### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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

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	ACCIDENT STATEMENT
Date Of Report	25/09/2019 14:37
Date Of Accident	23/09/2019 08:30
Exact Location Of Accident	CTE TWDS AYE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE3768Z
Insured/Policyholder	
Name Of Registered Owner	R RAM PRASAD
NRIC No	S9637313I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96575871
Alternative Phone No	OFFICE-96575871
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF R15
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	-
Cover Note Number	72202830
Driver	
Name of Driver	R RAM PRASAD
NRIC No	S9637313I
Date Of Birth	15/10/1996
Occupation	INDOOR
Date Of Driving Pass	26/02/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96575871
Fax Number	
Contact Number	OFFICE 06575074

OFFICE-96575871

**NOEMAIL** 

BLK 249 BISAHN ST 22 #10-372 Address

Postcode

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

Number of Passengers (Including Driver)

ambulance?

YES

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : KARTHIK

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

NO

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT T/20190924/2073

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 SLV1925S

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Page 2 of 19

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF INJURED PERSON 1

Name R RAM PRASAD

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FBE3768Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name KARTHIK

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBE3768Z

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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- 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

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

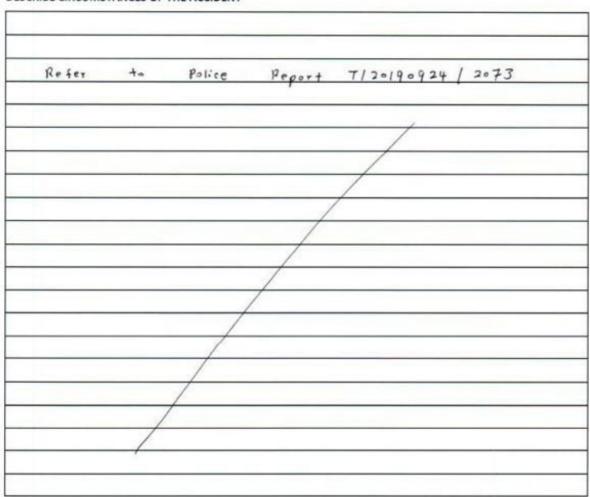
NRIC/FIN No .:

## **Accident Sketch Plan**

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### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**



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.:

GIARNOC SketchPlanForm\_V3

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## **POLICE REPORT**





1 of 3

Report No. T/20190924/2073

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT	F A TRAFFIC	ACCIDENT		10 D. W.	
Date/Time Report Made: 24/09/2019 14:08		lade:	Vide Report No.: F/20190923/0064	Station Diary No.	
Informa	nt's Particu	ulars			
Name of	Informant: PRASAD		Address: 249 BISHAN STREET 22 #10-372 SINGAPORE 570249		
ID Type / ID No.: NRIC NO / S9637313I		131	Contact No.: Home/Office:	Mobile: 96575871	
National	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 22	Date of Birth: 15/10/1996	Type of Informant: Rider		
Race: Indian		10	Language: English	Institution / School Name:	
Occupation: Student			Driving Licence Information Class: 2B,3	Date of Expiry:	

Type of Accident:  Injury Attended by Police		Drink	Date/Time of Accident: 23/09/2019 08:30	Type of Location Straight Road	
CENTRAL EX	Traveling Toward Roa (PRESSWAY HEXPRESSWAY	d 2  Road Surface:		Road Speed Limit:	
The state of the s		Dry		90 Km/h	
Traffic Flow: Traffic Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBE3768Z	Motorcycle	YAMAHA	YZF-R15	Red	Seriously Damaged	1007
SLV1925S	Car				Slightly Damaged	0

Details of V	ehicle Insurance		THE COMPANIES THE PARTY OF THE	The second second second
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE3768Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72202830	06/09/2019	05/09/2020

#### POLICE REPORT



T/20190924/2073

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190924/2073

#### CONTINUATION OF REPORT

#### Brief Details.

On 23/09/2019 at about 8.30am, I was riding motorcycle, FBE3768Z, along Central Expressway towards Ayer Rajah Expressway. I was from home and was heading to school which is located in Selegie Road. My friend, Karthik, was riding pillion with me. While along Central Expressway, I was lane-splitting between lanes 1 and 2 of the 4-lane expressway. I wanted to filter to the left to exit the expressway at the Bukit Timah Road exit. When I noticed that there was some space on lane 2, I made the left lane change to lane 2 after checking that traffic was clear for me to make the lane change. I was making the lane change to lane 2, behind motor car, SLV1925S. Whilst lane changing, the said motor car suddenly jammed the brake of the motor car. I applied brake as well. However, I was unable to stop in time and collided into the rear right portion of the motor car.

I wish to state that the traffic condition ahead was clear. I felt that there was no reason for the driver of motor car, SLV1925S, to jam his brakes at the time of the incident. If the road condition required the driver to apply brake, he should have applied it gradually. The accident would not have happened if the driver had not jammed his brake.

## **POLICE REPORT**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190924/2073

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: TP / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN	Signature Of Informant:		
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2019 14:08		
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case:		
Authentication Stamp NP168	TE .		



