Registered Owner	CHANDRAN S/O M SELLIAH
NRIC No	S1764486F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97945423
Alternative Phone No	OTHERS-97945423

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-987417-WTT
Cover Note Number	

Driver

Name of Driver	CHANDRAN S/O M SELLIAH
NRIC No	S1764486F
Date Of Birth	16/02/1966
Occupation	INDOOR
Date Of Driving Pass	27/09/1990
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97945423
Fax Number	
Contact Number	OTHERS-97945423
Email Address	NOEMAIL

Address	BLK 635 CEERASAMY ROAD #15-142
Postcode	200634
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2552E
Vehicle Make/Model/Colour	MERCEDES BENZ / E220
Details Of Properties	
Name of Driver	CHUA KAH SIM
NRIC/Passport Number	S1475608F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name CHANDRAN S/O M SELLIAH

Approximate Age

Injuries Sustain REFER REPORT

Injured person in which vehicle? FBL4812K

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode


SKETCH PLAN


IMPORTANT NOTICE

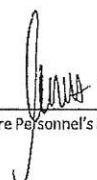
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

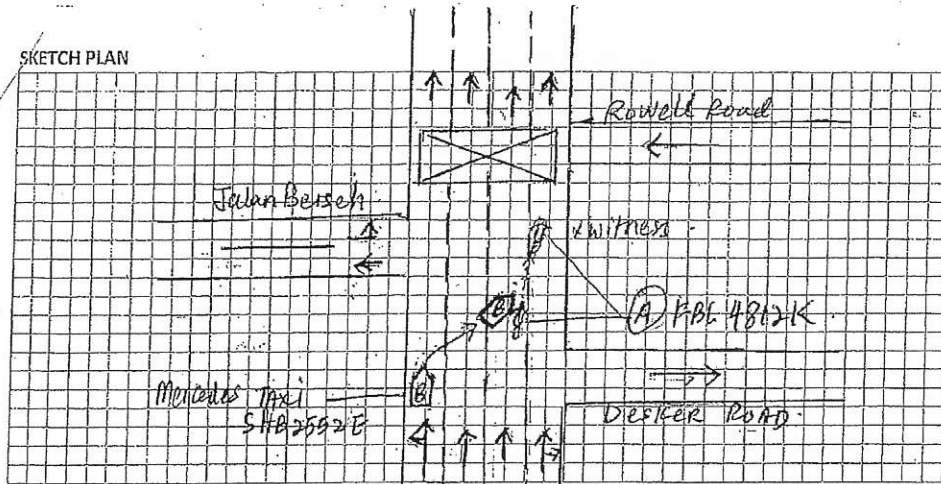
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/2017/1123/2099

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SS Shahrul Nizam Bin Samarri
Investigation Section
Traffic Police
10 Ubi Ave 3
Singapore 408865

Name : *Chandran s/o M Seltior*
NRIC : *S1700426F*
Address : *8/634, Uluwang Rd*
15-142
Singapore (*200124*)
Tel : *93945425*
Pg / Hp :

Dear Sir

ACCIDENT INVOLVING FBL4812K & SHB2552E

ALONG JALAN BESAR

ON 22/11/2017 AT 11:50 PM

With reference to the above, I have on 23/11/2017 at 1654hrs made a police report at Rochor NPC in NP 168 / T/20171123/2099.


2 On 24/11/2017, at 1330hrs, at Rochor NPC, I make the following amendments to the above report.


On the accident date, I was travelling along Jalan Besar on the second lane instead of the third.

I then moved to the first lane instead of the fourth.

I only realized that the m/taxi might have knocked on my left side of my m/cycle instead of my right side.

Yours faithfully


Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: SGT Joshua Ong	Station Diary No. 48
Signature 	



Rochor Neighbourhood
Police Centre
11 Kandang Road
Singapore 40011
Tel: 6742 2000



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2017 16:54	Vide Report No.: A/20171122/0170	Station Diary No.: 90
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Informant's Particulars

Name of Informant: CHANDRAN S/O M SELLIAH			Address: APT BLK 634 VEERASAMY ROAD #15-142 SINGAPORE 200634		
ID Type / ID No.: NRIC NO / S1764486F			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/11/2017 22:50	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 JALAN BESAR DESKER ROAD Jalan Besar after Desker Road	Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4812K	Motorcycle	HONDA	CBF190WH	Orange	Seriously Damaged	0
SHB2552E	motor taxi	MERCEDES BENZ	E 220 CDI	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL4812K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60772830	17/11/2017	16/11/2018



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20171123/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHANDRAN S/O M SELLIAH	ID No.	S1764486F
Related Vehicle	FBL4812K (Motorcycle)	Contact No.	97945423
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	22/11/2017	Date Discharge	22/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	Chua Kah sim	ID No.	S1475608F
Related Vehicle	SHB2552E (motor taxi)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Witness			
Name	Kumar	ID No.	NIL
Related Vehicle	NIL	Contact No.	92423710
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above date time and place I was travelling FBL4812K along Jalan Besar on the third lane. I saw a taxi SHB2552E coming from the left side. I then move to the fourth lane. However the m/taxi did not indicate any right signal. I did not know what happened next. I only realized that the m/taxi might have knocked on my right side of my m/cycle.

As a result I fell down and suffered laceration and pain on both elbows, left side hip, left leg injured, my neck sprained and both wrist injured. My motorcycle had its front portion damaged, fork damaged and the left side fairing and body damaged. The m/taxi had its front door driver side dented and scratched and its side mirror also damaged. I was then conveyed to Tan Tock Seng Hospital. I received treatment and was



SINGAPORE
POLICE FORCE



T/20171123/2099

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20171123/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
A /
Sr Staff Sgt MUNAWIR BIN MOHAMMAD
TAHIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Signature Of Informant:

Date/Time:
23/11/2017 16:54

Classification Of Case:

SN 12

Authentication Stamp
NP168



Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20171123/2099

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20171123/2099

CONTINUATION OF REPORT

discharged from the A & E with five days hospital medical leave. There is one witness who informed me that the m/taxi just cut through the lane as there is someone flag the m/taxi from the other side of the road. That's all.