

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 12/03/2021 16:04 (SGT)
Date of Accident 10/03/2021 08:30 (SGT)
Exact Location of Accident Woodlands, Singapore
Additional Location Information ALONG WOODLANDS AVENUE 12
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBC7662D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PARINAYAKAM MUTHUKUMAR
NRIC No S7960074A
Email Address pm_kumarj@yahoo.co.in
Mobile Phone No (Phone) +65-96497103
Alternative Phone No (Office) +65-96497103

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/21-513817-WTT
Cover Note Number -

DRIVER

Name of Driver PARINAYAKAM MUTHUKUMAR
NRIC No S7960074A
Date Of Birth 10/03/1979
Occupation Outdoor

Date Of Driving Pass	04/07/2013
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96497103
Alt. Phone Number	(Office) +65-96497103
Email Address	pm_kumarj@yahoo.co.in
Address	BLK 323 YISHUN CENTRAL #04-275
Address complement	-
Postcode	S760323
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT ATTACHED.

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	SHC8573A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF1696A
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	PARINAYAKAM MUTHUKUMAR
Address	BLK 323 YISHUN CENTRAL #04-275
Address Complement	-
Post Code	S760323
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBC7662D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

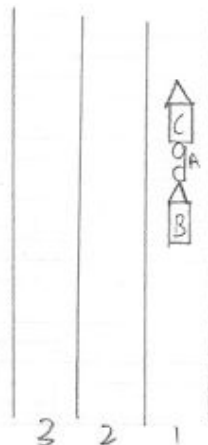
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

 12/3/21 3:40 pm
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



A: FBC7662D
B: SHC8573A
C: SMF1696A

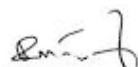
Describe Circumstances of the Accident

Please refer to Police Report attached

Insurance Co.	MS/67
Vehicle No.	FBS7662D
Date of Accident	10/03/2021
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim	

Declaration

We declare the foregoing particulars are true in every respect.

 12/03/21
 Policyholder's Signature / Date &
 Time 3:40 PM

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

Witnessed by Reporting Centre
 Personnel



































**SINGAPORE
POLICE FORCE**



T/20210310/7039

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

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Report No. T/20210310/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2021 20:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PARINAYAKAM MUTHUKUMAR			Address: 323 YISHUN CENTRAL #04-275 SINGAPORE 760323		
ID Type / ID No.: NRIC NO / S7960074A			Contact No.: Home/Office: Mobile: 96497103		
Nationality: INDIAN			Email: pm_kumarj@yahoo.co.in		
Sex: Male	Age: 42	Date of Birth: 10/03/1979	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: 2B,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2021 08:30	Type of Location: Straight Road
Location: WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
FBC7662D	Motorcycle	BAJAJ CHETAK	PULSAR DTS-I 180 MANUAL	Blue	Seriously Damaged	0
SHC8573A	Car				Slightly Damaged	2
SMF1090A	Car					1



**SINGAPORE
POLICE FORCE**



T/20210310/7039

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

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Report No. T/20210310/7039

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC7662D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60936860	30/12/2020	29/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PARINAYAKAM MUTHUKUMAR		ID No. S7960074A
Related Vehicle	FBC7662D (Motorcycle)		Contact No. 96497103
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Class: 2B,3A Date of Expiry: NIL
Date	10/03/2021		Date 10/03/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I VEHICLE A BEARING MOTOR PLATE FBC7662D WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 1.

SUDDENLY I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. CAUSING ME TO PROPEL FORWARD AND HIT ON TO VEHICLE B, BEARING CARPLATE SMF1696A. AND FELL ON TO THE RIGHT. I SIT UP AND REALISED VEHICLE C BEARING CARPLATE SHC8573A WAS THE ONE THAT BANG MY REAR.

NOT LONG AFTER AMBULANCE CAME AND I WAS CONVEY TO KHOO TECK PUAT HOSPITAL.

I SUFFERED INJURIES ON MY RIGHT EYE, CHEST AND MULTIPLE ABRASION.
I RECEIVED 3DAY MC.



**SINGAPORE
POLICE FORCE**



T/20210310/7039

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

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Report No. T/20210310/7039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/03/2021 20:55

Classification Of Case: