

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 27/01/2021 17:39 (SGT)
Date of Accident 26/01/2021 19:30 (SGT)
Exact Location of Accident Upper Thomson Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1932R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ARSEA PTE. LTD
Company Reg No -
Email Address DAVID.ARSEA@GMAIL.COM
Mobile Phone No (Phone) +65-88470154
Alternative Phone No +65-88470154

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Mtn155
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 MSIG
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number -
Cover Note Number 60922130

DRIVER

Name of Driver GOPALASAMY SIVA SUBRAMANIYAN
Work Permit No GXXXX971U
Date Of Birth 24/07/1989
Occupation Outdoor

| | |
|--|----------------------------------|
| Date Of Driving Pass | 09/07/2019 |
| Driving experience | 1 YEAR AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91563007 |
| Alt. Phone Number | - |
| Email Address | DAVID.ARSEA@GMAIL.COM |
| Address | BLK 349 YISHUN AVENUE 11 #06-259 |
| Address complement | - |
| Postcode | 760349 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 | Rochor Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002949999 |
| Alt. Police Station Phone No | (Fax) +65-63918583 |
| Police Station Address | 11 Kampong Kapur Road Singapore 208678 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T20210127/2078

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 | SLX8944E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person GOPALASAMY SIVA SUBRAMANIYAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained LEFT FOOT FRACTURE
Injured person in which vehicle? FBQ1932R
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

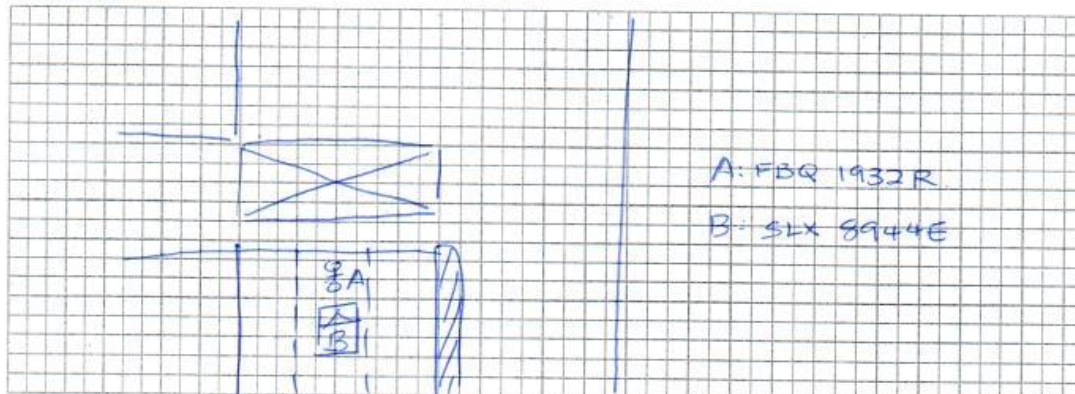
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


REFER TO POLICE REPORT T20210127/2078

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


























**SINGAPORE
POLICE FORCE**


T/20210127/2078

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20210127/2078

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 27/01/2021 15:27 | Vide Report No.: | Station Diary No.: 92 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|----------------------------|----------------------------|
| Name of Informant: GOPALASAMY SIVA SUBRAMANIYAN | | | Address: 349 YISHUN AVENUE 11 #06-259 SINGAPORE 760349 | | |
| ID Type / ID No.: FIN NO / G3458971U | | | Contact No.: Home/Office: Mobile: 91563007 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 31 | Date of Birth: 24/07/1989 | Type of Informant: Rider | | |
| Race: Indian | | | Language: English | Institution / School Name: | |
| Occupation: CONSTRUCTION SITE ENGINEER | | | Driving Licence Information: Class: 2B,3C | | Date of Expiry: 08/07/2024 |

General Information of the Accident

| | | | | |
|---|------------------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 26/01/2021 19:30 | Type of Location: T-Junction |
| Location: UPPER THOMSON ROAD | | | | |
| Weather: Cloudy | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|--------|-------|----------------------|-----------------|
| FBQ1932R | Motorcycle | YAMAHA | MTN155 | Blue | Seriously Damaged | 0 |
| SLX8944E | Car | BMW | 523i | Black | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|--------------|------------|-------------|
| FBQ1932R | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 60922130 | 14/08/2020 | 13/08/2021 |



**SINGAPORE
POLICE FORCE**



T/20210127/2078

Police Station Of Origin:
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Tel No: 1800-2949999

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Report No. T/20210127/2078

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|--|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | GOPALASAMY SIVA SUBRAMANIYAN | ID No. | G3458971U |
| Related Vehicle | FBQ1932R (Motorcycle) | Contact No. | 91563007 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3C Date of Expiry: 08/07/2024 |
| Date Treatment | 26/01/2021 | Date Discharge | 27/01/2021 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | Serious |
| Driver | | | |
| Name | KENNETH WONG | ID No. | NIL |
| Related Vehicle | SLX8944E (Car) | Contact No. | 96931009 |
| 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 26/01/21 at about 1930hrs, I was riding my motorcycle (FBQ1932R, Blue Yamaha MTN155) alone along Upper Thomson Road towards Yishun. I was riding on the 2nd lane from the right. There were a lot of other vehicles at that point in time. When my motorcycle was nearing the junction of Upper Thomson Road and Jln Pelatina, the traffic light turned from amber to red. I then stopped my motorcycle before the stop line. I was riding at a normal pace about 30km/h to 40km/h.

About 2 seconds later, I felt an impact from the rear of my motorcycle and my motorcycle skidded forward until the yellow line. I then fell from the motorcycle on to my left. My motorcycle also fell on the left. I then noticed that it was a car (SLX8944E, Black BMW 523i) that hit into the rear of my motorcycle. There were no passengers in the car, only the driver (Kenneth Wong, 96931009). He did not explain how his car collided into my motorcycle.

I sustained a fracture on my left foot, minor scratches on my right forearm, left knee, right shin. My motorcycle rear license plate was broken, front two indicator broke, left mirror broke, left clutch was dented, gear lever was dented, fuel tank have scratches on the left. I am unsure if there are any other damages on my motorcycle.

The driver of the car did not sustain any injuries, his car front bumper was dented and the left grill at the front bumper was broken.



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T/20210127/2078

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Report No. T/20210127/2078

CONTINUATION OF REPORT

Traffic police and ambulance came however I chose to go Tan Tock Seng Hospital myself. I was not given any case number by the police. At the hospital, I was given 14 days mc from 26/01/21 to 08/02/21.

I am lodging this report for insurance purpose.



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T/20210127/2078

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Report No. T/20210127/2078

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:
A /
Sgt 2 FOONG JING KAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/01/2021 15:27

Classification Of Case: