

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	05/12/2017 14:18
Date Of Accident	04/12/2017 19:45
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBC6492J
Insured/Policyholder	
Name Of Registered Owner	GNANAPRAGASAM KUDIYARASU
NRIC No	S7562332A
Email Address	GKUDIYARASU@YAHOO.COM
Mobile Phone No	(LOCAL) +65-86602959
Alternative Phone No	OTHERS-86602959
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 DTS-I
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/17-363255-CA
Cover Note Number	
Driver	
Name of Driver	GNANAPRAGASAM KUDIYARASU
NRIC No	S7562332A
Date Of Birth	07/06/1975
Occupation	INDOOR
Date Of Driving Pass	12/05/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86602959
Fax Number	
Contact Number	OTHERS-86602959
EEmail Address	GKUDIYARASU@YAHOO.COM

Address	BLK 814 JURONG WEST STREET 81 #12-204
Postcode	640814
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 - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE 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	SJE3975Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SYED ABDULLAH ALHADAD
NRIC/Passport Number	S8200573J
Contact Number	85333966
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	GNANAPRAGASAM KUDIYARASU
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Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBC6492J

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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6. The 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 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:



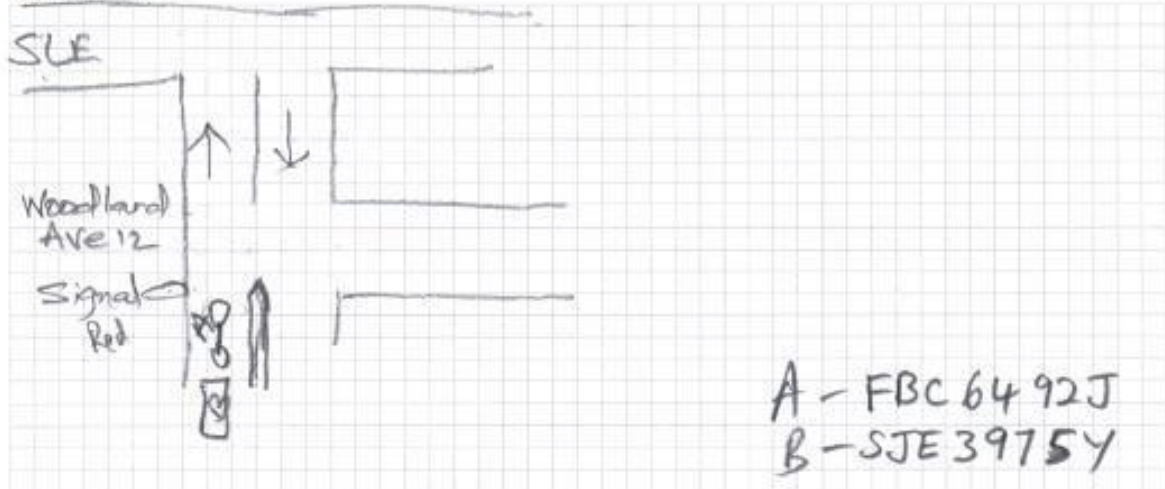
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20171205/2096

DECLARATION

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

Stacy J.
 Policyholder's Signature
 Date & Time:

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

5/12/2017
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20171205/2096

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20171205/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GNANAPRAGASAM KUDIYARASU	ID No.	S7562332A
Related Vehicle	FBC6492J (Motorcycle)	Contact No.	86602959
Hospital/Clinic	NANYANG CENTRE CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/12/2017	Date Discharge	04/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SYED ABDULLAH ALHADAD	ID No.	S8200573J
Related Vehicle	SJE3975Y (Car)	Contact No.	85333966
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 04/12/2017 at about 1945hrs, I was travelling in my vehicle FBC6492J along Woodlands Ave 12. As I approached the junction, the traffic turned red hence I stopped my vehicle. Suddenly, a vehicle from bearing registration number SJE3975Y behind hit onto my vehicle, as a result, I fell from my bike.

After the accident, the said driver got down and rendered assistance to me. He then gave me his particulars and advised me to see a doctor. He then left the scene. I then called for taxi to proceed to Nanyang Centre Clinic to see the doctor and I was given 3 days of MC.

Due to this accident, I suffered cuts and scratches on my left leg. ~~_____~~

~~_____~~
Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20171205/2096

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20171205/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2017 15:28		Vide Report No.:		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: GNANAPRAGASAM KUDIYARASU			Address: APT BLK 814 JURONG WEST STREET 81 #12-204 SINGAPORE 640814		
ID Type / ID No.: FIN NO / S7562332A			Contact No.: Home/Office: Mobile: 86602959		
Nationality: INDIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 07/06/1975	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: PIPING INSPECTOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2017 19:45	Type of Location: T-Junction
Location: Along Road 1 WOODLANDS AVENUE 12				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC6492J	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Black	Slightly Damaged	0
SJE3975Y	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC6492J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	71987880	29/05/2017	28/05/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20171205/2096

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20171205/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
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Hospital/Clinic	NANYANG CENTRE CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/12/2017	Date Discharge	04/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SYED ABDULLAH ALHADAD	ID No.	S8200573J
Related Vehicle	SJE3975Y (Car)	Contact No.	85333966
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

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[Signature]

Police Report



**SINGAPORE
POLICE FORCE**



T/20171205/2096

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20171205/2096

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:

D /

Sgt 2 DYLAN CHIA CHOON KIAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/12/2017 15:28

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt LEE SOON LYE

Contact No.: 65476239

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

SN 46