

## 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	11/01/2019 14:54
Date Of Accident	10/01/2019 18:00
Exact Location Of Accident	T-JUNCTION OF LOYANG AVENUE AND OLD TAMPINES ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8861Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KANNAN SERKKALAI
NRIC No	S7162598B
Email Address	KANNANSQ73@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90062109
Alternative Phone No	OTHERS-90062109

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150-149CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-379086-CA
Cover Note Number	

### Driver

Name of Driver	KANNAN SERKKALAI
NRIC No	S7162598B
Date Of Birth	04/10/1971
Occupation	INDOOR
Date Of Driving Pass	18/11/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90062109
Fax Number	
Contact Number	OTHERS-90062109
Email Address	KANNANSQ73@GMAIL.COM

Address	BLK 459 TAMPINES STREET 42 #06-158
Postcode	520459
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190111/2058 AND T/20190111/2114

#### 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	SLQ4102G
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 INJURED PERSON 1	
Name	KANNAN SERKKALAI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK8861Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

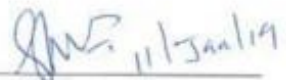
#### IMPORTANT NOTICE

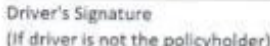
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### **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.

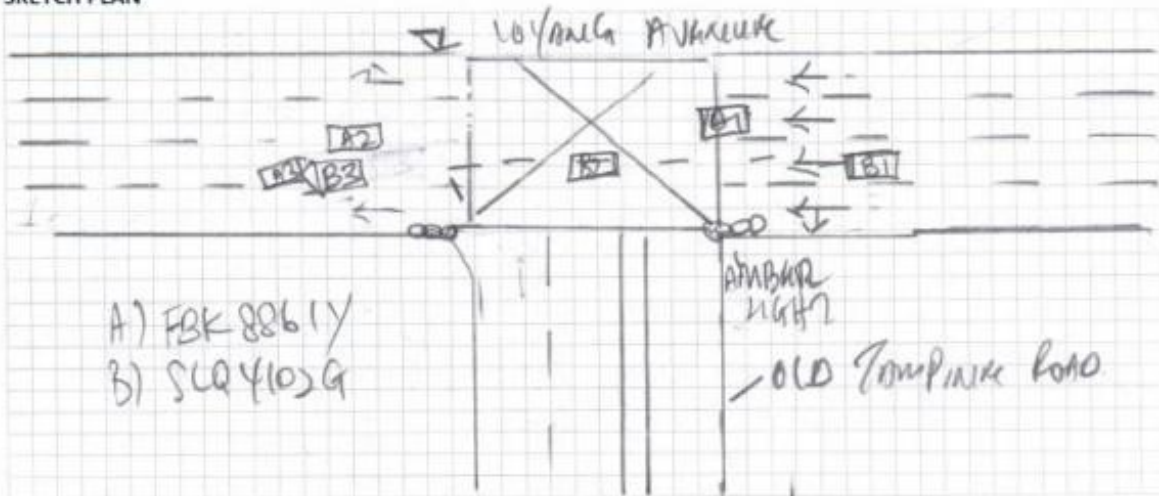
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLEASE REPORT TO POLICE*

*7/20/19 011/2058*

*7/20/19 011/2114*

## DECLARATION

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

*[Signature]* 11/20/19.

Policyholder's Signature  
Date & Time:

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

*[Signature]* 11/01/2019  
Reporting Centre Personnel's Signature  
Name: *Rosli Wafar*  
NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190111/2058

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20190111/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2019 13:19		Vide Report No.:		Station Diary No.: 63
<b>Informant's Particulars</b>				
Name of Informant: KANNAN SERKKALAI		Address: APT BLK 459 TAMPINES STREET 42 #06-158 SINGAPORE 520459		
ID Type / ID No.: NRIC NO / S7162598B		Contact No.: Home/Office: Mobile: 90062109		
Nationality: INDIAN		Email:		
Sex: Male	Age: 47	Date of Birth: 04/10/1971	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: LEAD ENGINEER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2019 18:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 LOYANG AVENUE OLD TAMPINES ROAD T Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8861Y	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	0
SLQ4102G	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK8861Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72070710	12/03/2018	11/03/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190111/2058

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3  
Report No. T/20190111/2058

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KANNAN SERKKALAI	ID No.	S7162598B
Related Vehicle	FBK8861Y (Motorcycle)	Contact No.	90062109
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/01/2019	Date Discharge	11/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On the 10/1/2018 at about 1800hrs, I was riding in my motorcycle (FBK8861Y) towards Loyang ave towards Tampines ave 7. There are four lanes. I was riding on the second lane and signaled before changing into third lane. Suddenly, a car(SLQ4102G) collided into the rear of my motorbike, my motorcycle became unbalanced and it started to wobble, however I managed to gain control over it and did not fall off. The gear lever mounting and the foot rest is damaged from the collision. The aluminum plate is also broken. Both of us took pictures of each another's vehicle and damage. He informed that his car has got no damages. On the 11/1/2019, I felt pain on my back and legs and went to Shalom Clinic and Surgery and was given 5 days MC from 11/1/2019.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190111/2058

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20190111/2058

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 3 ROGER GOH XIN YAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

11/01/2019 13:19

Classification Of Case:

Authentication Stamp  
NP168

SN 49  
SIGNATURE



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190111/2114

1 of 3

Report No. T/20190111/2114

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
11/01/2019 16:42

Vide Report No.:

Station Diary No.:

### Informant's Particulars

Name of Informant:  
KANNAN SERKKALAI

Address:  
459 TAMPINES STREET 42 #06-158 SINGAPORE 520459

ID Type / ID No.:

Contact No.:

Mobile: 90062109

NRIC NO / S7162598B

Home/Office:

Nationality:

Email:

INDIAN

Sex:

Age:

Date of Birth:

Type of Informant:

Male

47

04/10/1971

Rider

Race:

Language:

Institution / School Name:

Indian

English

Occupation:

Driving Licence Information:

Date of Expiry:

LEAD ENGINEER

Class:

### General Information of the Accident

Type of  
Accident:

Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:  
10/01/2019 18:00

Type of Location:

Location:  
Junction of Road 1 and Road 2  
LOYANG AVENUE  
OLD TAMPINES 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
FBK8861Y	Motorcycle	YAMAHA	FZN150	Red		0
SLQ4102G	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK8861Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72070710	12/03/2018	11/03/2019

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190111/2114

2 of 3

Report No. T/20190111/2114

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

CONTINUATION OF REPORT

**Brief Details.**

WITH REF TO TRAFFIC ACCIDENT REPORT : T/20190111/2058

I WISH TO ADD ON TO THE ABOVE MENTIONED REPORT NUMBER THAT THE OTHER PARTY  
HAD AN IN-CAR CAMERA DURING THE ACCIDENT AND THE DRIVER REFUSED TO GIVE HIS  
PARTICULARS.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190111/2114

3 of 3

Report No. T/20190111/2114

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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:  
TP /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/01/2019 16:42

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

Signature:

ID



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

