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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/07/2019 15:12
Date Of Accident	17/07/2019 20:45
Exact Location Of Accident	TRAFFIC JUNCTION OF KEPPEL ROAD/CANTONMENT LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF5143H
Insured/Policyholder	
Name Of Registered Owner	SINNAYAH MANIAM
NRIC No	S1155118A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86557719
Alternative Phone No	OTHERS-86557719
Vehicle Particulars	
Manufacturer	HONDA
Model	ANF125MSS A-125CC
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/18-386171-CA
Cover Note Number	

Driver

Name of Driver SINNAYAH MANIAM

NRIC No S1155118A

Date Of Birth 25/01/1955

Occupation INDOOR

Date Of Driving Pass 07/07/2005

Driving Experience 14 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86557719

Fax Number

Contact Number OTHERS-86557719

EMail Address NOEMAIL

BLK 101 BUKIT PURMEI ROAD Address

#05-06 090101

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

Postcode

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

NO

YES Was any other material or property damaged?

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 BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE

ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX Police Station Address

BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2369999 - FAX NO: 62268438

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190718/2011

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 Witness 1

Name **MELANIE TAN** Phone Number 96180999

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG4182C

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Page 2 of 20

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SINNAYAH MANIAM

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBF5143H

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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: 18/67/1

Driver's Signature

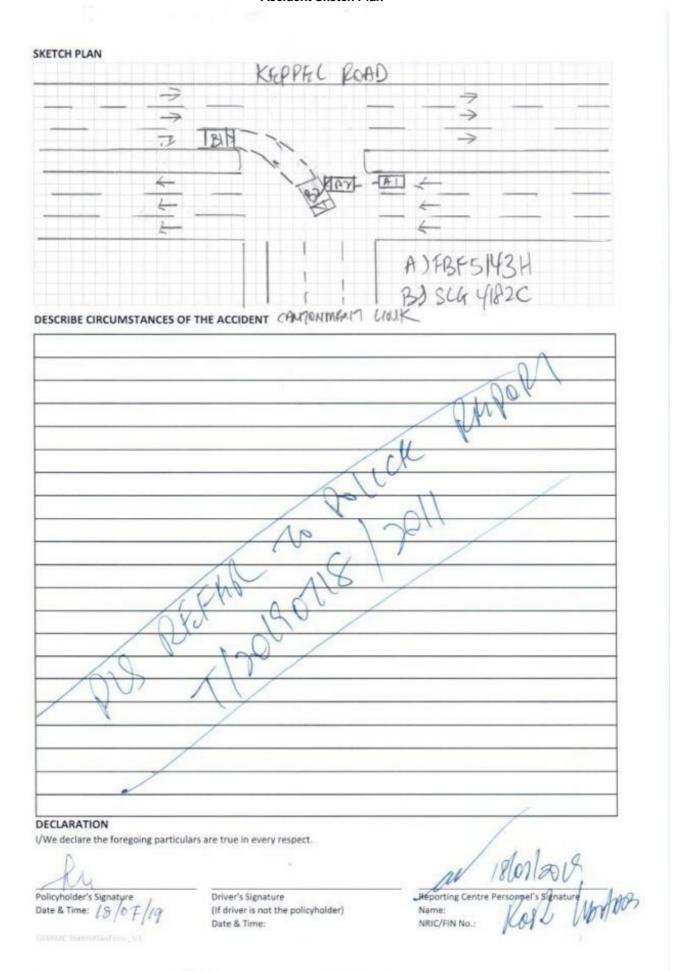
(If driver is not the policyholder)

Date & Time:

Reporting Centre Pe

NRIC/FIN No

Accident Sketch Plan



POLICE REPORT



TIEGROUP TOTAL TO

1 of 3

Report No. T/20190718/2011

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

REPORT OF	A TRAFFIC	ACCIDENT
-----------	-----------	----------

Age:

25/01/1955

64

Sex:

Male

4 -

Station Diary No.: Vide Report No.: Date/Time Report Made: 14 18/07/2019 01:37 Informant's Particulars Address: Name of Informant: APT BLK 101 BUKIT PURMEI ROAD #05-06 SINGAPORE SINNAYAH MANIAM 090101 Contact No.: ID Type / ID No .: Mobile: 86557719 Home/Office: NRIC NO / S1155118A Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth:

Institution / School Name: Language: Race: English Indian Driving Licence Information: Occupation: Date of Expiry: Class: 2,3 Private security officer

Rider

194-1-ap	nation of the Accid	Drink	Date/Time of	Type of Location	
Type of Accident:	Others	Drive: No	Accident: 17/07/2019 20:45	Straight Road	
Location: Along Road 1 KEPPEL RO/ Traffic light ju Weather:		pad & Cantonment Link Road Surface:		Road Speed Limit:	
Clear		Dry		50 Km/h	
1101110 1 10111		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Heavy	
Type of Collis	sion: ving Vehicles - Head			Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBF5143H	Motorcycle	HONDA	ANF125MSS A	Blue	Slightly Damaged	0
SLG4182C	Car	TOYOTA	Altis Classic 1.6 CVT	Silver	Slightly Damaged	0

Details of V	ehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBF5143H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18386171	11/08/2018	10/08/2019	

POLICE REPORT



T/20190718/2011

2 of 3

Report No. T/20190718/2011

Police Station Of Origin: Bukit Merah East N.P.C

A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

CONTINUATION OF REPORT

Details of Perso	n Involved	1250	CHARLE !			A PERSONAL PROPERTY OF THE PARTY OF THE PART
Any Pedestrian Ir	volved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Rider		Ibs lette				
Name	SINNAYAH MANIAM		ID No.		S1155118A	
Related Vehicle	FBF5143H (Motorcycle)		Conta	ct No.	86557719	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	9	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Disci	narge	NIL	
No. of Days granted Medical Leave NIL			Degree of	egree of Injury Slight		t

Brief Details.

On the above mentioned date, time and place, at the traffic light junction, when the traffic light turned green in my favour, I rode forward my motorcycle FBF5143H. Suddenly, a car SLG4182C beat the red light and as it was too near to me, I could not avoid it. My motorcycle hit onto the back of the car and I fell down. The said driver of the car did not help me. He parked his car a distance away and after I got up on my own, I went to him. The driver was a Chinese male subject. He told me that he did not see the red light. He then told me that he wanted to settle with me in private. He said that he would be going to Tanjong Pagar Plaza and withdraw some cash (\$\$200/-) and then passed it to me. I told him that if the damage to my motorcycle was more than \$\$200/-, I would have to inform him and asked him for more money. He acknowledged. He then said that he would follow me from behind to Tanjong Pagar Plaza. Upon reaching there, he was nowhere to be found. I looked around but he was gone. Earlier, just after the accident, a female person (Ms Melanie Tan) came to me and passed her contact details. She said she had witnessed the accident. I wish to state that my right leg is injured and my left leg is swollen due to the accident. The accident had also caused damage to the alignment and brakes of my motorcycle. That is all.

POLICE REPORT





Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

3 of 3 Report No. T/20190718/2011

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

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 /

Sr Staff Sgt MUHAMMAD SHAHED BIN MOHD

RASID

Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2019 01:37

Classification Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



