

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 | 09/11/2020 10:38 |
| Date Of Accident | 02/11/2020 20:10 |
| Exact Location Of Accident | NEWTON CIRCLE TOWARDS BT TIMAH ROAD (K.K.HOSPITAL) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FBB5895S |
| Insured/Policyholder | |
| Name Of Registered Owner | SUBRAMANIAM MUTHUSAMY |
| NRIC No | SXXXX411B |
| Email Address | TERRYWEE71@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97940093 |
| Alternative Phone No | OTHERS-97940093 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | SPARK-135CC |
| Exact Purpose for which vehicle was being used at time of accident | GOING HOME |
| 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/20-508745-WTT |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SUBRAMANIAM MUTHUSAMY |
| NRIC No | SXXXX411B |
| Date Of Birth | 26/06/1952 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/02/1979 |
| Driving Experience | 41 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97940093 |
| Fax Number | |
| Contact Number | OTHERS-97940093 |
| Email Address | TERRYWEE71@GMAIL.COM |

| | |
|---|---|
| Address | BLK 545 SERANGOON NORTH AVENUE 3 #07-198 |
| Postcode | 550545 |
| 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? | 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 | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201106/2037

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 | SMV7652C |
| Vehicle Make/Model/Colour | TOYOTA LEXUS |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TEO CHOON HOW |
| NRIC/Passport Number | SXXXX641Z |
| Contact Number | 94899828 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name SUBRAMANIAM MUTHUSAMY

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBB5895S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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6. 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.
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:

6/11/2020
4pm

Driver's Signature

(If driver is not the policyholder)

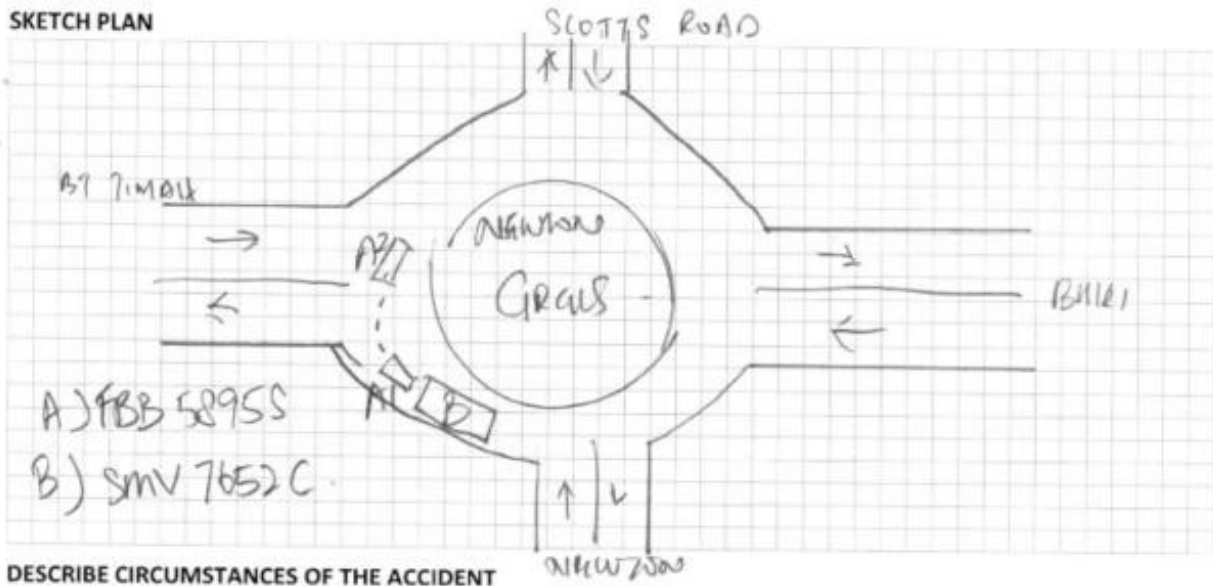
Reporting Centre Personnel's Signature

Name:

09/11/2020
Res. L. Morton

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE BOOK T/20201106/2037

DECLARATION

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

6/11/2020 4.p.m

09/11/2020
Reg. 21

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201106/2037

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

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Report No. T/20201106/2037

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 06/11/2020 12:42 | | Vide Report No.: E/20201102/0185 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SUBRAMANIAM MUTHUSAMY | | | Address: APT BLK 545 SERANGOON NORTH AVENUE 3 #07-198 SINGAPORE 550545 | | |
| ID Type / ID No.: NRIC NO / S0013411B | | | Contact No.: Home/Office: Mobile: 97940093 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 68 | Date of Birth: 26/06/1952 | Type of Informant: Rider | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: Private security officer | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|-----------------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 02/11/2020 20:10 | Type of Location: |
| Location: BUKIT TIMAH ROAD | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: | Traffic Control: | Traffic Volume: Moderate | | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|--|-------|-----------|-----------------|
| FBB5895S | Motorcycle | YAMAHA | T135 | Blue | | 0 |
| SMV7652C | Car | TOYOTA | LEXUS UX250H 5DR SUV (AT) (2WD) LUXURY | White | | 0 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201106/2037

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

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Report No. T/20201106/2037

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---|----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBB5895S | MSIG INSURANCE (SINGAPORE) PTE. LTD. | MSDTMT20508745 | 31/05/2020 | 30/05/2021 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | SUBRAMANIAM MUTHUSAMY | ID No. | S0013411B |
| Related Vehicle | FBB5895S (Motorcycle) | Contact No. | 97940093 |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 02/11/2020 | Date Discharge | 04/11/2020 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | NIL |
| Driver | | | |
| Name | TEO CHOON HOW | ID No. | S7209641Z |
| Related Vehicle | SMV7652C (Car) | Contact No. | 94899828 |
| 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 THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS COMING FROM SCOTTS ROAD, TURNING TO THE RIGHT FIRST THEN TURNING TO THE LEFT WITH MY LEFT SIGNAL ON. SUDDENLY I NOTICE A WHITE CAR BEHIND ON MY REAR VIEW MIRROR, I CAN SENSE THAT THE VEHICLE IS GOING TO HIT ME AND IT REALLY HIT MY REAR. I THEN SKIDDED ALONG WITH MY MOTORCYCLE FOR ABOUT 10-15 METRES. THE CAR THAT HIT ME, ITS SIGNAL IS SHOWING RIGHT AND THEN HE CHANGED TO HAZARD LIGHT AFTER THE ACCIDENT HAPPENED. HE THEN CAME OUT OF THE VEHICLE AND APOLOGIZED. THEN THE DRIVER SAY HE WANTS TO GO TO THE TOILET, HENCE HE LEFT THE SCENE BEFORE THE AMBULANCE & TRAFFIC POLICE ARRIVED. I CALLED FOR AMBULANCE, THEN THE AMBULANCE CAME THEN FOLLOWED BY TRAFFIC POLICE. TRAFFIC POLICE ASKED ME A FEW QUESTIONS AND THEN I WAS CONVEYED TO SINGAPORE GENERAL HOSPITAL.

THAT IS ALL.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201106/2037

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

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Report No. T/20201106/2037

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201106/2037

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

4 of 4

Report No. T/20201106/2037

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 /

WINSTON KOH WEN ZHONG

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:

06/11/2020 12:42

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

POLICE REPORT



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No: T/20201106/2037 Name: Subramaniam Muthusamy
Accident Date/Time: 02/11/20 @ 2010 Address: N/545 Serangoon North Ave 3
Vehicle(s) involved: FB8 5895S #07-198 S(550545)
SMV 7652C NRIC No: S0013411B
Tel No: 97940093
Date: 06/11/2020

Dear Sir / Madam

I wish to amend as follows:

- 1) The actual location is Newton Circus, towards Bukit Timah Road (KKH direction), not Bukit Timah Road as stated in the original report.
- 2) Under the brief details, I wish to edit this sentence, "I was coming from Scotts Road, turning to the right first then turning to the left with my left signal on," as I find this sentence not clear enough. I would like to put it as, "I was coming from Scotts Road, turning into Newton Circus, as I was heading towards Bukit Timah Road (KKH direction)."

SUBRAMANIAM MUTHUSAMY
S 0013411B
Yours faithfully

[Signature]
SSS Tan Wei Jian
06/11/2020 @
1700hrs

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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