

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 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. 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	22/10/2018 15:09
Date Of Accident	16/10/2018 08:30
Exact Location Of Accident	LOWER DELTA ROAD TOWARDS KAMPONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY5424A
Insured/Policyholder	
Name Of Registered Owner	VAITHILINGA THEVAR GANAPATHY
NRIC No	S2684898I
Email Address	V-THAM@LIVE.COM
Mobile Phone No	(LOCAL) +65-93805614
Alternative Phone No	OTHERS-93805614

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-S-125CC
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVM000001963-00-000
Cover Note Number	

Driver

Name of Driver	VAITHILINGA THEVAR GANAPATHY
NRIC No	S2684898I
Date Of Birth	04/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93805614
Fax Number	
Contact Number	OTHERS-93805614
Email Address	V-THAM@LIVE.COM

Address	BLK 15 TELOK BLANGAH CRESCENT #04-244
Postcode	090015
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	3
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	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181020/2075

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	SLX616E
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN7282L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name VAITHILINGA THEVAR GANAPATHY

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FY5424A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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:

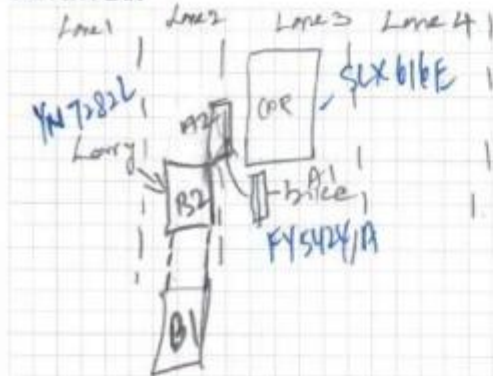
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



LOWER DELTA ROAD TOWARDS
KAMPONG BAHU ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT
7/2081020/2075

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: Resh Anwar
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181020/2075

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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Report No. T/20181020/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2018 14:56		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: VAITHILINGA THEVAR GANAPATHY			Address: APT BLK 15 TELOK BLANGAH CRESCENT #04-244 SINGAPORE 090015		
ID Type / ID No.: NRIC NO / S2684898I			Contact No.: Home/Office: Mobile: 93805614		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 04/05/1960	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: NEWSPAPER VENDOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/10/2018 08:15	Type of Location: X-Junction
Location: Along Road 1 LOWER DELTA ROAD LOWER DELTA ROAD TOWARDS KAMPONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY5424A	Motorcycle	HONDA	WAVE 125S A	Black	Slightly Damaged	0
SLX616E	Car				Slightly Damaged	0
YN7282L	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181020/2075

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Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20181020/2075

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY5424A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18390026	19/10/2018	18/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VAITHILINGA THEVAR GANAPATHY		ID No. S2684898I
Related Vehicle	FY5424A (Motorcycle)		Contact No. 93805614
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/10/2018		Date Discharge 20/10/2018
No. of Days granted Medical Leave	20	Degree of Injury	Serious

Brief Details.

On 16/10/2018 at about 0815 hrs, I was riding my motorcycle bearing registration number FY 5424A along Lower Delta Road towards Kampong Bahru road. I was riding along the second lane from the right. I was approaching the cross junction between Lower Delta Road, Telok Blangah Way and Bt Purnei road.

There was a vehicle bearing registration number SLX 616E in front of me at that point in time. I was travelling at about 40km/h and did not slow down as the traffic light was green for me to continue moving. Suddenly, the car in front of sudden suddenly applied hard brakes and came to a complete stop. I could not remember if he turned on his signal to turn right. I could not stop in time and thus I swerved left to avoid colliding into his vehicle's rear. However, I failed to do so and ended up colliding with his vehicle's left rear bumper.

The collision caused me to skid into the lane on the left I subsequently fell off the bike. I did not know what happened after I fell onto the floor. I am not sure if there were cameras at the vicinity. I got conveyed to Singapore General Hospital subsequently. I suffered a broke left arm and some abrasions. I also received a 20 day MC from 16/10/2018 to 04/11/2018. I was admitted into SGH on 16/10/2018 and got discharged on 20/10/2018



**SINGAPORE
POLICE FORCE**



T/20181020/2075

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20181020/2075

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:
D /
Sgt 2 BRANDON CHUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168



Singapore Police Force

Signature Of Informant:

Date/Time:
20/10/2018 14:56

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S26848981



Name

VAITHILINGA THEVAR
GANAPATHY

வையு கணபதி

Race

INDIAN

Date of birth

04-05-1960

Sex

M

Country of birth

INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S26848981

Name

VAITHILINGA THEVAR
GANAPATHY

Birth Date 04 May 1960

Issue Date 31 May 2004



3889302



NRIC No: S26848981



Date of issue

07-06-2006

APT BLK 15 TELOK BLANGAH CRESCENT #04-244
SINGAPORE 090015

NRIC No: S26848981

Date: 14/08/2008

No:

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2 Motor Cars of unladen weight not exceeding
3000 kg with not more than 7 passengers,
exclusive of the driver; and Motor Tractors
and other Motor Vehicles of unladen weight
not exceeding 3500 kg

07 Jul 1997
07 Jul 1997

Licence No: S26848981



YP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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