

## 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	18/07/2018 15:27
Date Of Accident	11/07/2018 18:30
Exact Location Of Accident	TUAS RD NEAR TO ( GUL CIRCLE MRT STATION )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5993P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SARANGAPANY KUMARAVELU
NRIC No	S2653376G
Email Address	KUMARAVELU.RCY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90213789
Alternative Phone No	OTHERS-90213789

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VMS/18-381913-CA
Cover Note Number	

### Driver

Name of Driver	SARANGAPANY KUMARAVELU
NRIC No	S2653376G
Date Of Birth	05/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	23/01/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90213789
Fax Number	
Contact Number	OTHERS-90213789
Email Address	KUMARAVELU.RCY@GMAIL.COM

Address	BLK 118C JALAN MEMBINA #26-119
Postcode	163118
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	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)	2
Passenger 1	NAME: : PRIYANKA D/O KUMARAVELU GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180713/2054

#### 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	SLK3415S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	84902428
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SARANGAPANY KUMARAVELU
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBL5993P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	PRIYANKA D/O KUMARAVELU
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBL5993P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### 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 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 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. 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:

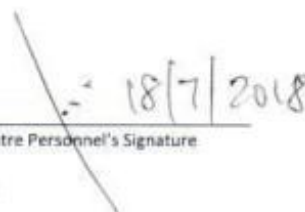
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

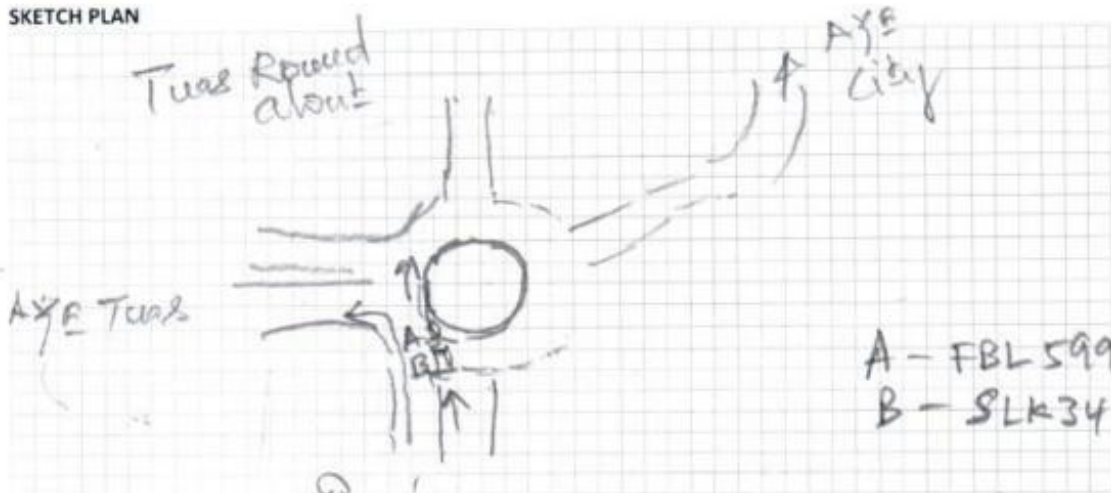


18/7/2018

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description area: "Refer to the Police Report - T/20180713/2054".

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 18/7/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180713/2054

2 of 4

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

Report No. T/20180713/2054

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5993P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18381913	28/04/2018	27/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SARANGAPANY KUMARAVELU		ID No.	S2653376G
Related Vehicle	FBL5993P (Motorcycle)		Contact No.	90213789
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/07/2018		Date Discharge	12/07/2018
No. of Days granted Medical Leave		03	Degree of Injury	NIL
Pillion				
Name	PRIYANKA D/O KUMARAVELU		ID No.	S9615606E
Related Vehicle	FBL5993P (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/07/2018		Date Discharge	12/07/2018
No. of Days granted Medical Leave		02	Degree of Injury	NIL

**Brief Details.**

ON 11/7/2018 AT ABOUT 1833HRS AT TUAS ROAD,

I WAS TRAVELLING NEAR TO GUL CIRCLE MRT TOWARDS A ROUNDABOUT. AT THE ROUNDABOUT, I STOPPED AS THERE WERE SOME VEHICLES. I WANTED TO EXIT TOWARDS AYE(CITY) VIA THE ROUNDABOUT. AS SUCH, WHEN I SAW THAT THERE WERE NO VEHICLES, I STARTED TO MOVE OFF INTO THE ROUNDABOUT. SUDDENLY, I FELT AN IMPACT FROM THE REAR AND BOTH MY PILLION AND I FELL FROM THE BIKE. AFTER THE ACCIDENT, WE WERE BOTH SENT TO NG TENG FONG HOSPITAL. I WAS GIVEN 3 DAYS MC WHILE MY PILLION WAS GIVEN 2 DAYS MC BUT WAS SUBSEQUENTLY REFERRED TO POLYCLINIC FOR FOLLOW UP CHECKS.

Sketch Plan #4



SINGAPORE  
POLICE FORCE

TRAFFIC POLICE  
Singapore Police Force  
10, Ubi Avenue 3  
Singapore 408865  
Tel : 6547 0000  
Fax : 6547 6259

Date : 12 Jul 2018

Your Ref :  
Our Ref : TP/IP/39349/2018

SARANGAPANY KUMARAVELU  
APT BLK 118C JALAN MEMBINA  
#26-119  
SINGAPORE 163118

000063



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT ALONG TUAS ROAD ON 11 JUL 2018 @ 6.29 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer IRMAN BIN MOHAMAD SAID at his / her office number: 65476365 or the supervisor MOHD JAMAL BIN MARZUKI at 65476354 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION



Accident Photo





Accident Photo



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Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180713/2054

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

1 of 4

Report No. T/20180713/2054

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2018 12:46	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: SARANGAPANY KUMARAVELU			Address: APT BLK 118C JLN MEMBINA #26-119 HDB KG TIONG BAHRU SINGAPORE 163118		
ID Type / ID No.: NRIC NO / S2653376G			Contact No.: Home/Office: Mobile: 90213789		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 05/06/1954	Type of Informant: Rider		
Race: Indian			Language:	Institution / School Name:	
Occupation: Resident technical officer			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/07/2018 18:30	Type of Location:
Location: Along Road 1 TUAS ROAD  NEAR TO GUL CIRCLE MRT STATION				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5993P	Motorcycle	YAMAHA	FZN150	Black		1
SLK3415S	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180713/2054

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
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2 of 4

Report No. T/20180713/2054

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5993P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18381913	28/04/2018	27/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SARANGAPANY KUMARAVELU		ID No.	S2653376G
Related Vehicle	FBL5993P (Motorcycle)		Contact No.	90213789
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/07/2018		Date Discharge	12/07/2018
No. of Days granted Medical Leave		03	Degree of Injury	NIL
Pillion				
Name	PRIYANKA D/O KUMARAVELU		ID No.	S9615606E
Related Vehicle	FBL5993P (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/07/2018		Date Discharge	12/07/2018
No. of Days granted Medical Leave		02	Degree of Injury	NIL

### Brief Details.

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**Police Report**



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
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T/20180713/2054

3 of 4

Report No. T/20180713/2054

**CONTINUATION OF REPORT**



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180713/2054

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

4 of 4

Report No. T/20180713/2054

## 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:

TP /

LEE KWANG HONG KENDRICK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/07/2018 12:46

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp

NP168

Signature: