

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	16/05/2019 13:40
Date Of Accident	14/05/2019 19:30
Exact Location Of Accident	PIE TWDS TUAS 18 KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5028B
Insured/Policyholder	
Name Of Registered Owner	KRISHNAMOORTHY IYYAPPAN
Passport No/FIN	G3332845T
Email Address	IYYAPPANRSK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83101337
Alternative Phone No	OTHERS-83101337

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-500882-WTT
Cover Note Number	

Driver

Name of Driver	KRISHNAMOORTHY IYYAPPAN
Passport No/FIN	G3332845T
Date Of Birth	15/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83101337
Fax Number	
Contact Number	OTHERS-83101337
EEmail Address	IYYAPPANRSK@GMAIL.COM

Address	2002 ELEVATOR
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	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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190515/2122

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	SLA8129M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG KOK POH (ZHONG GUOBAO)
NRIC/Passport Number	S7709418J
Contact Number	91050501
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KRISHNAMOORTHY IYYAPPAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBL5028B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

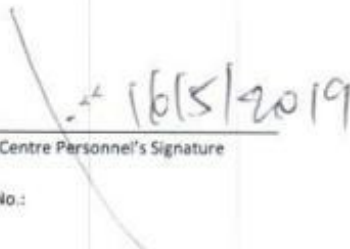
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

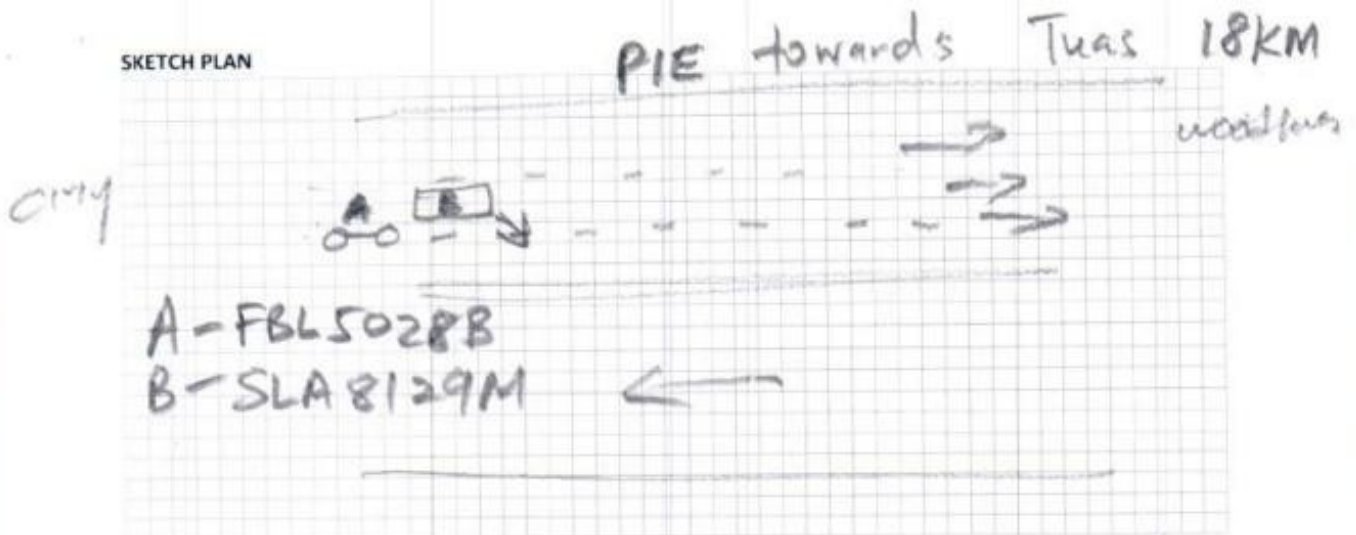

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190515/2122

DECLARATION

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

K.L.

Policyholder's Signature
Date & Time:

Signature Registration 22

K.L.

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

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

16/5/2019

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190515/2122

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

2 of 3

Report No. T/20190515/2122

CONTINUATION OF REPORT

Rider			
Name	KRISHNAMOORTHY IYYAPPAN		ID No. G3332845T
Related Vehicle	NIL		Contact No. 83101337
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE DATE TIME AND LOCATION,

I WAS TRAVELLING BETWEEN LANE 1 AND LANE 2, THE CAR (SLA 8129 M) FROM LANE 2 SUDDENLY CHANGE TO LANE 1 WITHOUT SIGNALLING. THEN THE FRONT OF MY MOTORCYCLE GOT HIT BY THE BACK RIGHT SIDE OF THE CAR BUMPER. YOU FELL DOWN AND INJURED ON MY LEFT BACK SIDE. THERES WAS A TOWING VEHICAL (TOW TRUCK ID: 118059/112713) WAS ON THE ROAD, THE DRIVER STOPPED AND HELPED ME. THEN HE CALLED THE AMBULANCE. THE AMBULANCE FIRST AIDER SAID THAT MY INJURY WASN'T SERIOUS SO THEY GAVE ME FIRST AID AND LEFT. THE TRAFFIC POLICE OFFICER ASKED ME FOR A VERBAL STATEMENT, THEN HE ASKED FOR MY CONTACT NUMBER AND HE SAID THAT HE WILL CONTACT ME. THEN THE TOWING VEHICAL DRIVER TOWED MY MOTORCYCLE TO DUNEARN CL ADAM FOOD CENTER (LOT: -2). I TAGGED ALONG WITH THE TOWING VEHICAL. BUT I STILL FELT PAIN SO I CALLED A TAXI AND WENT TO CHANGI GENERAL HOSPITAL, AND I GOT A 4 DAYS MC.

Sketch Plan #4

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
2002 ELEVATOR

Worker: **CONSTRUCTION**

Name:
KRISHNAMOORTHY IYYAPPAN

Occupation:
ELEVATOR ENGINEER

S-Pass No.:
0 3739566-

Date of Application:
20-12-2017

Date of Issue:
15-02-2018

Date of Expiry:
15-02-2020

002699844K

48613673

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G3332845T**

Name: **KRISHNAMOORTHY IYYAPPAN**

Birth Date: **15 Mar 1993**

Issue Date: **03 Jul 2017**

Valid Till: **02/07/2022**

002699844K

VISIT PASS
Immigration Regulations

Name:
KRISHNAMOORTHY IYYAPPAN

Date of Birth: **15-03-1993** Sex: **M** Nationality: **INDIAN**

FIN: **G3332845T** Date of Issue: **15-02-2018** Date of Expiry: **15-02-2020**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

002699844K

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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	03 Jul 2017
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	03 Jul 2017

NP 428A

002699844K

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20190515/2122

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

1 of 3

Report No. T/20190515/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2019 15:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KRISHNAMOORTHY IYYAPPAN			Address: 613 BEDOK RESERVOIR ROAD #02-1184 EUNOS GROVE SINGAPORE 470613		
ID Type / ID No.: FIN NO / G3332845T			Contact No.: Home/Office: Mobile: 83101337		
Nationality: INDIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 15/03/1993	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: ELEVATOR ENGINEER			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/05/2019 19:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS 18KM				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
FBL5028B	Motorcycle				Seriously Damaged	0
SLA8129M	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190515/2122

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

2 of 3

Report No. T/20190515/2122

CONTINUATION OF REPORT

Rider				
Name	KRISHNAMOORTHY IYYAPPAN		ID No.	G3332845T
Related Vehicle	NIL		Contact No.	83101337
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

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Police Report



SINGAPORE
POLICE FORCE

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



T/20190515/2122

3 of 3

Report No. T/20190515/2122

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 /
NG RUI TONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/05/2019 15:11

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168