

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	26/07/2018 10:29
Date Of Accident	01/07/2018 13:35
Exact Location Of Accident	BENDEMEER ROAD / LAMP POST NUMBER : 39
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC3052R
Insured/Policyholder	
Name Of Registered Owner	RAVEENDRAN MATHIVANAN
Passport No/FIN	G0989687U
Email Address	MATHIVANANRAVEENDRAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82838245
Alternative Phone No	OTHERS-82838245

Vehicle Particulars

Manufacturer	HONDA
Model	CBR 150R M
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	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/17-366286-CA
Cover Note Number	

Driver

Name of Driver	RAVEENDRAN MATHIVANAN
Passport No/FIN	G0989687U
Date Of Birth	02/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82838245
Fax Number	
Contact Number	OTHERS-82838245
Email Address	MATHIVANANRAVEENDRAN@GMAIL.COM

Address	ASIA TECHNICAL GAS CO PTE LTD
Postcode	
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	RAINING
Road Surface	WET

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?	NO
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: : NIL GENDER: : MALE

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

PLS REFER TO THE POLICE REPORT : T/20180701/2049

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	SKT6187U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE TECK SENG
NRIC/Passport Number	S6812326G
Contact Number	97880912
Address	
Postcode	

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

Sketch Plan


SKETCH PLAN

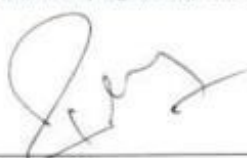
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

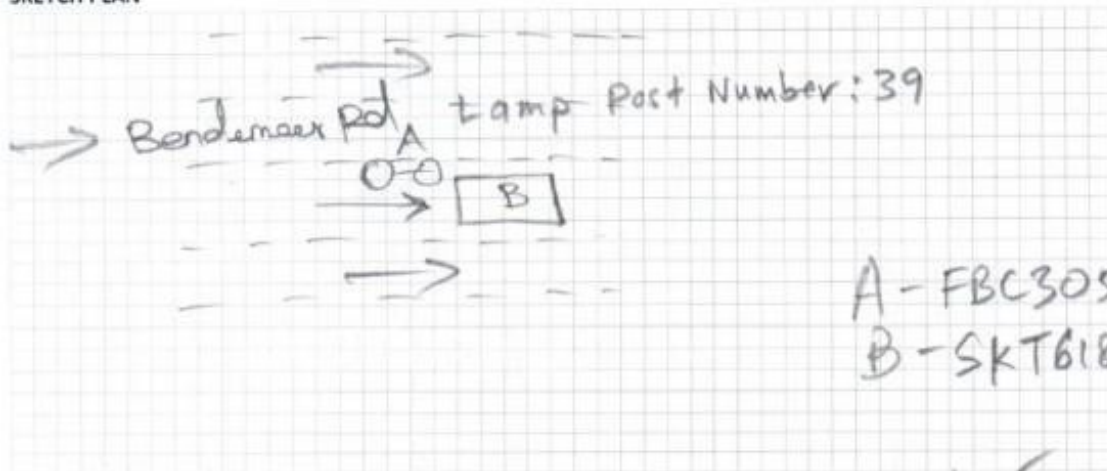

Policyholder's Signature
Date & Time:


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

 26/7/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

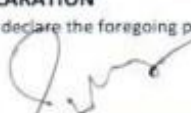



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls Refer to the Police Report
T/20180701/2049

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.:

26/7/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180701/2049

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/20180701/2049

CONTINUATION OF REPORT

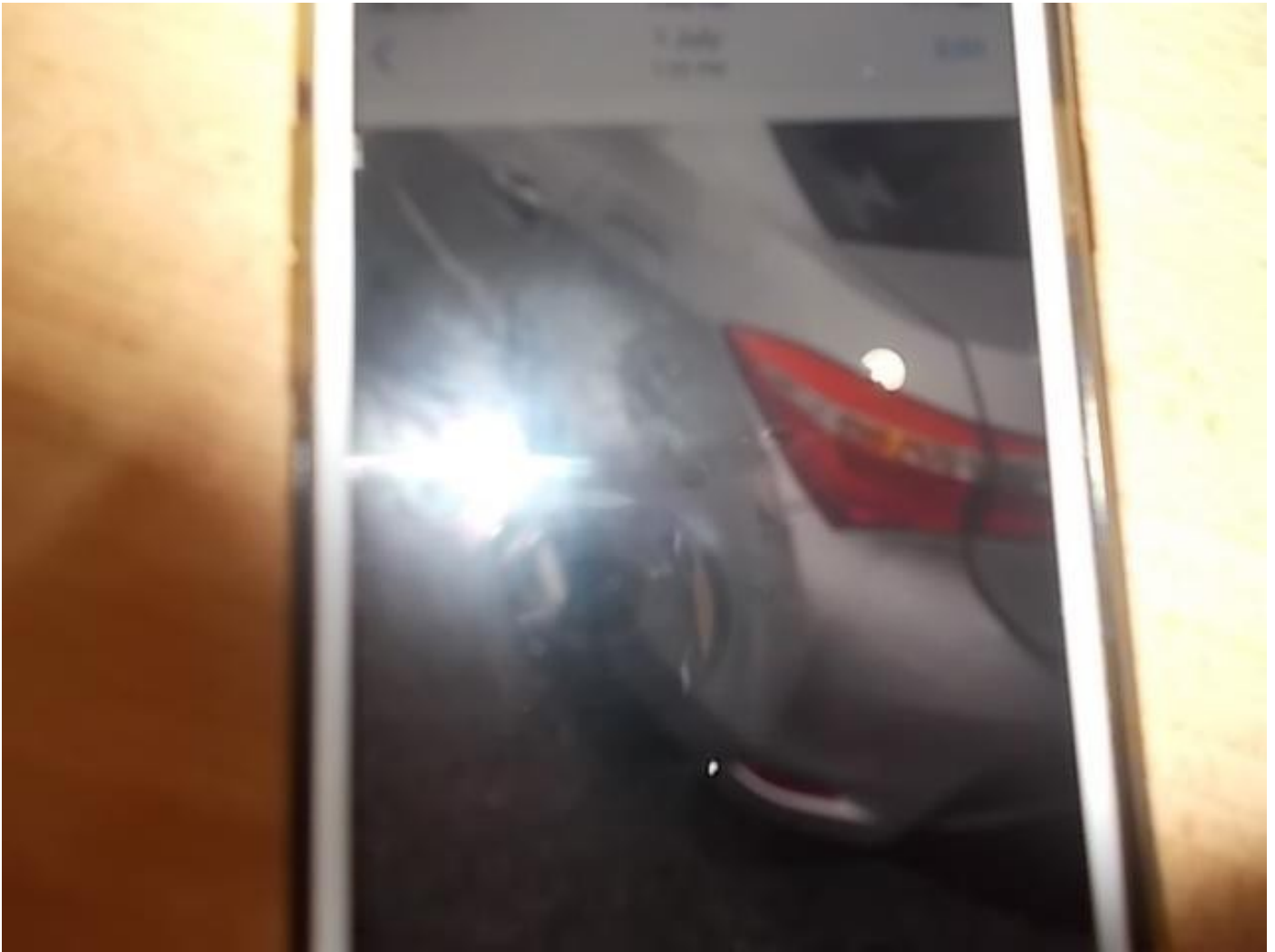
Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC3052R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	M8DTMT17366286	14/06/2018	27/07/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	RAVEENDRAN MATHIVANAN		ID No.	G0989687U
Related Vehicle	FBC3052R (Motorcycle)		Contact No.	92838245
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 07/12/2021
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	
			NIL	
Driver				
Name	LEE TECK SENG		ID No.	S6812328G
Related Vehicle	SKT6187U (Car)		Contact No.	97880912
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	
			NIL	

