

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	08/11/2018 09:38
Date Of Accident	29/10/2018 16:30
Exact Location Of Accident	LORONG 12 GEYLANG / CROSS / GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA9898M
Insured/Policyholder	
Name Of Registered Owner	CHILAMBAN GURUNATHAN
Passport No/FIN	G7776661N
Email Address	GURUNATHAN.CPM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97851562
Alternative Phone No	OTHERS-97851562

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/18-381241-CA
Cover Note Number	

Driver

Name of Driver	CHILAMBAN GURUNATHAN
Passport No/FIN	G7776661N
Date Of Birth	04/05/1980
Occupation	INDOOR
Date Of Driving Pass	03/07/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97851562
Fax Number	
Contact Number	OTHERS-97851562
Email Address	GURUNATHAN.CPM@GMAIL.COM

Address	JD CARGO EXPRESS PTE LTD
Postcode	
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?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MR. IRUDAYARAJ
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181030/2102

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 INJURED PERSON 1

Name	CHILAMBAN GURUNATHAN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBA9898M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MR. IRUDAYARAJ
Approximate Age	
Injuries Sustain	SERIOUS

Injured person in which vehicle?

FBA9898M

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN


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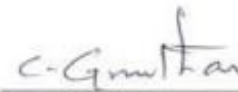
8. Consent under the Personal Data Protection Act (PDPA)

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.

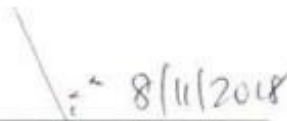

Policyholder's Signature

Date & Time:


Driver's Signature

(If driver is not the policyholder)

Date & Time:

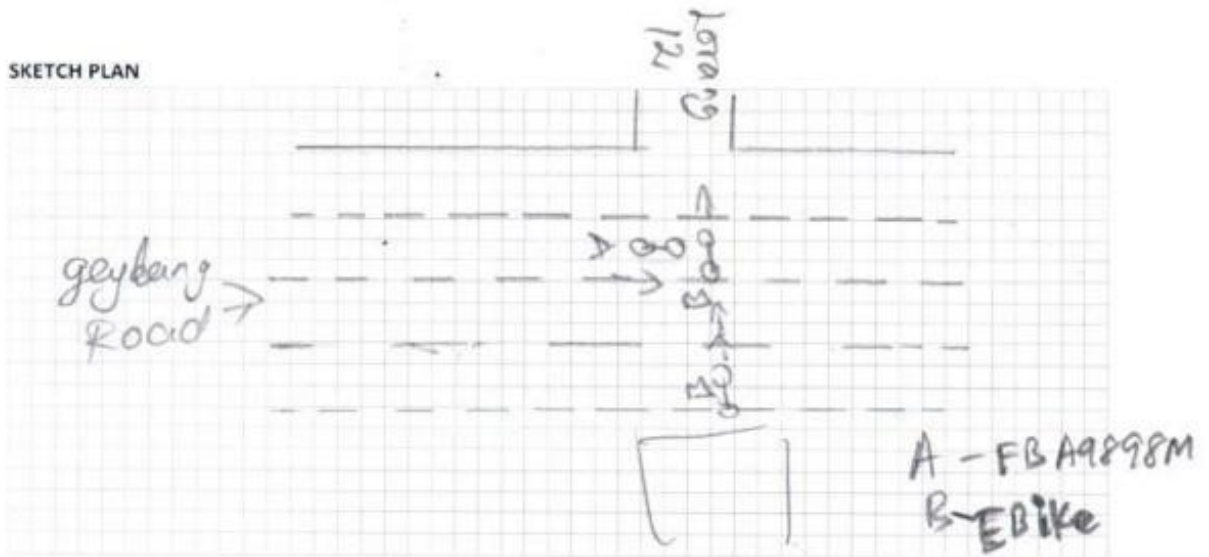

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20181030/2102

DECLARATION

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

C. G. Muthu
Policyholder's Signature
Date & Time:

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

8/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20181030/2102

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

2 of 3

Report No. T/20181030/2102

CONTINUATION OF REPORT

Brief Details.

On 29/10/2018 at about 4.30pm, I was travelling along Geylang Road on my motorcycle, FBA9898M with my pillion, Mr Irudayaraj, 83128361. Suddenly, a e bike dash out from the minor road of Lorong 12 Geylang. we had and collision with the said bike, resulting my bike to have fallen and the said e bike rider was conveyed to the hospital by the ambulance. I would like to state that I was given 2 weeks of MC from CGH and my pillion was given one day of MC from a nearby poly clinic. That's all.

Sketch Plan #5



Sketch Plan #6

TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408665
Tel: 65474748

REPORT NO. G1208102810157 CASE CARD

Traffic Accident along Quchang Rd

involving vehicle(s) 2011Q18 at about 8 00

With reference to the above, you are advised to lodge an accident report online via the SPV Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on 11 about 10 am/pm to see the Investigation Officer to assist in the investigation to the traffic accident.

2. Please bring along your:-
a) Identity card/Passport/Work Permit
b) Driving Licence/Vocational Licence
c) Vehicle Insurance/Medical Certificate
d) Any video footage
e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:
Name: Sofian
Contact: 6547 6390

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



A close-up photograph of the front end of a blue motorcycle. The image shows the front fork, which has teal-colored protective caps on the lower tubes. A black plastic fender is mounted over the front tire. The tire is black with a visible tread pattern. The blue bodywork of the motorcycle is visible at the top, featuring a green and white logo. The motorcycle is parked on a dark asphalt surface. In the background, the front wheel and fender of a red motorcycle are partially visible. A metal grate is seen in the bottom left corner of the frame.

Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181030/2102

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20181030/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2018 15:50	Vide Report No.: G/20181029/0157	Station Diary No.: 90
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Informant's Particulars

Name of Informant: CHILAMBAN GURUNATHAN			Address: APT BLK 7 JALAN BATU #10-117 DI TANJONG RHU SINGAPORE 431007		
ID Type / ID No.: FIN NO / G7776661N			Contact No.: Home/Office: Mobile: 97851562		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 04/05/1980	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Logistic			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/10/2018 16:30	Type of Location:
Location: Along Road 1 LORONG 12 GEYLANG				
Lorong 12 Geylang Cross Geylang Road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA9898M	Motorcycle	YAMAHA	T135	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA9898M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18381241	07/04/2018	27/04/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20181030/2102

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181030/2102

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20181030/2102

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:
G /
Staff Sgt KANG BAO LONG, JAMIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Authentication Stamp
NP168

Signature Of Informant:

C-Guntha

Date/Time:
30/10/2018 15:50

Classification Of Case: