

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 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	14/02/2018 15:12
Date Of Accident	13/02/2018 08:30
Exact Location Of Accident	AYE AFTER LOWER DEITA ROAD FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2848G
Insured/Policyholder	
Name Of Registered Owner	EHP PTE LTD
Co Reg No	-
Email Address	EHPPTELTD@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90820308
Alternative Phone No	OFFICE-90820308

Vehicle Particulars

Manufacturer	YAMAHA
Model	124 C.C.
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-988009-WTT
Cover Note Number	

Driver

Name of Driver	ARUMUGAM KALIMUTHU
Passport No/FIN	G3116582U
Date Of Birth	12/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90820308
Fax Number	
Contact Number	OTHERS-90820308
Email Address	EHPPTELTD@SINGNET.COM.SG

Address	EHP PTE LTD
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180213/2051

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	SLA9004H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEK TECK SENG
NRIC/Passport Number	S7519676H
Contact Number	97944340
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ARUMUGAM KALIMUTHU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBJ2848G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

A. K. Senthil

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

[Signature] 14/12/2018

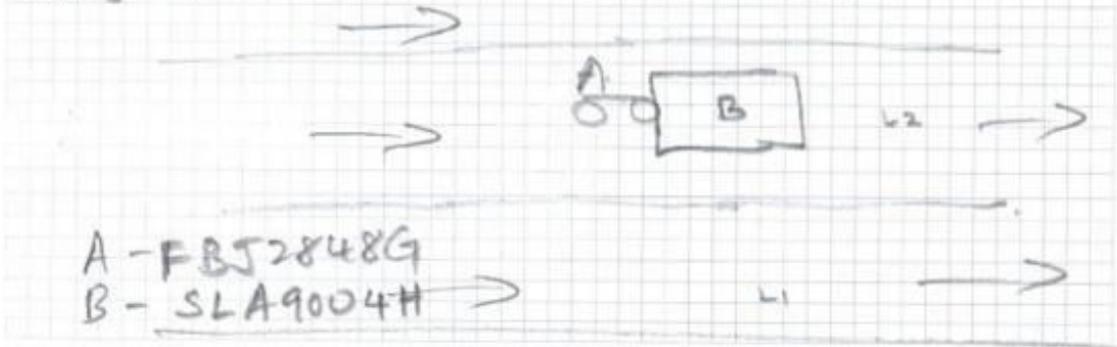
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

AYER RAJAH EXPRESSWAY

Along AYE after lower delta road flyover L3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20180213/2051

DECLARATION

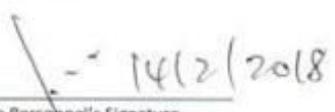
I/We declare the foregoing particulars are true in every respect.


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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180213/2051

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

2 of 3

Report No. T/20180213/2051

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date and time I was riding my company's motorcycle (FBJ2848G) along AYE towards Tuas. I wish to state that I was travelling on the second lane when one car (SLA9004H) in front of me suddenly brake. I then could not brake on time and collided with the rear left side of the car. I fall off from the motorcycle. I then got up and make a check that I suffered abrasions on both my knees, left hand, right arm and my chin. Ambulance then came and I was conveyed to National University Hospital (NUH). I was given one day of MC.

Sketch Plan #4



KIVILE ENTERPRISE

Blk 3007, Ubi Road 1 #01-408, Singapore 408701.
 Tel: 6748 8645, 6747 9547, 8367 5360
 Fax: 6748 2533
 email: kivilepc@gmail.com
 www.kivilepc.com

SALES / PURCHASE

DATE: 17-11-17

I, _____
 OF _____
 HEREBY CONFIRM
 FROM / TO:



DEALERS IN NEW AND USED
 MOTOR CYCLES,
 HIRE PURCHASE &
 INSURANCE AGENTS.



Document Need
 Roc latest
 IC director photocopy

NAME: _____ I/C NO: _____
 OF _____ H/P: _____
 OFFICE NO: _____ DOB: _____ RELATIONSHIP: _____
 CO NAME: _____ OCCUPATION: _____
 CO ADDRESS: _____ MONTHLY INCOME: _____

I, THE UNDERSIGNED CONFIRM THE ABOVE PARTICULARS TO BE ACCURATE.

change
 Battery check or
 engine oil change
 Footrest Rubber
 Box & Bracket
 3/4 Hand

PARTICULARS OF VEHICLE:

VEHICLE NO: FBJ2848G YEAR OF MANUFACTURE: _____
 MAKE/MODEL: YAMAHA YBR 125 COE EXP DATE: (5-3-2024)
 R/TAX VALIDITY: 5-9-2018 OTHERS: _____

TRADE-IN DETAILS

REG NO: _____
 MAKE/MODEL: _____
 COE EXP DATE: _____
 TRADE-IN PRICE: _____
 LESS H.P SETTLEMENT: _____
 NETT TRADE-IN PRICE: _____
 HIRE PURCHASE CO: _____

BUYING/SELLING PRICE

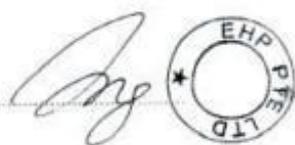
PRICE AGREED: 5150 + 360.50 = 5510.50
(7% GST)
 TRANSFER FEE: 111
 INSURANCE PREMIUM: 393.761 - 3rd party
 ACCESSORIES: _____
 AGREEMENT/ ADMIN FEE: _____
 SUB-TOTAL: 5915.261
 LESS: _____
 D/P: _____
 H.P FINANCE AMOUNT: _____
 FINANCE CHARGES: _____
 BALANCE PAYABLE: \$ _____ X _____ MONTHS

BALANCE TO BE PAID BY _____ OR
 THE DEPOSIT WILL BE FORFEITED.

DATE/ TIME OF DELIVERY: _____

DEP: \$ _____

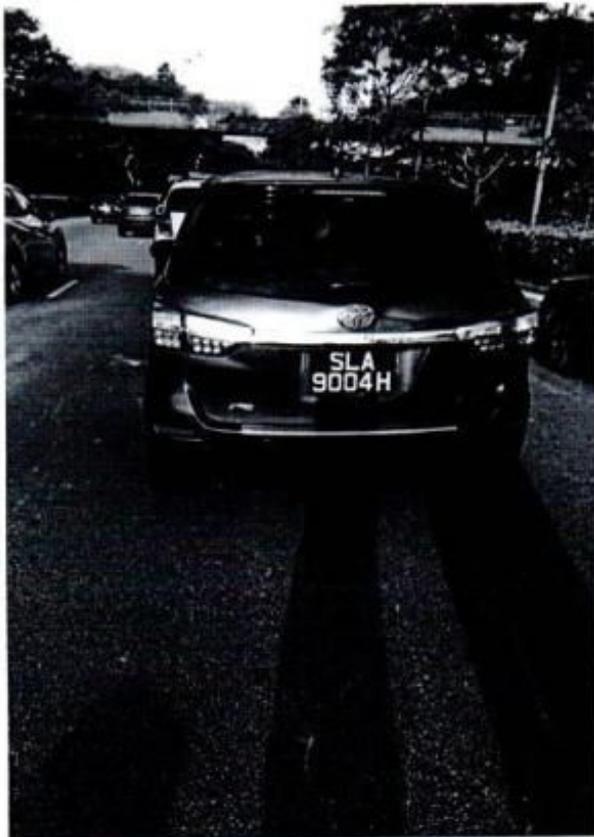
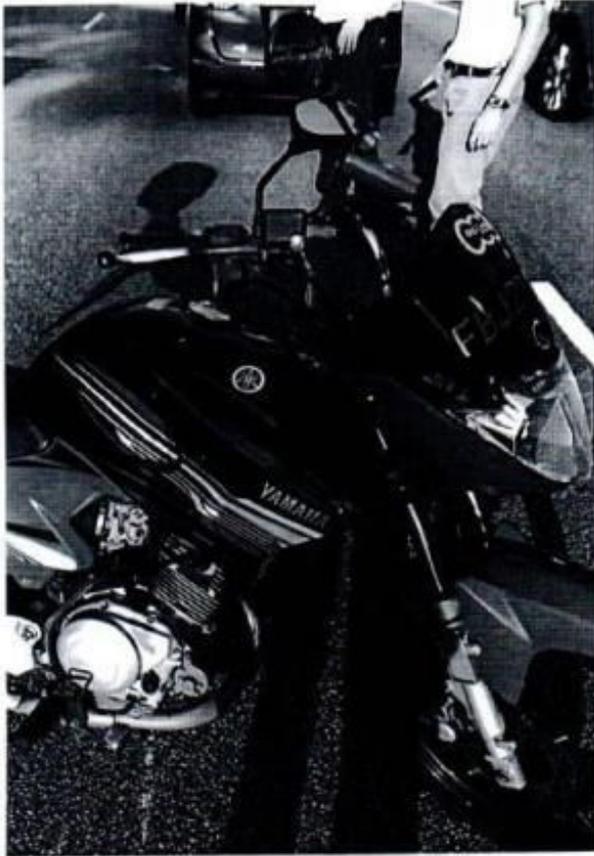
SIGNATURE OF BUYER _____



SIGNATURE OF SELLER _____



Sketch Plan #5



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180213/2051

1 of 3

Report No. T/20180213/2051

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2018 12:40	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: ARUMUGAM KALIMUTHU			Address: APT BLK 650 HOUGANG AVENUE 8 #03-319 SENNETT ESTATE SINGAPORE 530650		
ID Type / ID No.: FIN NO / G3116582U			Contact No.:		Mobile: 90820308
Nationality: INDIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 12/10/1990	Type of Informant: Rider		
Race: Indian			Language:	Institution / School Name:	
Occupation: Assistant electrical engineer			Driving Licence Information: Class: 2B,3C		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/02/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE after lower delta road flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ2848G	Motorcycle				Seriously Damaged	0
SLA9004H	Car				Slightly Damaged	0

1800 2255 582

Police Report



**SINGAPORE
POLICE FORCE**



T/20180213/2051

2 of 3

Report No. T/20180213/2051

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Police Report



SINGAPORE
POLICE FORCE



T/20180213/2051

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54 Pipit Road #01-82/84 SINGAPORE
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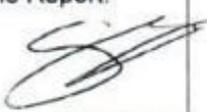
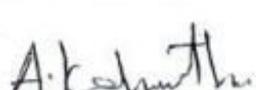
Report No. T/20180213/2051

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: G155678 Mukd-Sharwan Sgt 2 ANG YI FENG, ELSON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2018 12:40
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168 	
	SIGNATURE