

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	17/09/2019 13:54
Date Of Accident	17/09/2019 07:15
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF8317D
Insured/Policyholder	
Name Of Registered Owner	BALASUBRAMANIAN ARIVAZHAGAN
NRIC No	S7769480C
Email Address	ARIVUBARATH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93877647
Alternative Phone No	OTHERS-93877647

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-180CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	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/18-392760-CA
Cover Note Number	

Driver

Name of Driver	BALASUBRAMANIAN ARIVAZHAGAN
NRIC No	S7769480C
Date Of Birth	25/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93877647
Fax Number	
Contact Number	OTHERS-93877647
EEmail Address	ARIVUBARATH@GMAIL.COM

Address	BLK 113 TECK WHYE LANE #03-664
Postcode	680113
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 - HEAD TO REAR
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190917/2043

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	SLJ527C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MANICKAM MANOGAR S/O KANNAPPAN
NRIC/Passport Number	S2190906H
Contact Number	97316573
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	BALASUBRAMANIAN ARIVAZHAGAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF8317D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

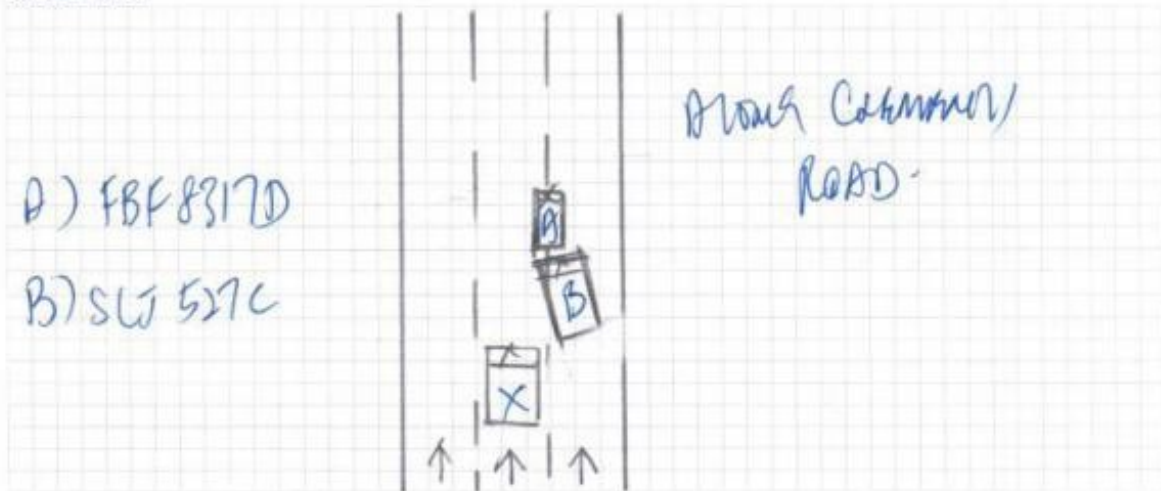

Policyholder's Signature
Date & Time: 17-09-2019
12-20

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PU REFER to Police Report
7/20/2017/2013

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.:

ISSUANCE SketchPlanForm_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190917/2043

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3
Report No. T/20190917/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2019 10:46		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: BALASUBRAMANIAN ARIVAZHAGAN			Address: APT BLK 113 TECK WHYE LANE #03-664 SINGAPORE 680113		
ID Type / ID No.: NRIC NO / S7769480C			Contact No.: Home/Office: Mobile: 93877647		
Nationality: INDIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 25/06/1977	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: QC Engineer			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2019 07:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CLEMENTI ROAD				
Travelling towards Clementi MRT, outside of Sunset Way.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF8317D	Motorcycle	BAJAJ CHETAK	PULSAR DTS-I 180 MANUAL	Red	Seriously Damaged	0
SLJ527C	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



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T/20190917/2043

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190917/2043

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF8317D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72141930	31/12/2018	30/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	BALASUBRAMANIAN ARIVAZHAGAN		ID No.	S7769480C
Related Vehicle	FBF8317D (Motorcycle)		Contact No.	93877647
Hospital/Clinic	THE DUBLIN CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/09/2019		Date Discharge	NIL
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	Manickam Manogar S/O Kannappan		ID No.	S2190906H
Related Vehicle	SLJ527C (Car)		Contact No.	97316573
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 17/09/2019 at around 0715hrs, I was riding my motorbike (FBF8317D) on the second lane along Clementi Road (traavelling towards Clementi MRT, near to Sunset Way) and a car (SLJ527C) hit me from the rear. I am not sure how the accident happened but I flew out from my motorbike. The other party stopped his car and helped me. He even took me to a clinic to seek treatment and we exchanged particulars. According to the doctor, I suffered multiple superficial abrasion over my right lower limb and right wrist and also contusion on my upper abdomen. I was given 3 days medical leave by the doctor.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190917/2043

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3 Queensway #01-03 SINGAPORE 149073
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Report No. T/20190917/2043

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 /

Staff Sgt WENDY YEO WEN DI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/09/2019 10:46

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SN 50

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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