

## 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	17/08/2018 17:01
Date Of Accident	13/07/2018 11:00
Exact Location Of Accident	KAKI BUKIT TWDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL8433Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	V K GANISON S/O V KARUPPIAH
NRIC No	S1205947G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96669833
Alternative Phone No	OTHERS-96669833

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	SKIPPER
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/17-371448-CA
Cover Note Number	

### Driver

Name of Driver	V K GANISON S/O V KARUPPIAH
NRIC No	S1205947G
Date Of Birth	08/12/1955
Occupation	INDOOR
Date Of Driving Pass	10/11/1976
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96669833
Fax Number	
Contact Number	OTHERS-96669833
Email Address	NOEMAIL

Address	BLK 436B FERNVALE ROAD #03-184
Postcode	792436
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	SIDE SWIPE
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?	YES
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	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <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/20180713/2171

#### 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	PC90J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAY LIANG CHIANG
NRIC/Passport Number	S1549292I
Contact Number	98186550
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	V K GANISON S/O V KARUPPIAH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FL8433Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident 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:

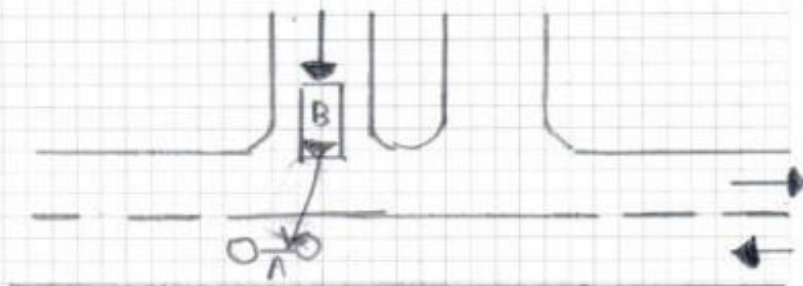
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

### SKETCH PLAN

A-FL84334

B-PC 90J



P/s refer to the police report: T/20180713/2171

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

NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180713/2171

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20180713/2171

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	V K GANISON S/O V KARUPPIAH	ID No.	S1205947G
Related Vehicle	FL8433Y (Motorcycle)	Contact No.	96669833
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	TAY LIANG CHIANG	ID No.	S1549292I
Related Vehicle	PC90J (Van)	Contact No.	98186550
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.

On 13/07/2018 at about 1100hrs, I was riding my motorcycle bearing registration number FL8433Y along Kaki Bukit towards Changi on the 2nd lane. Out of a sudden, I saw a Van bearing registration number PC90J coming towards my direction from the right and hit on to me causing me to fell on to the ground. I suffered injuries on my face, fingers and both legs. Both Police and Ambulance attended to me and I was conveyed to Changi General Hospital and was given a 7 days MC.

Accident Photo



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/20180713/2171

1 of 3

Police Station Of Origin:  
Sengkang N.P.C.  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No: T/20180713/2171

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2018 22:02		Vide Report No.:		Station Diary No. 177	
<b>Informant's Particulars</b>					
Name of Informant V K JANISON S/O V KARUPPIAH			Address: APT BLK 438B FERNVALE ROAD #03-184 SINGAPORE 792436		
ID Type / ID No.: NRIC NO / S1205947G			Contact No.: Home/Office: Mobile: 96669833		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 82	Date of Birth: 08/12/1955	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Unemployed			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: 13/07/2018 11:00	Type of Location: Straight Road
Location: Along Road 1 KAKI BUKIT PLACE  Along Kaki Bukit towards Changi				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FL8433Y	Motorcycle	PIAGGIO	SKIPPER125	Grey	Seriously Damaged	0
PC96J	Van				Seriously Damaged	0

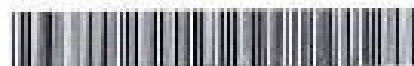
## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FL8433Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17371448	01/10/2017	30/09/2018

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180713/2171

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343-8999

Report No. T/20180713/2171

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	V K GANISON S/O V KARUPPIAH	ID No.	S1205947G
Related Vehicle	FL8433Y (Motorcycle)	Contact No.	96669833
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	TAY LIANG CHIANG	ID No.	S1548292I
Related Vehicle	PC90J (Van)	Contact No.	98186550
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.

On 13/07/2018 at about 1100hrs, I was riding my motorcycle bearing registration number FL8433Y along Kaki Bukit towards Changi on the 2nd lane. Out of a sudden, I saw a Van bearing registration number PC90J coming towards my direction from the right and hit on to me causing me to fell on to the ground. I suffered injuries on my face, fingers and both legs. Both Police and Ambulance attended to me and I was conveyed to Changi General Hospital and was given a 7 days MC.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180713/2171

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20180713/2171

### 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 YE WEIJIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2018 22:02
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:  SN 154
Authentication Stamp NP168	 Signature:  Singapore Police Force