SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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
C	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

MALE

(LOCAL) +65-93805614

OTHERS-93805614

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

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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?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

YN7282L

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

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

IMPORTANT NOTICE

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- 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)
 - (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
- 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:

Accident Sketch Plan

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DECLARATION I/We declare the foregoing partic	ulars are true in every respect.		
rooks	, ,		an who hald
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policy	holderl	Reporting Centre Personnel's Signature

POLICE REPORT





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

1 of 3 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.;	
Informa	nt's Particu	ulars			
Name of Informant: VAITHILINGA THEVAR GANAPATHY ID Type / ID No.: NRIC NO / S2684898I			Address: APT BLK 15 TELOK BLANGAH CRESCENT #04-244 SINGAPORE 090015 Contact No.: Home/Office: Mobile: 93805614		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 58 04/05/1960			Type of Informant: Driver		
Race: Indian		Language: Institution / School Nam			
Occupation: NEWSPAPER VENDOR			Driving Licence Informati Class: 2B,3	tion: Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 16/10/2018 08:15		Type of Location X-Junction
Location: Along Road 1 LOWER DELT	A ROAD	IPONG BAHRU	ROAD		
Weather: Clear	F	Road Surface: Ory	,	Road	d Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Rear				one conveyed by ulance:	

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

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



T/20181020/2075

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 2 of 3 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 Perso	n Involved	College		17-17-120-0	Starte.	
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL	(+	Use of	f Pedestrian	Cross	ing: NA
Driver			HE SHEET		AJEILE	But by Joseph Control
Name	VAITHILINGA THEV	VAITHILINGA THEVAR GANAPATHY				S2684898I
Related Vehicle	FY5424A (Motorcycle)			Conta	ct No.	93805614
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/10/2018 Date I		Discharge	20/10	0/2018	
			Degre	e of Injury	Serio	us

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 Purmel 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

POLICE REPORT





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

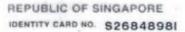
CONTINUATION OF REPORT

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 Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/10/2018 14:56
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168	
ingapore Police Force	







VAITHILINGA THEVAR

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Race INDIAN Date of birth See 04-05-1950 M

Country of airm.



































