

## 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	25/07/2018 17:52
Date Of Accident	23/07/2018 17:15
Exact Location Of Accident	JUNC HOUGANG AVE 3 & TAMPINES RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF5582Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HEMADHARSHINI A/P SHANMUGAM
NRIC No	G2530565K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93546099
Alternative Phone No	OFFICE-93546099

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150I
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
Fleet Policy	NO
Policy Number	MSD/VMT/18-990330-WTT
Cover Note Number	

### Driver

Name of Driver	HEMADHARSHINI SHANMUGAM
NRIC No	G2530565K
Date Of Birth	27/03/1993
Occupation	INDOOR
Date Of Driving Pass	02/12/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93546099
Fax Number	
Contact Number	OFFICE-93546099
EEmail Address	NOEMAIL

Address	BLK 681 HOUGANG AVENUE 8 #02-845
Postcode	530681
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	2
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - T/20180723/2136.

### 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	SLR1406U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	HEMADHARSHINI SHANMUGAM
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	FBF5582Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

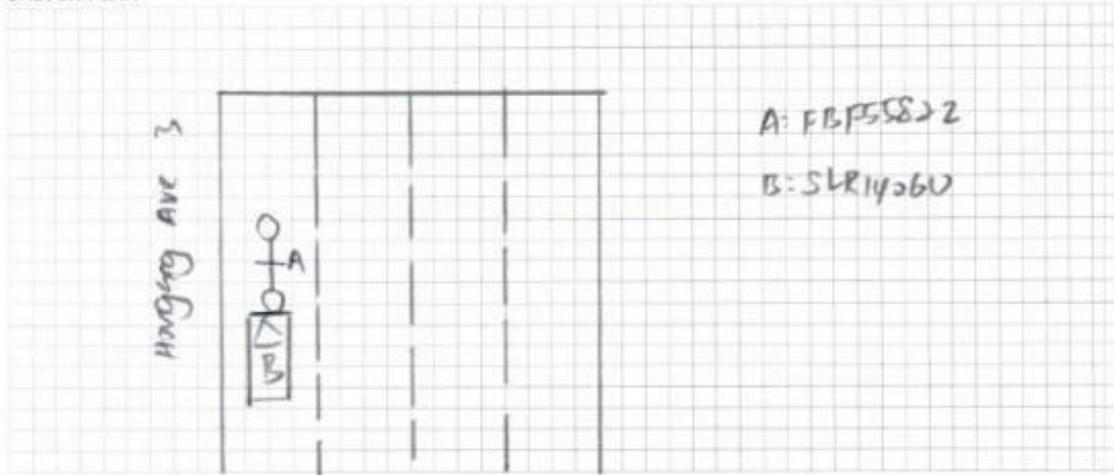
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180723/2176

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.:

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180723/2136

1 of 3

Report No. T/20180723/2136

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/07/2018 17:45	Vide Report No.:	Station Diary No.: 100
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Informant's Particulars			
Name of Informant: HEMADHARSHINI SHANMUGAM		Address: APT BLK 681 HOUGANG AVENUE 8 #02-845 SINGAPORE 530681	
ID Type / ID No.: NRIC NO / G2530565K		Contact No.:	Mobile: 93546099
Nationality: MALAYSIAN		Email:	
Sex: Female	Age: 25	Date of Birth: 27/03/1993	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: COMPLIANCE OFFICER		Driving Licence Information: Class: 2B,3C      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/07/2018 17:15	Type of Location: X-Junction
Location: Along Road 1 HOUGANG AVENUE 3  HOUGANG AVENUE 3 TOWARDS HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
FBF5582Z	Motorcycle	YAMAHA	FZ150I	Red	Slightly Damaged	0
SLR1406U	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF5582Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60787640	19/02/2018	18/02/2019

Police Report



SINGAPORE  
POLICE FORCE



T/20180723/2136

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20180723/2136

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HEMADHARSHINI SHANMUGAM	ID No.	G2530565K
Related Vehicle	FBF5582Z (Motorcycle)	Contact No.	93546099
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 23/07/2018 at about 1713hrs, I was travelling along Hougang Avenue 3 towards Hougang Avenue 8 in my motorcycle FBF5582Z when I came to a traffic light junction. The traffic light was red and all vehicles stopped to stationary.

I then stopped behind a SBS Bus and everything was intact. The traffic light turned green and while moving my vehicle straight, I felt an impact from the rear portion of my motorcycle. Another vehicle SLR1406U collided into the rear portion of my motorcycle. The driver of SLR1406U stopped but did not alight. In addition, the driver reversed his vehicle and drove off without leaving any particulars.

I rode forward to stop the vehicle but instead, the driver wind down his driver side window and hurled vulgarities at me. The driver then continued to drive off. I do not have any camera on while riding my motorcycle. My vehicle suffered dents on the exhaust pipe. I am lodging this report for investigation purposes.

Police Report



SINGAPORE  
POLICE FORCE



T/20180723/2136

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

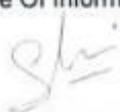
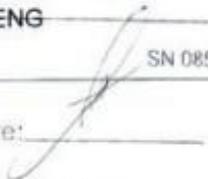
Report No. T/20180723/2136

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: F / Sgt 3 ASHLEY TOH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2018 17:45
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No. 65476144 SN 085	Classification Of Case:
Authentication Stamp NP168  Signature: 	
Singapore Police Force	



**Tan Tock Seng Hospital**

11 Jalan Tan Tock Seng, Singapore 308433  
TEL: (65) 6256 6011

**MEDICAL CERTIFICATE** ORIGINAL **TTSH18169406**

**NAME:** HEMADHARSHINI SHANMUGAM **NRIC:** G2530565K

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **2** day(s) from **24-Jul-2018** to **24-Jul-2018** inclusive

The certificate is not valid for absence from court attendance.

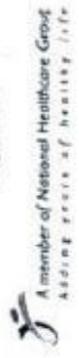
The above named attended for Examination/Treatment from **24-Jul-2018 10:25** to **24-Jul-2018 14:21**

24-Jul-2018  
Date

WONG MING HAI ERIC (10889H)  
Issued by

Emergency Department  
Location

Signature



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

