

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 08/10/2021 12:06 (SGT)
Date of Accident 05/10/2021 09:20 (SGT)
Exact Location of Accident Near 217 Beach Rd, Singapore 189751
Additional Location Information Along Ophir Rd Near Beach Rd Junction
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK8055H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MUN E-LIGHTING PTE LTD
Company Reg No 201007609D
Email Address moon@munelighting.com.sg
Mobile Phone No (Phone) +65-97491385
Alternative Phone No (Office) +65-68922838

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant DYNA 150 5MT
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210076695
Cover Note Number 14/08/2021-13/08/2022

DRIVER

Name of Driver Ramu Balamurugan
Passport No/FIN G6890973U

Date Of Birth	02/06/1986
Occupation	Outdoor
Date Of Driving Pass	15/03/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80121592
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	63 HILLVIEW AVENUE #10-05
Address complement	LAM SOON INDUSTRIAL BUILDING
Postcode	669569
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	After Rain
Road Surface	Wet

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?	Yes
Was any other vehicle 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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD card with Traffic Police
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS1028R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
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	Motorcycle Rider
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS1028R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

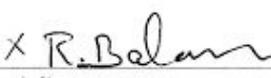
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

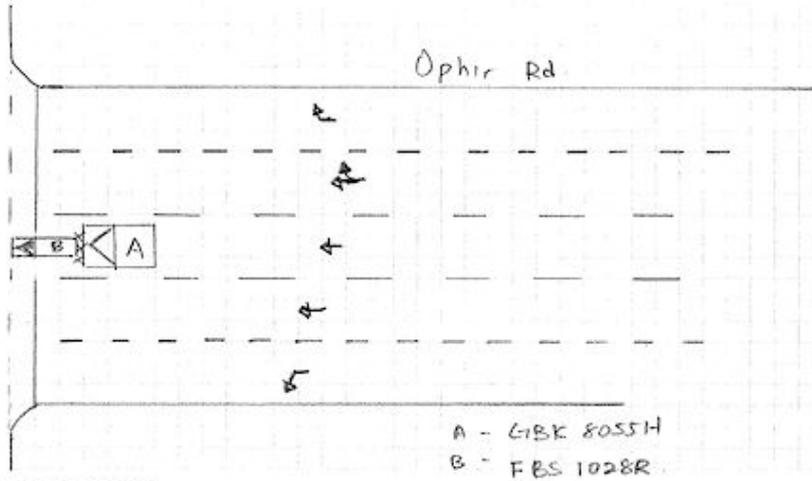


 Policyholder's Signature
 Date & Time:

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


 Reporting Centre Personnel's Signature
 Name: *Rakeshwar Ann*
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to the police report -

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input checked="" type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature
Date & Time

X R. Balaram
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Rakeshwar. Amare
NIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20211005/2022

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20211005/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2021 11:31	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: RAMU BALAMURUGAN		Address:	
ID Type / ID No.: FIN NO / G6890973U		Contact No.: Home/Office: Mobile: 80121592	
Nationality: INDIAN		Email:	
Sex: Male	Age: 35	Date of Birth: 02/06/1986	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Consturction Worker		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/10/2021 09:20	Type of Location: X-Junction
Location: OPHIR ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:
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
FBS1028R	Motorcycle				Slightly Damaged	0
GBK8055H	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211005/2022

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 3

Report No. T/20211005/2022

CONTINUATION OF REPORT

Brief Details.

On 05/10/2021, at about 0920hrs I was driving along Ophir Road going towards ECP direction. While I was at the junction of Ophir Road and Beach Road, I noticed that there was a motorcycle (FBS1028R) suddenly jammed its brake. I then followed to step on my brake, but I could not brake in time. Hence, I then knocked onto the rear of the said motorcycle. The said rider fall onto the ground, passerby then called for ambulance. When the ambulance arrive, the rider was conveyed to hospital, and the traffic police was also at the scene. I was advised by the traffic police to lodge a police report regarding this accident.



**SINGAPORE
POLICE FORCE**



T/20211005/2022

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

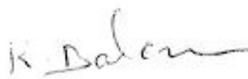
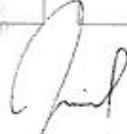
Report No. T/20211005/2022

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 / Staff Sgt KWOK WEI JIE, DANIEL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2021 11:31
Officer In Charge Of Case: TP / GIT / Insp AU JING QI, ALEX Contact No.: 68966893	Classification Of Case:
Authentication Stamp NP168  	



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: A/2021005/0030

I, SGT(2) T202192 Safiq
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TPHQ
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1X Sandisk Ultra 16GB microSD Card
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Ramu Palamurugan, G 6890973U
(Name, NRIC or Passport No. / Rank and No.)

of Mun E-lighting Pte Ltd
(Address / Police Station / NPC / NPP)

on 09/10/2021 at 10
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

R. Balam
(Signature)

[Signature]
Signature

RAMU BALAMURUGAN
(Name, NRIC or Passport No. / Rank and No.)
G 6890973U

SGT(2) Safiq T202192
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____







































