

## 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	19/02/2019 19:11
Date Of Accident	13/02/2019 18:00
Exact Location Of Accident	UPP SERANGOON ROAD TOWARDS SENGKANG EAST DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1918Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUNCHITHAPATHAM SUNTHAR
NRIC No	S6863090H
Email Address	VEENASUN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98533244
Alternative Phone No	OTHERS-98533244

### Vehicle Particulars

Manufacturer	HONDA
Model	CB190R-184CC
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	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/18-387317-CA
Cover Note Number	

### Driver

Name of Driver	KUNCHITHAPATHAM SUNTHAR
NRIC No	S6863090H
Date Of Birth	15/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98533244
Fax Number	
Contact Number	OTHERS-98533244
Email Address	VEENASUN@YAHOO.COM

Address	BLK 180 BUKIT BATOK WEST AVENUE 8 #04-185
Postcode	950180
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 - MAJOR/MINOR RD
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: : COLLEAGUE GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190218/2129

#### 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	SJR4618D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BITAER
NRIC/Passport Number	
Contact Number	96883917

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KUNCHITHAPATHAM SUNTHAR
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBN1918Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

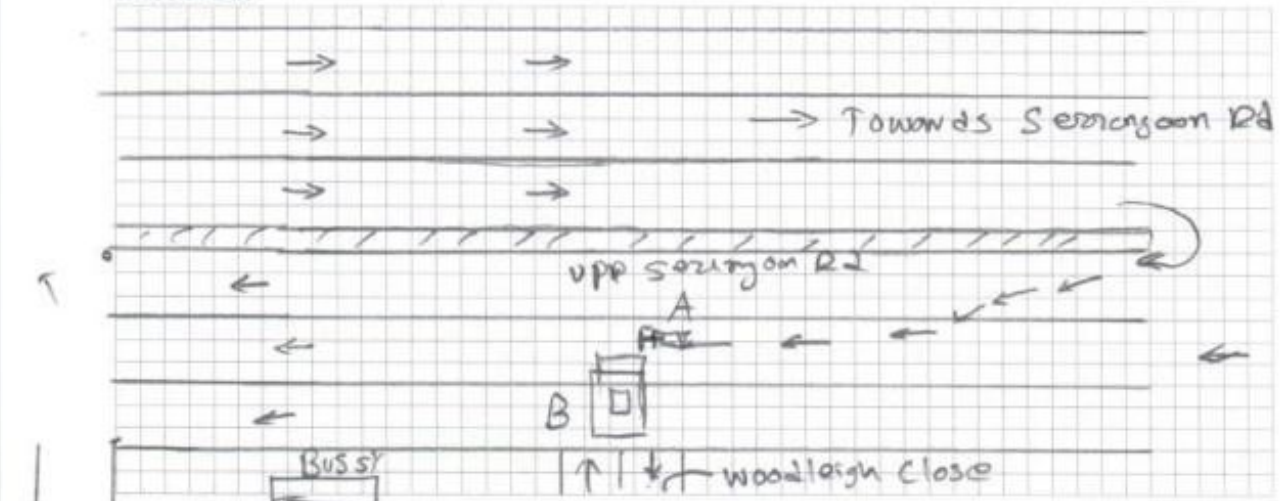
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) FBW 1918 Z  
B) SJR 4618 D

PLS REFER TO POLICE REPORT T/20190218/2129

## DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*

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

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

*[Signature]* 19/02/2019  
*[Signature]*  
*[Signature]*



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190218/2129

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

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Report No. T/20190218/2129

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2019 16:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KUNCHITHAPATHAM SUNTHAR			Address: APT BLK 180 BUKIT BATOK WEST AVENUE 8 #04-185 SINGAPORE 650180		
ID Type / ID No.: NRIC NO / S6863090H			Contact No.: Home/Office: Mobile: 98533244		
Nationality: INDIAN			Email:		
Sex: Male	Age: 50	Date of Birth: 15/04/1968	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/02/2019 19:00	Type of Location:
Location: Along Road 1 UPPER SERANGOON ROAD TWDS SENGKANG EAST DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1918Z	Motorcycle	HONDA	CB190R MANUAL	Maroon		1
SJR4618D	Car	NISSAN	LATIO SPORT BASE 1.5L AT ABS D/AB 2WD 5D			0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190218/2129

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

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Report No. T/20190218/2129

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN1918Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72114390	10/08/2018	09/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KUNCHITHAPATHAM SUNTHAR		ID No.	S6863090H
Related Vehicle	FBN1918Z (Motorcycle)		Contact No.	98533244
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/02/2019		Date Discharge	15/02/2019
No. of Days granted Medical Leave	31		Degree of Injury	NIL
Driver				
Name	BITAER		ID No.	NIL
Related Vehicle	SJR4618D (Car)		Contact No.	96883917
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.

AS STATED TIME, DATE AND LOCATION,  
I WAS TRAVELLING ALONG THE SAID LOCATION ON THE MOST RIGHT LANE WANTED TO MAKE A PROPER U-TURN. AFTER I MADE THE U-TURN, I DROVE STRAIGHT ABOUT 20 -30 KM/H APPROACHING THE YELLOW BOX. SUDDENLY, THERE WAS A CAR CAME OUT FROM WOODLIEGH CLOSE ENTERING THE UPPER SERANGOON RD WITHOUT SEE ANY ONCOMING VEHICLE. AS A RESULT, THE CAR HIT ONTO MY LEFT PART OF MY LEG UNTIL MY BIKE WABBLLED. MY PILLION FELL DOWN ON THE ROAD BECAUSE I MAKE A SUDDEN BRAKE. THE DRIVER CALLED FOR AMBULANCE AND WAS CONVEYED TO THE SAID HOSPITAL AND GIVEN 31 DAYS OF MEDICAL LEAVES.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190218/2129

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20190218/2129

**CONTINUATION OF REPORT**



POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
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Tel No: 65470000



T/20190218/2129

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Report No. T/20190218/2129

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 /  
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
18/02/2019 16:47

Classification Of Case:

ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6863090H



Name  
KUNCHITHAPATHAM SUNTHAR  
குஞ்சிதபாதம் சுந்தர்

Race  
INDIAN

Date of birth  
15-04-1968

Sex  
M

Country of birth  
INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6863090H

Name  
KUNCHITHAPATHAM SUNTHAR

Birth Date: 15 Apr 1968  
Issue Date: 21 Mar 2014



NRIC No. S6863090H



Nationality  
INDIAN

Date of issue  
23-12-2004

APT BLK 180 BUKIT BATOK WEST AVENUE B #04-185  
SINGAPORE 650180  
NRIC No: S6863090H Date: 25/01/2011 No: 6717470

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE  
14 Apr 2014

Class 2B Motorcycles <= 200 CC  
Class 2 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tricycles <= 200 kg

S / No. 9000196628

Licence No: S6863090H

NP 428A

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo









Accident Photo



Accident Photo



Accident Photo

