

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	27/02/2020 12:42
Date Of Accident	26/02/2020 00:45
Exact Location Of Accident	MOTOR PARKING LOT NO:31 & 33 AT YISHUN AVENUE 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2876U
Insured/Policyholder	
Name Of Registered Owner	MUTHUKUMARASAMY SUKUMAR
Passport No/FIN	GXXXX213W
Email Address	SUKU_SIVAM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-84443736
Alternative Phone No	OTHERS-84443736

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	GOING 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
Fleet Policy	NO
Policy Number	MSD/VMT/19-399916-CA
Cover Note Number	

Driver

Name of Driver	MUTHUKUMARASAMY SUKUMAR
Passport No/FIN	GXXXX213W
Date Of Birth	26/01/1982
Occupation	INDOOR
Date Of Driving Pass	11/02/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84443736
Fax Number	
Contact Number	OTHERS-84443736
Email Address	SUKU_SIVAM@YAHOO.COM

Address	BLK 346 YISHUN AVENUE 11 #06-121
Postcode	760346
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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?	NO
If Yes, Please state which Police Station	
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	FT611K
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SHAZLY
NRIC/Passport Number	
Contact Number	94887906
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

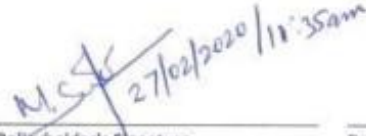
SKETCH PLAN

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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.

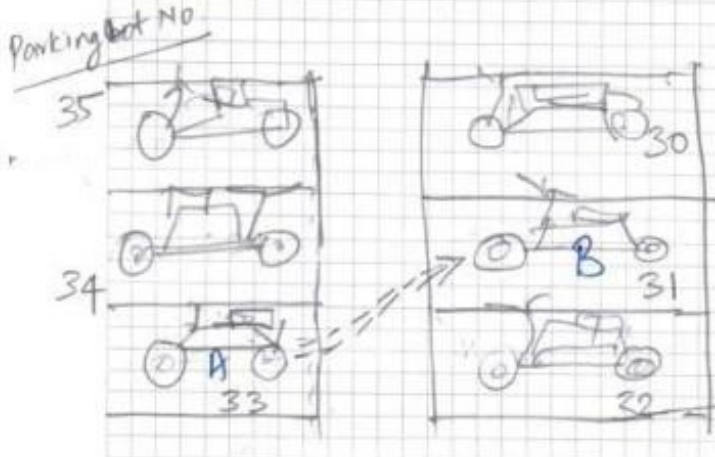

Policyholder's Signature
Date & Time:

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


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

Sketch Plan #2

SKETCH PLAN MOTOR PARKING LOT NO: 31 & 33 YU HUA AVE 11.



A) FBK 2876U
B) FT 611K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was taken my bike in the parking lot (taken reverse) by mistakenly hit backside bike and that bike was lean to other bike and that bike mirror was broken and I write the letter in the paper place it in the his bike.

Morning bike person (Shazly) called me and asked ~~about~~ about the history and I told them the incident and he told me that OK, after few hours he called me that the mirror was so expensive more than \$75 dollars, then I told him please change and back charge to me, he say OK after that few ~~hours~~ hrs later he called me some crashes in the bike side and bottom then I told them the bike lean to other bike not fully fall down then keep on taking about that then I told him you ~~be~~ can touch up this one will gone. he says OK, after that some few hours he called me telling that this mirror I cannot find out and he told me give me ~~and~~ settlement then I told him maximum I can give \$50 dollar then he told me \$70 dollar then I agreed and I send \$70 dollar through bank then again he msg me this \$70 dollar for external damaged only not internal then I called him then he agreed this ~~amount~~ amount for this, (He happy with is amount) then after that he was msg me at 11:02 pm This \$70 dollar for the external ~~coz my alignment all messed up already~~ external damaged, I will have to go to ~~coz~~ ~~coz~~

DECLARATION

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

27/02/2020/11:55am

Policyholder's Signature
Date & Time:

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

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

GIAMC Sketch Plan Form, V5

PG 1

Sketch Plan #3

SKETCH PLAN

PG 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

workshop to check the bike then I'll update you, coz this bike is first hand and im sure theres no damage before this, i will update you further details. The I reply to him sorry bro I cant give more than \$70 this maximum ready, then again msg come that and I told him \$70 is the maximum. then he msg me i have to go thru proper channel and make a claim report bye. the I msg to him please proceed bye

DECLARATION

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

N. S. K. 27/02/2020/11:35am
Policyholder's Signature
Date & Time:

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

27/02/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

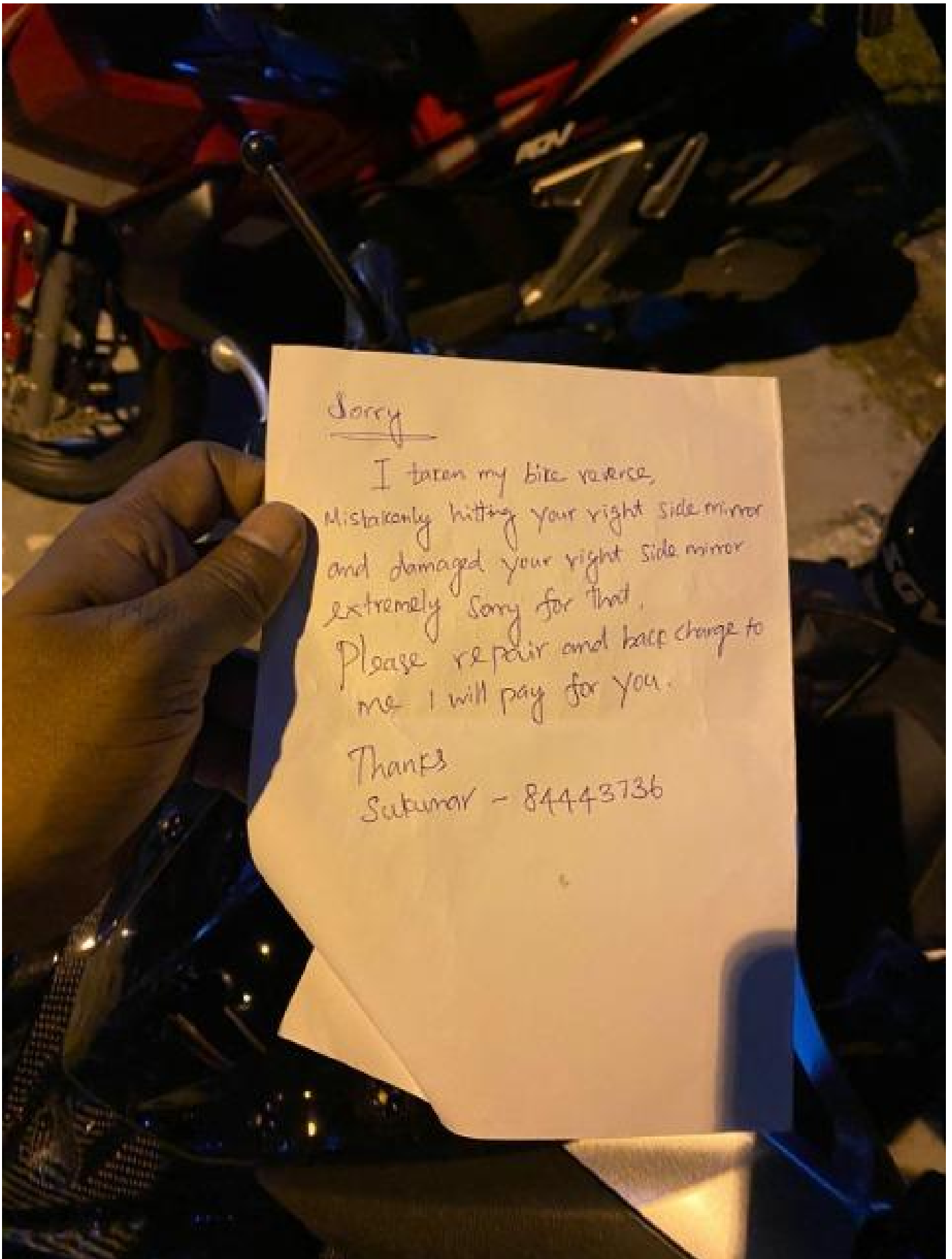


Accident Photo



Accident Photo





Accident Photo





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