

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 | 01/08/2018 12:40 |
| Date Of Accident | 31/07/2018 10:00 |
| Exact Location Of Accident | ALONG PETIR RD FILTER LANE TOWARDS DAIRY FARM RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | FBD321D |
| Insured/Policyholder | |
| Name Of Registered Owner | KANNAN MANIKANDAN |
| NRIC No | S8082969H |
| Email Address | CHEFMANNI3372@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87871235 |
| Alternative Phone No | OTHERS-87871235 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | BAJAJ |
| Model | PULSAR RS 200-200CC |
| 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 | |
| Cover Note Number | 72109690 |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | KANNAN MANIKANDAN |
| NRIC No | S8082969H |
| Date Of Birth | 14/09/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 04/10/2010 |
| Driving Experience | 7 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87871235 |
| Fax Number | |
| Contact Number | OTHERS-87871235 |
| Email Address | CHEFMANNI3372@GMAIL.COM |

| | |
|---|-------------------------------|
| Address | BLK 137 PETIR ROAD #04-430 |
| Postcode | 670137 |
| 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 | BUKIT PANJANG |
| Police Station Address | ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8929999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180731/2093

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 | SJJ797M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIANG YEW MENG |
| NRIC/Passport Number | S1742881J |
| Contact Number | 82010468 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name KANNAN MANIKANDAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBD321D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident 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.

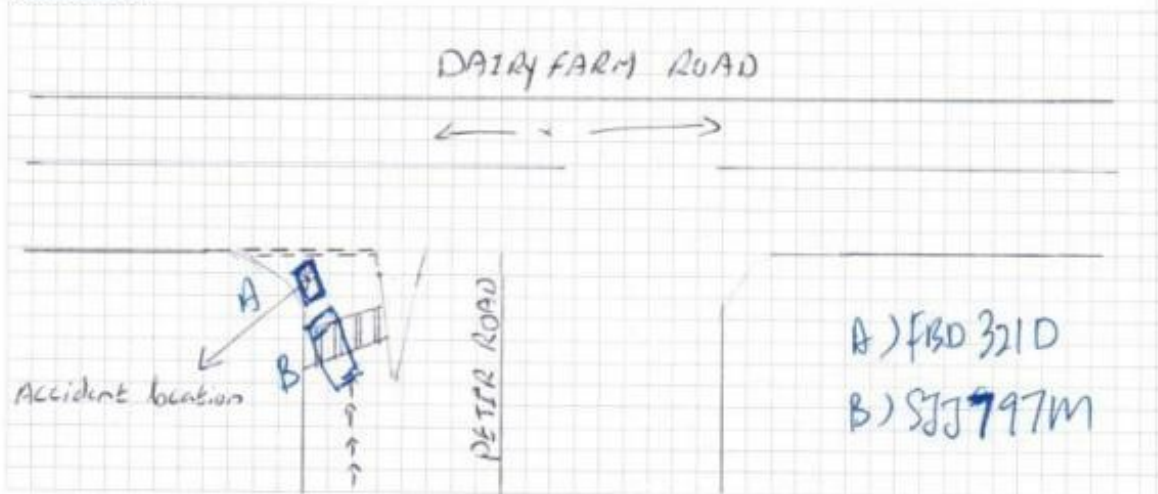
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31st July around 1000 am I was riding along Peter Road towards Dairy Farm. While I stop and waiting for my turn to enter dairy farm. Suddenly a car hit from behind and I fallen down. My bike was damaged and I was injured on my neck area.

I went to Myrtle Medical and I was given 3 day's Medical leave. I Reported to police after my Medical check up.

Police Report T/20180731/2093

DECLARATION

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

Policyholder's Signature
Date & Time: 01-08-18

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180731/2093

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20180731/2093

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 31/07/2018 15:39 | | Vide Report No.: | | Station Diary No.: 91 | |
| Informant's Particulars | | | | | |
| Name of Informant: KANNAN MANIKANDAN | | | Address: APT BLK 137 PETIR ROAD #04-430 SINGAPORE 670137 | | |
| ID Type / ID No.: NRIC NO / S8082969H | | | Contact No.: Home/Office: Mobile: 87871235 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 37 | Date of Birth: 14/09/1980 | Type of Informant: Rider | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: CHEF | | | 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: 31/07/2018 10:00 | Type of Location: Bend |
| Location: Along Road 1 PETIR ROAD DAIRY FARM ROAD Along Petir Road filter lane towards Dairy Farm Road | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Pedestrian Crossing | Traffic Volume: Light | |
| 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 |
|-------------|------------|-----------------|------------------|--------|---------------------|-----------------|
| FBD321D | Motorcycle | BAJAJ CHETAK | PULSAR RS 200 | Yellow | Slightly Damaged | 0 |
| SJJ797M | Car | | | | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|--------------|------------|-------------|
| FBD321D | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 72109690 | 23/07/2018 | 22/07/2019 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180731/2093

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180731/2093

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|--|------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | KANNAN MANIKANDAN | ID No. | S8082969H |
| Related Vehicle | FBD321D (Motorcycle) | Contact No. | 87871235 |
| Hospital/Clinic | RAFFLES MEDICAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 31/07/2018 | Date Discharge | 31/07/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | Liang Yew Meng | ID No. | S1742881J |
| Related Vehicle | SJJ797M (Car) | Contact No. | 82010468 |
| 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.

V1) FBD321D

V2) SJJ797M

On the 31st July 2018 at about 1000hrs, I was riding along Petir Road towards Dairy Farm road. When I enter the filter lane, I stop behind the give way line and waited for my turn to enter the main road. All of a sudden, V2 from behind had failed to stop on time in the filter lane and had collided to the rear of my vehicle. My bike fell and I was injured on my neck area. We had exchange particulars and left. I am given 3 days of MC from RafflesMedical. No police nor ambulance came to my scene. I am not sure of the repair cost.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180731/2093

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20180731/2093

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:

J /
Sgt 2 AUSTIN TAN RI QUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP166

Signature Of Informant:

Date/Time:
31/07/2018 15:39

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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