

# 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 ..... 14/12/2020 10:45 (SGT)  
Date of Accident ..... 10/12/2020 12:25 (SGT)  
Exact Location of Accident ..... Rangoon Rd, Singapore  
Additional Location Information ..... TESSENSOHN ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBH8995K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... UTHIRAPATHY MURUGESAN  
Passport No/FIN ..... FXXXX002Q  
Email Address ..... dynamicmurugesan@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-90061545  
Alternative Phone No ..... +65-90061545

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fz16  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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 ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5119279396  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... UTHIRAPATHY MURUGESAN  
Passport No/FIN ..... FXXXX002Q  
Date Of Birth ..... 09/06/1972  
Occupation ..... Outdoor

Date Of Driving Pass .....	06/08/2008
Driving experience .....	12 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90061545
Alt. Phone Number .....	+65-90061545
Email Address .....	dynamicmurugesan@yahoo.com.sg
Address .....	61 DICKSON ROAD
Address complement .....	-
Postcode .....	209528
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 - Head to Rear
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 .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201210/2056

#### 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 .....	SFF99M
Vehicle Manufacturer .....	Volvo
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
NRIC No .....	SXXXXX378E

Contact Number .....	(Phone) +65-973881344
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	UTHIRAPATHY MURUGESAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBH8995K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

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 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' 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.

<p><i>[Signature]</i> 10/12/2020          Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i> 14/12/2020          Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i> 14/12/2020          Witnessed by Reporting Centre Personnel</p>
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**Sketch Plan**

**RANGOON ROAD**

A) FBH 877SK  
B) SFF 99M

Describe Circumstances of the Accident

REPORT TO POLICE REPORT 7/20/2010/2056

Declaration

We declare the foregoing particulars are true in every respect.

Q 10/12/2020 gn 14/12/2020









































**SINGAPORE  
POLICE FORCE**



T/20201210/2056

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3  
Report No. T/20201210/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2020 16:36 Vide Report No.: Station Diary No.: 39

Informant's Particulars			
Name of Informant: UTHIRAPATHY MURUGESAN		Address: APT BLK 61 DICKSON ROAD #02-01 PIONEER CENTRE SINGAPORE 209528	
ID Type / ID No.: FIN NO / F8280002Q		Contact No.: Home/Office: Mobile: 90061545	
Nationality: INDIAN		Email:	
Sex: Male	Age: 48	Date of Birth: 09/06/1972	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Electrical engineer (general)		Driving Licence Information: Class: 2B,3C Date of Expiry: 29/08/2023	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2020 12:25	Type of Location: T-Junction
Location: RANGOON ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH895K	Motorcycle	YAMAHA	FZ 16	Black	Seriously Damaged	0
SFF99M	Car	VOLVO		Grey	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH895K	NTUC Income Insurance Co-Operative Limited	5119279396	30/09/2020	29/09/2021



**SINGAPORE  
POLICE FORCE**



T20201210/2056

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T20201210/2056

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider Name	UTHIRAPATHY MURUGESAN	ID No.	F8280002Q
Related Vehicle	FBH8995K (Motorcycle)	Contact No.	90061545
Hospital/Clinic	SHALOM CLINIC SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 29/08/2023
Date Treatment	10/12/2020	Date Discharge	10/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver Name	CHAN KAH MUN	ID No.	S7806378E
Related Vehicle	SFF99M (Car)	Contact No.	93881344
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 1223hrs, I was riding my motorcycle (FBH8995K), travelling along Rangoon Road and stop at the traffic light outside Farrer Park Hospital. It was a green light but there was oncoming traffic from the opposite direction and the right turn arrow was red. I was the first vehicle in line and behind me was one grey car (SFF99M) who was also in the white box to turn right to Tessensohn road. Suddenly, I felt a bang from my rear and I fell down on my left. I looked up and saw a female driver came out of the grey car (SFF99M) who approached me. She apologized and told me to send my motorcycle to workshop for insurance claim. We exchanged particulars and she left. My motorcycle was not able to move as the left side of the motorcycle body was dented, engine oil spilled, and the left light indicator (front and back) was damaged. The motorcycle number plate was also slightly dented. The damaged to the car was (SFF99M) was dented in the front centre of the car and the number plate is slightly dented. However, as I was proceeding to my work place, I felt pain to my back and seek treatment at the nearest clinic as mentioned. I was given 5 days MC.

I do not have an in vehicle camera.



SINGAPORE  
POLICE FORCE



T/20201210/2056

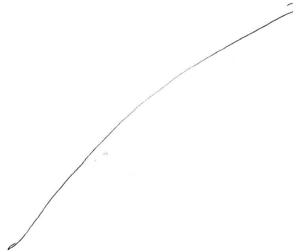
Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3  
Report No. T/20201210/2056

## 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:  
D /  
Sr Staff Sgt NUR ZAFIRAH BINTE MOHD  
NOOR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No: 65476404  
Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
10/12/2020 16:36

Classification Of Case: