

## 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	01/11/2018 16:15
Date Of Accident	26/10/2018 08:30
Exact Location Of Accident	ALONG YISHUN AVENUE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE619R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DEVENDIRAN S/O GANASEN
NRIC No	S7718285C
Email Address	DEVENDIRAN@SINGTEL.COM
Mobile Phone No	(LOCAL) +65-97767937
Alternative Phone No	OTHERS-97767937

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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/18-382268-CA
Cover Note Number	

### Driver

Name of Driver	DEVENDIRAN S/O GANASEN
NRIC No	S7718285C
Date Of Birth	04/07/1977
Occupation	INDOOR
Date Of Driving Pass	04/02/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97767937
Fax Number	
Contact Number	OTHERS-97767937
Email Address	DEVENDIRAN@SINGTEL.COM

Address	BLK 317A YISHUN AVENUE 9 #09-100
Postcode	761317
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181026/2063

#### 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	GBH5180P
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMAD SURIADI BIN MOHD AMRAN
NRIC/Passport Number	S8215492B
Contact Number	87489884
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	DEVENDIRAN S/O GANASEN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE619R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


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#### **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.

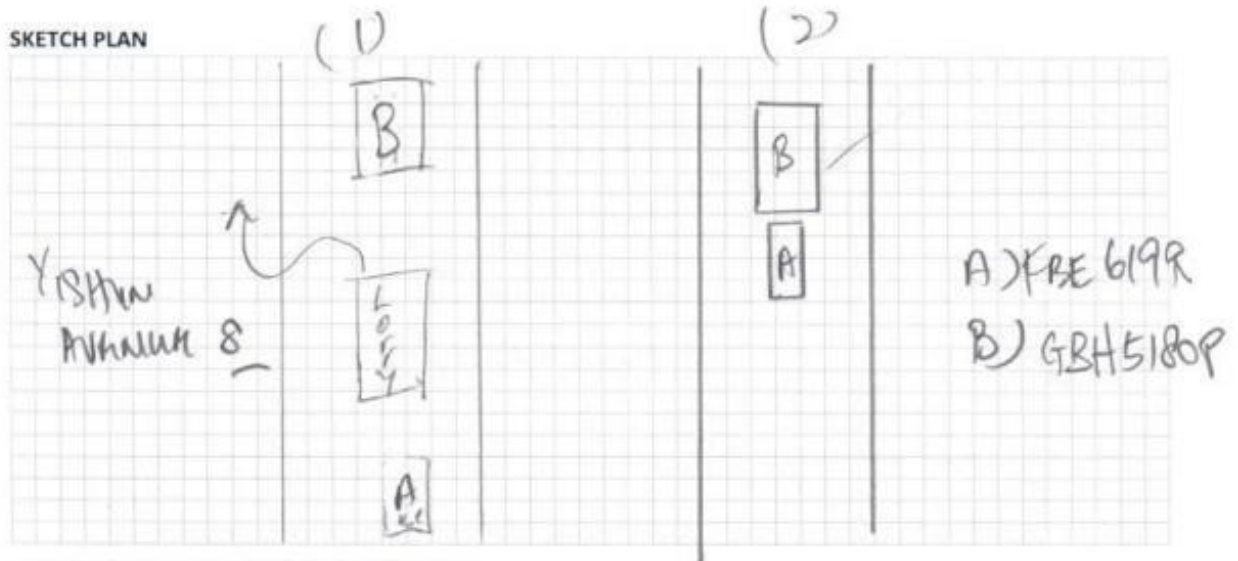
  
Policyholder's Signature  
Date & Time: 1/11/2018

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/2018/026/2063

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 1/11/2018

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

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181026/2063

1 of 3

Report No. T/20181026/2063

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2018 13:15		Vide Report No.:		Station Diary No.: 82
<b>Informant's Particulars</b>				
Name of Informant: DEVENDIRAN S/O GANASEN		Address: APT BLK 317A YISHUN AVENUE 9 #09-100 SINGAPORE 761317		
ID Type / ID No.: NRIC NO / S7718285C		Contact No.: Home/Office:		Mobile: 97767937
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 41	Date of Birth: 04/07/1977	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Network/Infrastructure architect and engineer		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 1				
Yishun Avenue 8 heading towards Junction of Yishun Avenue 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
FBE619R	Motorcycle	HONDA	WAVE 125X SMT	White	Slightly Damaged	0
GBH5180P	Van				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE619R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18382268	06/05/2018	05/05/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181026/2063

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Report No. T/20181026/2063

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

## 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	DEVENDIRAN S/O GANASEN	ID No.	S7718285C
Related Vehicle	FBE619R (Motorcycle)	Contact No.	97767937
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	26/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	MUHAMAD SURIADI BIN MOHD AMRAN	ID No.	S8215492B
Related Vehicle	GBH5180P (Van)	Contact No.	87489884
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 the 26/10/2018 at around 0830hrs, I was riding my motorcycle (FBE619R) on the second lane of a three lane road along Yishun Avenue 8 moving towards junction of Yishun Avenue 1. Directly in front of my vehicle was a lorry (unknown plate number) who at that moment made an abrupt lane change to the first lane on my left. As the lorry was obstructing my view, i did not notice a van (GBH5180P) who was stationary in front of the said lorry. As such, i applied emergency brake but could not stop in time thus colliding with the rear side of the van. Due to the impact of the collision, i suffered bruises on the right side of my right leg and swelling right arm. I then went to take pictures of the incident and exchange particulars with the driver of the van. I wish to state that there is no damage on government property no traffic police or ambulance at scene. I wish to also state that i noticed that the van brake lights was not working.

Shortly after, i went to Khoo Teck Puat Hospital to check on my injuries and received 3 days MC (KHANE181461265) from 26/10/2018 to 28/10/2018.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181026/2063

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Tel No: 1800-8529999

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Report No. T/20181026/2063

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 2 NU'MAN BIN MOHD NOOR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/10/2018 13:15

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

