

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	10/10/2019 16:33
Date Of Accident	08/10/2019 08:40
Exact Location Of Accident	PIE TOWARDS TUAS AROUND PIONEER AREA LAMPOST:1943
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE1010P
Insured/Policyholder	
Name Of Registered Owner	KANNAN ARUN
NRIC No	S8282475H
Email Address	EDWARD.ARUN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94597905
Alternative Phone No	OTHERS-94597905

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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/18-392360-CA
Cover Note Number	

Driver

Name of Driver	KANNAN ARUN
NRIC No	S8282475H
Date Of Birth	13/05/1982
Occupation	INDOOR
Date Of Driving Pass	25/11/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94597905
Fax Number	
Contact Number	OTHERS-94597905
Email Address	EDWARD.ARUN@YAHOO.COM.SG

Address	BLK 148 BUKIT BATOK WEST AVENUE 6 #02-323
Postcode	650148
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?	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?	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	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191008/2085

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	FBF2373E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	KANNAN ARUN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE1010P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

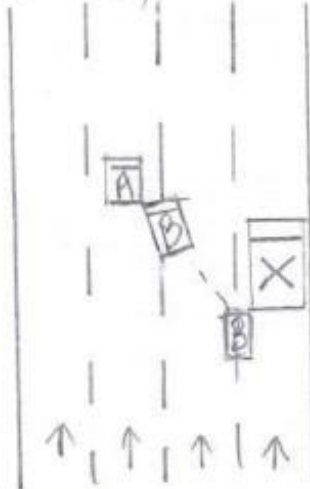
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

PIE TOWARDS TUGS, ABOARD PICKUP LAMPOR 1943



- A) FBE 161DP
- B) FBF 2373E
- X) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the form: PLS REFER TO POLICE REPORT 7/2019/1008/2085

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/20191008/2085

1 of 3

Report No. T/20191008/2085

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2019 14:30	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars			
Name of Informant: KANNAN ARUN		Address: APT BLK 148 BUKIT BATOK WEST AVENUE 6 #02-323 SINGAPORE 650148	
ID Type / ID No.: NRIC NO / S8282475H		Contact No.: Home/Office: Mobile: 94597905	
Nationality: INDIAN		Email:	
Sex: Male	Age: 37	Date of Birth: 13/05/1982	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Engineer		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/10/2019 08:40	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards TUAS, around Pioneer area. Lamp Post Number: 1943				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
FBE1010P	Motorcycle	BAJAJ CHETAK	PULSAR DTS-I 180 MANUAL	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE1010P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72140570	10/12/2018	09/12/2019

POLICE REPORT



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SINGAPORE 650370
Tel No: 1800-5679999



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Report No: T/20191008/2085

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KANNAN ARUN	ID No.	S8282475H
Related Vehicle	FBE1010P (Motorcycle)	Contact No.	94597905
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/10/2019	Date Discharge	08/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 08/10/2019 at about 0840hrs, I was riding my motorcycle (V1:FBE1010P) along Pan Island Expressway towards TUAS, in the third lane. Somewhere around Pioneer area, I was caught by surprise when another motorcycle (V2:XXX2373E) collided with V1 from my right side. The collision caused both myself and V1 to fall. As I did not pass out and was able to walk, I assisted V2's rider and called for ambulance. V2's rider explained that he was trying to evade a car which braked abruptly ahead of me, unfortunately colliding into me.

Ambulance and Traffic Police soon arrived and attended to both myself and V2's rider. I was told that V1 will be towed by the police. Ambulance then brought both myself and V2's rider to Ng Teng Fong General Hospital. The cuts and bruises that I sustained on both my forearms and both my knees were treated. I was granted with 4 days of Medical Leave.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20191008/2085

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Report No. T/20191008/2085

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 /
Staff Sgt MUSHAWWIR BIN ADRUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/10/2019 14:30

Classification Of Case:

Singapore Police Force

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



Accident Photo





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66530020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNH419134593 Vehicle Registration No: FBK 1010P
Name (as shown in NRIC) : KORNNAN ARIN NRIC/FIN/Passport No : S82824734H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 94597705
Email Address : _____
Date of Accident : 08/07/2018 Time of Accident : 07.40
Place of Accident : PIK JOMBONG TUNJ BRUKU RUMAH DEAN LAMPUNG 1943
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICE REPORT NUMBER 70 T/20181008/2085

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: ROSLI LIM
NRIC/FIN No.: 94597705
Date: