

## 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	02/08/2019 15:13
Date Of Accident	01/08/2019 19:10
Exact Location Of Accident	JUNCTION OF WEST COAST WAY AND WEST COAST PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8022L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUO LI LIAN ELAINE (GUO LILIAN ELAINE)
NRIC No	S7538874H
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97599946
Alternative Phone No	OTHERS-90304175

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29116450 QMY
Cover Note Number	

### Driver

Name of Driver	KUO SIEW YEE @ KEH CHEW GEE
NRIC No	S1157606J
Date Of Birth	27/01/1938
Occupation	INDOOR
Date Of Driving Pass	25/07/1968
Driving Experience	51 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97599946
Fax Number	
Contact Number	OTHERS-90304175
Email Address	HANCARREPAIRS@GMAIL.COM

Address	21 WEST COAST WAY
Postcode	127000
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	AKD3704 (MOTORCYCLE)
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 427 CLEMENTI AVENUE 3 , <b>POSTCODE:</b> 120427 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7759999 - <b>FAX NO:</b> 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190801/2159

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	AKD3704
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	PUVARASAN RAMASAMY
NRIC/Passport Number	G8812205X
Contact Number	+0164025224
Address	
Postcode	

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

1

DETAILS OF INJURED PERSON 1

Name PUVARASAN RAMASAMY  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? AKD3704  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

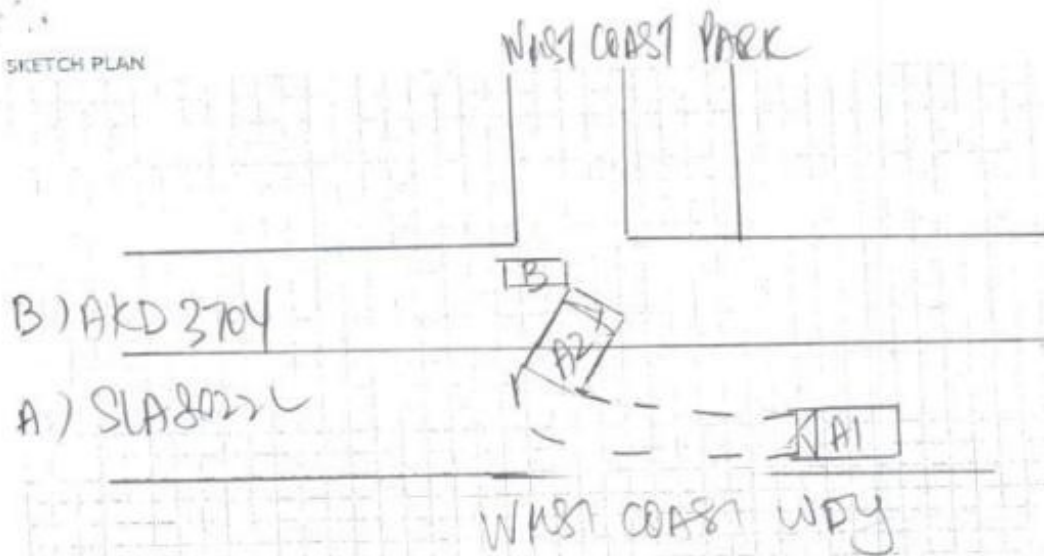
Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No:

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Statement

T/20190801/2159

## 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/20190801/2159

1 of 3

Report No. T/20190801/2159

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2019 19:10	Vide Report No.: D/20190801/0099	Station Diary No.: 23
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### Informant's Particulars

Name of Informant: KUO SIEW YEE			Address: 21 WEST COAST WAY SINGAPORE 127000		
ID Type / ID No.: NRIC NO / S1157606J			Contact No.: Home/Office: Mobile: 97599946		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 81	Date of Birth: 27/01/1938	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/08/2019 17:00	Type of Location: Straight Road
Location: Along Road 1 WEST COAST WAY WEST COAST PARK Along West Coast Way, junction with West Coast Park				
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
AKD3704	Motorcycle				No Damage	0
SLA8022L	Car				Slightly Damaged	0



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190801/2159

2 of 3

Report No. T/20190801/2159

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

### CONTINUATION OF REPORT

#### Brief Details.

On 01/08/2019 at about 1700hrs, while I was travelling on West Coast Way towards West Coast Park, I made an U-Turn at the junction of West Coast Way and West Coast Park. There wasn't a U-turn sign before the junction. The junction does not have any traffic light.

Before I make the turn, I did not notice any vehicle. However, after I make the U-turn, I was hit by a Malaysian motorcycle bearing registration plate number AKD3704. A male rider fell on to the ground and I called for an ambulance assistance.

The male rider was namely Puvarasan Ramasamy, employed by Omni Aquatic Supplies Pte Ltd, FIN: G8812205X, D.O.B 22/02/2000 and H/P: +0164025224. He was then conveyed to Ng Teng Fong Hospital by ambulance.

There was slight damage (scratches at the front) to the motorcycle. My car had scratches on the left of the front bumper and the front bumper was slightly dislodged on the left. I was not injured.

Traffic Police also attended to the accident and I was told to report to Traffic Police on 02/08/2019. There was a camera installed in my car and the SD memory card was passed to the Traffic Police at scene.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190801/2159

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Report No. T/20190801/2159

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

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 2 WONG WAI CHONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/08/2019 19:10

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 HO JIEKANG, IVAN  
Contact No.: 65476170

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SN 40

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

