

## 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	18/01/2019 18:00
Date Of Accident	15/01/2019 09:50
Exact Location Of Accident	CTE (SLE) BEFORE MERCHANT RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7693C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NATARAJAN ASHOKKUMAR
Passport No/FIN	G8207610M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83632846
Alternative Phone No	OFFICE-83632846

### Vehicle Particulars

Manufacturer	ROYAL ENFIELD
Model	BULLET CLASSIC 350 MANUAL
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/19-997834-WTT
Cover Note Number	

### Driver

Name of Driver	NATARAJAN ASHOKKUMAR
Passport No/FIN	G8207610M
Date Of Birth	21/07/1982
Occupation	INDOOR
Date Of Driving Pass	06/07/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83632846
Fax Number	
Contact Number	OFFICE-83632846
EEmail Address	NOEMAIL

Address	BLK 115 YISHUN RING ROAD #08-503
Postcode	760115
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 - CHANGE/CROSS LANE
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?	YES
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)	2
Passenger 1	NAME: : RAMAN VELLAICHAMY GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b> 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - T/20190115/2128.

### 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	SLR2525C
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 NATARAJAN ASHOKKUMAR  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBJ7693C  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name RAMAN VELLAICHAMY  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBJ7693C  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Accident Sketch Plan


## SKETCH PLAN

### 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. 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) 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:

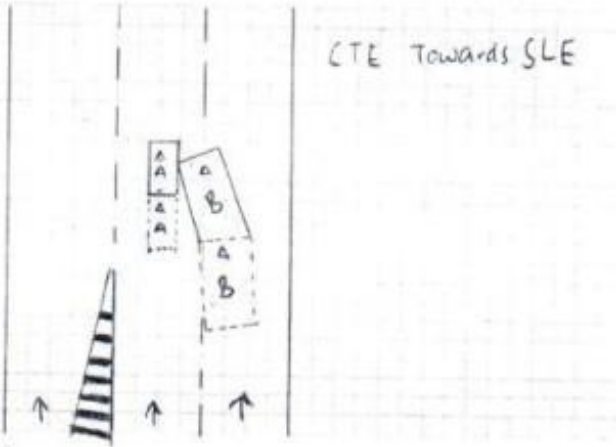


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

A: F157643 C.  
B: S6122575C.

## SKETCH PLAN



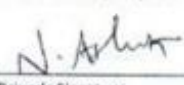
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report, T/20190115/2128.

## 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:

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

### Police Report



**SINGAPORE  
POLICE FORCE**



T/20190115/2128

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 4

Report No. T/20190115/2128

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2019 18:07	Vide Report No.:	Station Diary No.: 159
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: NATARAJAN ASHOKKUMAR		Address: APT BLK 115 YISHUN RING ROAD #08-503 SINGAPORE 760115	
ID Type / ID No.: FIN NO / G8207610M		Contact No.: Home/Office:                      Mobile: 83632846	
Nationality: INDIAN		Email:	
Sex: Male	Age: 36	Date of Birth: 21/07/1982	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: LIFT TECHNICIAN		Driving Licence Information: Class: 2B,2A,3	Date of Expiry: 14/01/2020

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/01/2019 09:40	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Central Expressway towards SLE before Clemenceau Avenue				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7693C	Motorcycle	ROYAL ENFIELD	BULLET CLASSIC 350 MANUAL	Black		1
SLR2525C	Car	BMW	218i	Grey		0

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

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190115/2128

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 4  
Report No. T/20190115/2128

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7693C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60836450	31/12/2018	30/12/2019

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Pillion</b>				
Name	Raman Vellaichamy	ID No.	G7412293R	
Related Vehicle	FBJ7693C (Motorcycle)	Contact No.	93360043	
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	

<b>Rider</b>				
Name	NATARAJAN ASHOKKUMAR	ID No.	G8207610M	
Related Vehicle	FBJ7693C (Motorcycle)	Contact No.	83632846	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: 14/01/2020	
Date Treatment	15/01/2019	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	

<b>Driver</b>				
Name	Chern Mei Ying Linda	ID No.	S7012947G	
Related Vehicle	SLR2525C (Car)	Contact No.	82288836	
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	

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190115/2128

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 4

Report No. T/20190115/2128

### CONTINUATION OF REPORT

#### **Brief Details.**

On 15/01/2019 at about 0940hrs, I was travelling along Central Expressway on the left lane when a car (SLR2525C) suddenly tried to cut into my lane. The car was initially travelling at the most right lane. As a result, the left head of the car knocked into the middle of my bike (FBJ7693C), causing me to fall off my bike.

I managed to stand up and spoke to the driver, informing her that I had already contacted the traffic police about the matter. She exchanged particulars with me and left before the traffic police arrive. Subsequently, I was conveyed to the hospital.

I would like to state that my friend, the pillion informed that he suffered slight injuries due to the accident.



Police Report



SINGAPORE  
POLICE FORCE



T/20190115/2128

4 of 4

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20190115/2128

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: A / Sgt 1 CHIN SOOK PING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2019 18:07
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437 	Classification Of Case:

Authentication Stamp  
NP188



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

