

# 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 Submission ..... 18/12/2020 14:25 (SGT)  
Date of Accident ..... 16/12/2020 09:54 (SGT)  
Exact Location of Accident ..... Balestier Rd, Singapore  
Additional Location Information ..... INFRONT OF HUP KIONG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBD8249C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SARAVANAN A/L NADARAJAN  
Passport No/FIN ..... FXXXX589U  
Email Address ..... saravanan270670@gmail.com  
Mobile Phone No ..... (Phone) +65-82624552  
Alternative Phone No ..... +65-82624552

### VEHICLE PARTICULARS

Manufacturer ..... Bajaj  
Model ..... Pulsar  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... MSD/VMT/20-415542-CA  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SARAVANAN A/L NADARAJAN  
Passport No/FIN ..... FXXXX589U  
Date Of Birth ..... 27/06/1970  
Occupation ..... Indoor

Date Of Driving Pass .....	10/07/1993
Driving experience .....	27 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82624552
Alt. Phone Number .....	+65-82624552
Email Address .....	saravanan270670@gmail.com
Address .....	BLK 262C COMPASSVALE STREET
Address complement .....	#06-141
Postcode .....	543262
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
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 .....	GX5922Y
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

#### INJURED PERSONS DETAILS




##### INJURED 1

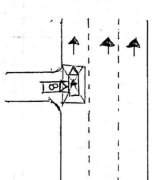
Name of injured person .....	SARAVANAN A/L NADARAJAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBD8249C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.
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' law/yer/s 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.  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law/yer/s 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 law/yer/s law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p> Policyholder's Signature / Date &amp; Time</p> <p>Sketch Plan</p> <p>BALISIR ROAD</p>	<p> Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p> Witnessed by Reporting Centre Personnel</p> <p>18/12/2020</p> <p>A → F6D 8249C B → G1X 5922Y</p>
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Describe Circumstances of the Accident

On the stated time and date.

I was travelling straight on my vehicle A bearing FGD 8249C.

When suddenly, vehicle B bearing GX 59327 came out from the minor road and crashed on the left portion of my bike.

POLICE REPORT 7/25/2019

Declaration

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

Witnessed by Reporting Centre Personnel

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T20201218/2019

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3  
Report No. T20201218/2019

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2020 09:47 Vide Report No.: Station Diary No.: 25

## Informant's Particulars

Name of Informant: SARAVANAN A/L NADARAJAN	Address: 262C Compassvale Street #06-141C SINGAPORE 543262		
ID Type / ID No.: FIN NO / F7016589U	Contact No.:	Home/Office:	Mobile: 82624552
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 50	Date of Birth: 27/06/1970	Type of Informant: Rider
Race: Indian	Language: English	Institution / School Name:	
Occupation: SATS LTD	Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2020 08:50	Type of Location: Straight Road
Location: BALESTIER ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No			

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8249C	Motorcycle	BAJAJ	PULSAR 200 DTS-I	Blue	Slightly Damaged	0
GX5922Y	Van	TOYOTA	HIACE DIESEL	Grey		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD8249C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20415542	07/08/2020	06/08/2021

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SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



1/20201218/2019

Report No. T/20201218/2019


CONTINUATION OF REPORT

**Brief Details.**

On 16/12/2020 at 8.50am, I was riding my motorcycle (FBD8249C) at the third lane along Balestier road near Caltex Patrol. While I was riding straight suddenly a Van (GX5922Y) knocked onto me from my left side. Hence, I fell down and suffer injuries at my left knee. The next day I went to see the clinic at I-Health Medical Clinic and I was given 2 days MC from 17/12/2020 to 18/12/2020.

I wish to state that I am unsure is there any CCTV at the said vicinity.

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 **SINGAPORE  
POLICE FORCE**



Police Station Of Origin:  
Pasir Ris N.P.C.  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

7/20201218/2019  
3 of 3  
Report No. T/20201218/2019

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: G / Sgt 1 CHANG ZHEN YONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2020 09:47
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65478404 Authentication Stamp NP168 	Classification Of Case:

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