

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	24/12/2018 16:43
Date Of Accident	24/12/2018 11:45
Exact Location Of Accident	STEVEN ROAD BELOW WAYANG SATU FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA5035G
Insured/Policyholder	
Name Of Registered Owner	SN.M. RAGUNARTHEM
NRIC No	S2730144D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94527255
Alternative Phone No	OTHERS-94527255

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 TSI AT 5K14Q5
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P27455970 DMA
Cover Note Number	

Driver

Name of Driver	SN.M. RAGUNARTHEM
NRIC No	S2730144D
Date Of Birth	11/07/1961
Occupation	INDOOR
Date Of Driving Pass	29/05/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94527255
Fax Number	
Contact Number	OTHERS-94527255
Email Address	NOEMAIL

Address	BLK 329 TAH CHING ROAD #08-94
Postcode	610329
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 (including own vehicle) 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT

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	SLH867G
Vehicle Make/Model/Colour	HONDA SHUTTLE HYBRID 1.5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK TING CHYE FRANKIE
NRIC/Passport Number	S1432773H
Contact Number	98530018
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SN.M. RAGUNARTHEM
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK PAIN

SKA5035G

YES

BLK 329 TAH CHING ROAD #08-94

610329

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

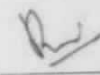
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

24 DEC 2010


Policyholder's Signature
Date & Time:


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

IDAC KAKI BUKIT (VAC)
Reporting Centre
Name: Singapore 415933
Tel: 67416697
Fax: 67492365
Email: vackb@singnet.com.sg

Old IDAC Sketch Plan Form, V2

Accident Sketch Plan

SKETCH PLAN


Refer to Attached Sketch Plan


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:

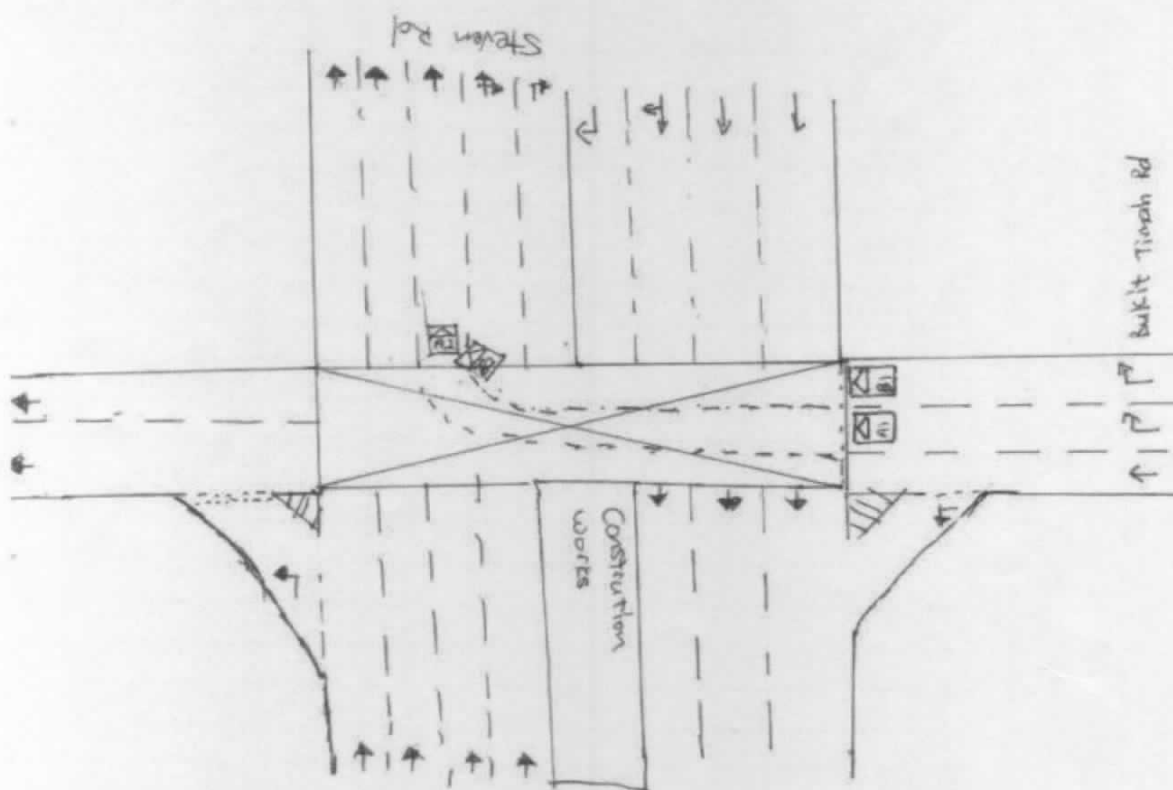
24 DEC 2010
IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Reporting Centre
Name: Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

Location: (Describe location, etc.)

Accident Sketch Plan

Vehicle A: SKA5035G

Vehicle B: SLH 867G





**SINGAPORE
POLICE FORCE**



T/20181224/2055

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20181224/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2018 13:28	Vide Report No.:	Station Diary No.: 74
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Informant's Particulars

Name of Informant: SN. M. RAGUNARTHEM			Address: APT BLK 329 TAH CHING ROAD #08-94 SINGAPORE 610329		
ID Type / ID No.: NRIC NO / S2730144D			Contact No.: Home/Office: Mobile: 94527255		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 11/07/1961	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: ENGINEER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2018 11:35	Type of Location: Straight Road
Location: Along Road 1 STEVENS ROAD towards PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SKA5035G	Car	VOLKSWAGEN	NEW GOLF 1.4 TSI AT 5K14Q5	Black		0
SLH867G	Car	HONDA	SHUTTLE HYBRID 1.5 A	Silver		0



**SINGAPORE
POLICE FORCE**



T/20181224/2055

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20181224/2055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SN. M. RAGUNARTHEM	ID No.	S2730144D
Related Vehicle	SKA5035G (Car)	Contact No.	94527255
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/12/2018	Date Discharge	24/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	QUEK TING CHYE FRANKIE	ID No.	S1432773H
Related Vehicle	SLH867G (Car)	Contact No.	98530018
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 24/12/2018 at about 11.35am, I was driving my vehicle on Stevens Road towards PIE. While approaching the traffic junction, I was on the 2nd lane of the 3 lane road making a right turn. While in the midst of turning, suddenly one vehicle hit me from the rear. I notice that the said vehicle was on the same road as I was earlier. However, he was on the first lane of the 3 lane road. I am not sure how the accident happened.

Upon the impact, both driver exchange particulars. No traffic police or ambulance at scene. No one was injured at the point of time.

Due to the impact, there are a few scratches and dent on the rear portion of my vehicle.

After the accident, as I felt pain on my body, I consulted the doctor and was issued 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20181224/2055

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20181224/2055

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:
E /
Sgt 3 SITI NUR 'AFINA BINTE ROSLAN

Signature Of Informant:

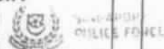
Signature Of Interpreter:
Not applicable

Date/Time:
24/12/2018 13:28

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SN 061

SIGNATURE