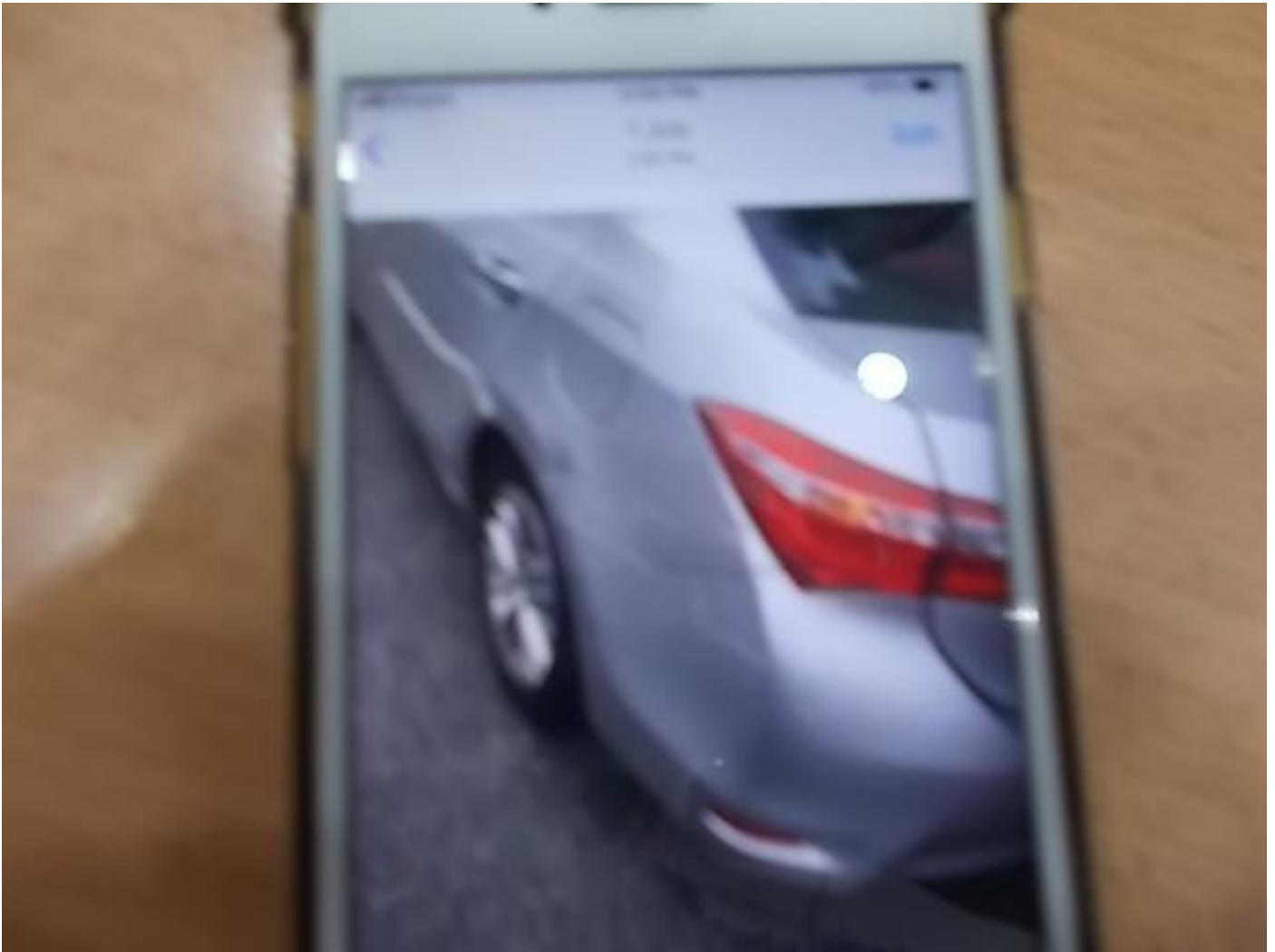
Brief Details.

On 01/07/2018 at about 1335hrs, while I was riding my motorcycle, FBC3052R, along Bendemer Road, a Silver Toyota Astita was driving in front of me, SKT6187U. He suddenly brake in front of my motorbike, I tried to brake however, as it is raining, my motorcycle did not stop in time and hit onto the rear of the car. There was scratches on the car and my motorbike's clutch was bended, my gear kicker was bend and my right side indicator light was broken. I had exchanged particulars with the car owner. I am lodging this report for insurance claim.

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/20180701/2049

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

Report No: T/201807

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2018 15:56		Vide Report No.:		Station Diary 92
Informant's Particulars				
Name of Informant: RAVEENDRAN MATHIVANAN		Address: APT BLK 371 HOUGANG STREET 31 #09-27 NANYANG RUBY SINGAPORE 530371		
ID Type / ID No.: FIN NO / G0989687U		Contact No.: Home/Office: Mobile: 82838245		
Nationality: INDIAN		Email:		
Sex: Male	Age: 24	Date of Birth: 02/01/1994	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B Date of Expiry: 07/12/2021		

General information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/07/2018 13:35	Type of Location: Straight Road
Location: Along Road 1 BENDEMEER ROAD				
Lamp Post Number: 39				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed to ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBC3052R	Motorcycle	HONDA	CBR 150R M	Black	Slightly Damaged	1
SKT6187U	Car		COROLLA ALTIS CLASSIC 1.6 CVT	Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry D
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180701/2049

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208578
Tel No: 1800-2949999

2 of 3

Report No. T/20180701/2049

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC3052R	MSIG INSURANCE (SINGAPORE) PTE. LTD	MSDTMT17366286	14/06/2018	27/07/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	RAVEENDRAH MATHIVANAN		ID No.	G0989687U
Related Vehicle	FBC3052R (Motorcycle)		Contact No.	82838245
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 07/12/2021
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LEE TECK SENG		ID No.	S6812326G
Related Vehicle	SKT6187U (Car)		Contact No.	97880912
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 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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Police Report



SINGAPORE
POLICE FORCE



T/20180701/2049

3 of 3

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

Report No. T/20180701/2049

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 /

Sgt 2 YEOW YI LIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

01/07/2018 15:56

Classification Of Case: