

## 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	20/08/2019 15:45
Date Of Accident	10/08/2019 17:20
Exact Location Of Accident	JURONG WEST AVE 1 TWDS JURONG WEST ST 42
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG668M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIVAGNANAM VAIRAVASANTHAN
NRIC No	S7862808A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96412190
Alternative Phone No	OFFICE-96412190

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
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/19-998843-WTT
Cover Note Number	

### Driver

Name of Driver	SIVAGNANAM NAGANANDAN
Passport No/FIN	G5824258L
Date Of Birth	13/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96412190
Fax Number	
Contact Number	OFFICE-96412190
Email Address	NOEMAIL

Address	BLK 835 JURONG WEST STREET 81 #04-47
Postcode	640835
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 158 YUNG LOH ROAD , <b>POSTCODE:</b> 610158 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2659999 - <b>FAX NO:</b> 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190810/2111.

#### 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	SJQ5883C
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLJ575M

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 SIVAGNANAM NAGANANDAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG668M

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

SHANE M. MURPHY, 18

1

# Accident Sketch Plan

## SKETCH PLAN

Veh A: FBG 663M

Veh B: BSJQ 5883C

Veh C: SLJ575M


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

## 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.:

SLIANAC SketchPlanForm\_V3



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190810/2111

1 of 3

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

Report No. T/20190810/2111

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 20:29	Vide Report No.: J/20190810/0119	Station Diary No.: 45
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### Informant's Particulars

Name of Informant: SIVAGNANAM NAGANANDAN			Address: APT BLK 835 JURONG WEST STREET 81 #04-47 HDB SINGAPORE 640835	
ID Type / ID No.: FIN NO / G5824258L			Contact No.: Home/Office:	Mobile: 96412190
Nationality: INDIAN			Email:	
Sex: Male	Age: 45	Date of Birth: 13/05/1974	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: SITE MANAGER			Driving Licence Information: Class: 2B,3C Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/08/2019 17:15	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST AVENUE 1				
L/P 13 Lamp Post Number: 13				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG668M	Motorcycle				Slightly Damaged	0
SJQ5883C	Car				No Damage	0

### Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190810/2111

2 of 3

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

Report No. T/20190810/2111

### CONTINUATION OF REPORT

<b>Rider</b>			
Name	SIVAGNANAM NAGANANDAN	ID No.	G5824258L
Related Vehicle	FBG668M (Motorcycle)	Contact No.	96412190
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	10/08/2019	Date Discharge	10/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SJQ5883C (Car)	Contact No.	NIL
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.

On the 10/08/2019 at about 05:20pm, I was riding my Singapore registered motorcycle FBG668M along Jurong West Avenue 1 towards Jurong West Street 42. I am from the direction of Corporation Road.

After I have stopped my motorcycle before the traffic junction between Jurong West Avenue 1 and Jurong West Street 42, suddenly I felt a strong impact from the rear of my motorcycle and I have subsequently fall down. I then realised that I was hit from the rear, by a car, who drove off after the collision without stopping. I was conveyed to the Ng Teng Fong General Hospital after the accident and granted with 03days of MC.

I wish to add on that there is a video footage captured by another vehicle, and the said driver contact number is 81238080. I am not sure whether any CCTV around the vicinity. Traffic Police was at scene after the accident, and a Police Case Card was given to me, under Traffic Police IO Esmond Phua (Tel: 65472077).

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190810/2111

3 of 3

Report No. T/20190810/2111

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

## 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:

J /  
Sgt 3 PERRY P NG WEE PHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/08/2019 20:29

Officer In Charge Of Case:

TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No.: 65476144

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo

