

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	30/08/2019 14:36
Date Of Accident	16/08/2019 18:00
Exact Location Of Accident	PIE TOWARDS CHANGI ON UPPER THOMSON FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1223R
Insured/Policyholder	
Name Of Registered Owner	RADHAKRISHNAN DINESH KUMAR
NRIC No	G0795358K
Email Address	DINESH1432@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84982105
Alternative Phone No	OTHERS-84982105

Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
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/19-393379-CA
Cover Note Number	

Driver

Name of Driver	RADHAKRISHNAN DINESH KUMAR
NRIC No	G0795358K
Date Of Birth	24/03/1986
Occupation	INDOOR
Date Of Driving Pass	12/12/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84982105
Fax Number	
Contact Number	OTHERS-84982105
Email Address	DINESH1432@GMAIL.COM

Address	BLK 306 BUKIT BATOK STREET 31 #03-123
Postcode	650306
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WKP6355 (PRIVATE CAR)
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	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	WKP6355
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KEAT MENG
NRIC/Passport Number	930708015293
Contact Number	
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1	
Name	RADHAKRISHNAN DINESH KUMAR
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBJ1223R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

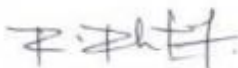
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8. Consent under the Personal Data Protection Act (PDPA)

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: 29/8/2019

Driver's Signature

(if driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

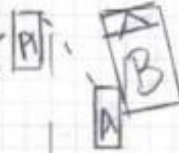
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

P1A TOWARDS CHORLEY ON UPP THOMSON FLY OVER

Bike
Landed
Here



A) FBJ 1223R

B) WKP 6355

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER 2 POLICE REPORT
7/20190802/2161

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 29/08/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 30/08/2019

Reporting Centre Personnel's Signature

Name: Keshi Winters

NRIC/FIN No.:

00000000000000000000

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190820/2161

1 of 4

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20190820/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2019 18:54	Vide Report No.: E/20190816/0114	Station Diary No.: 28
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Informant's Particulars

Name of Informant: RADHAKRISHNAN DINESH KUMAR			Address: APT BLK 306 BUKIT BATOK STREET 31 #03-123 SINGAPORE 650306	
ID Type / ID No.: FIN NO / G0795358K			Contact No.: Home/Office: Mobile: 84982105	
Nationality: INDIAN			Email:	
Sex: Male	Age: 33	Date of Birth: 24/03/1986	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: SALES MANAGER			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: 16/08/2019 18:00	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Changi, on Upper Thompson Flyover				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ1223R	Motorcycle	HONDA	CBR150R M	Red		0
WKP6355	Car	TOYOTA	Unser	Black		3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ1223R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72145410	01/02/2019	31/01/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190820/2161

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20190820/2161

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RADHAKRISHNAN DINESH KUMAR	ID No.	G0795358K
Related Vehicle	FBJ1223R (Motorcycle)	Contact No.	84982105
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/08/2019	Date Discharge	17/08/2019
No. of Days granted Medical Leave	10	Degree of Injury	Serious
Driver			
Name	NG KEAT MENG	ID No.	930708015293
Related Vehicle	NIL	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 16/08/2019, at around 1800hrs, I was travelling along PIE towards Changi. There were three lanes and I was travelling along the second lane at Upper Thompson Flyover. I was travelling at around 70km/h, there was a Malaysian vehicle(WKP6355) on the first lane, also travelling around 70-80km/h. As I was about to pass the said vehicle from the left side, he suddenly filtered left without signaling or checking his blindspot. I was at his blind spot and as such, the left side of his vehicle hit onto the right side of my motorbike, causing me to fall off my bike and me and my motorbike ended up in the 3rd lane. A lorry that was in the third lane and the driver and passenger had stopped to help me. Subsequently, there was a lorry that was in the third lane where the driver and passenger had stopped to help me and we moved to the road shoulder where I then called for police and ambulance assistance.

Traffic police attended to my accident and case number E/20190816/0114 was given and I was subsequently conveyed to Tan Tock Seng Hospital by ambulance. I only managed to take down the Malaysian IC details of the driver of the Malaysian vehicle(WKP6355). However I was not able to get his contact details. I did not manage to take down particulars of any witnesses. I would like to inform that I did not observe any injuries on the driver of WKP6355 or his passengers. There was minimal damage to his vehicle.

Subsequently at Tan Tock Seng Hospital, I had surgery done on my left foot and left knee. I had also suffered abrasion to both my arms and my back. I was granted hospitalization leave of 10 days.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190820/2161

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No: T/20190820/2161

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190820/2161

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20190820/2161

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: G / Sgt 2 JOHANN PAK ZHUO-EN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170
Authentication Stamp NP168 SIGNATURE

Signature Of Informant:
Date/Time: 20/08/2019 18:54
Classification Of Case:

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

