

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 05/11/2021 12:28 (SGT)
Date of Accident 26/10/2021 08:00 (SGT)
Exact Location of Accident Woodlands Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD8197T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VELLAICHAMY GUNASEKARAN
NRIC No SXXXX385C
Email Address guna9466@yahoo.com
Mobile Phone No (Phone) +65-90235472
Alternative Phone No +65-90235472

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 - Reporting only
Vehicle Category Motorcycle
Transmission Manual
CC 199

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number MSD/VMT/21-421324-CA
Cover Note Number -

DRIVER

Name of Driver VELLAICHAMY GUNASEKARAN
NRIC No SXXXX385C

Date Of Birth	24/05/1965
Occupation	Indoor
Date Of Driving Pass	17/07/2002
Driving experience	19 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90235472
Alt. Phone Number	+65-90235472
Email Address	guna9466@yahoo.com
Address	BLK 163 LORONG 1 TOA PAYOH #03-1012
Address complement	-
Postcode	310163
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 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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211026/2113

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	PC9474B
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White

Vehicle Category	Commercial vehicle
Name of Driver	VIKNESVARAN S/O G TANAGOPAL
NRIC No	SXXXX359C
Contact Number	(Phone) +65-88047381
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	VELLAICHAMY GUNASEKARAN
Gender	Male
Phone No	(Phone) +65-90235472
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBD8197T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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. 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

5/11/21 10.25am

WOODLAND? AVENUE 2

A) FBD 8197T

B) PC 9474B

B

A

Describe Circumstances of the Accident

REFER TO POLICE 1/2021/026/2113

Declaration

We declare the foregoing particulars are true in every respect.



5/11/21 10:25am

Policyholder's Signature / Date & Time

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

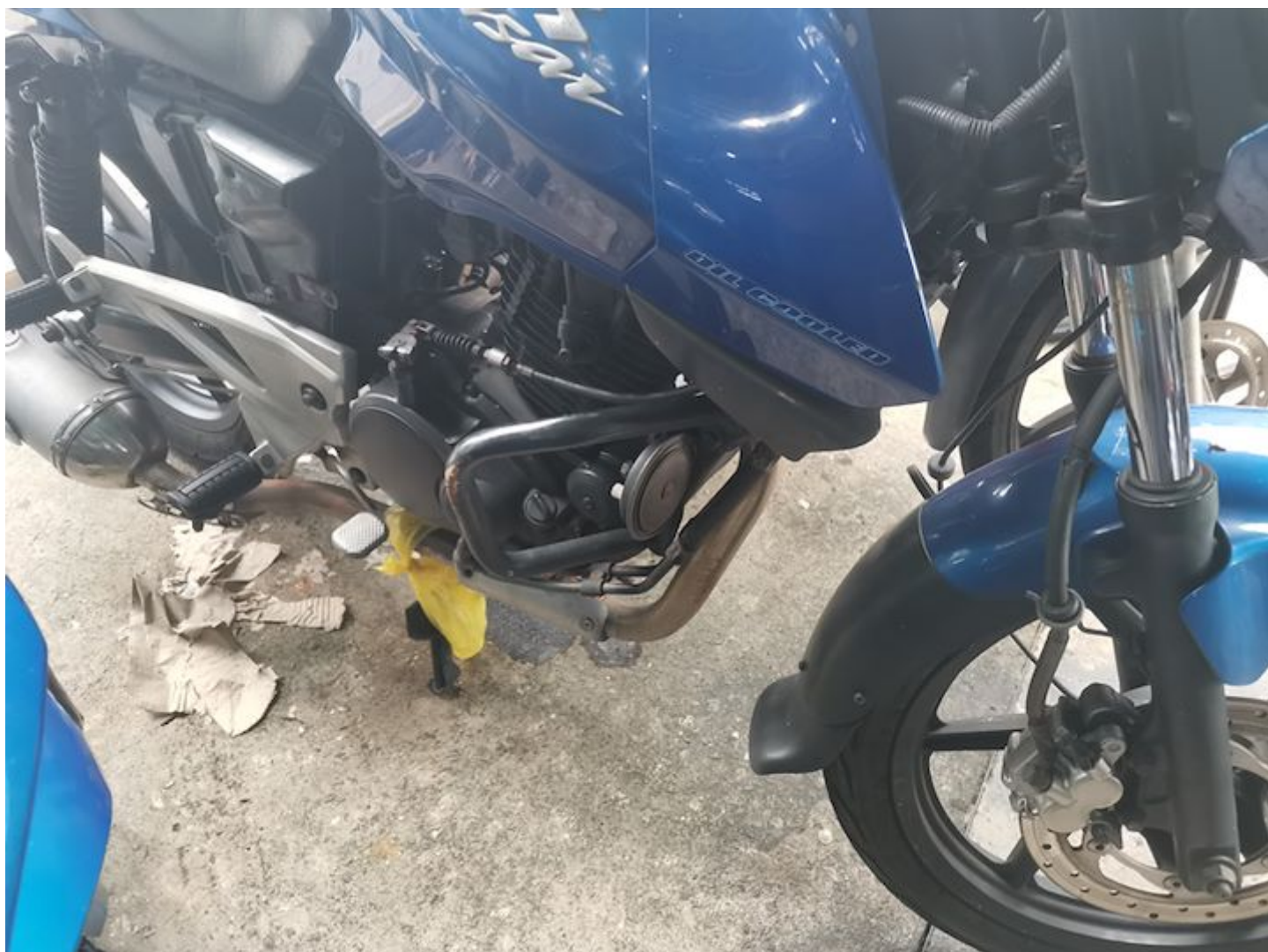

05/11/2021
Witnessed by Reporting Centre Personnel

















Micron Confidential



05/11/2024

Micron Confidential

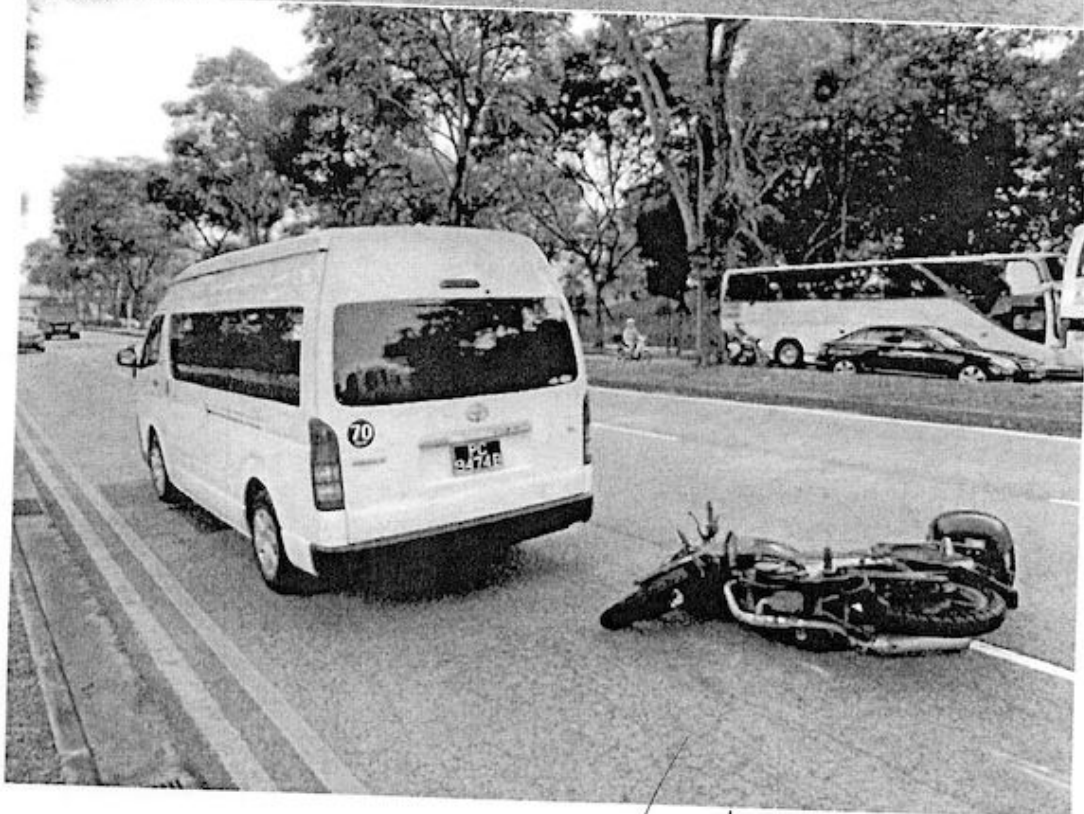
Micron Confidential



gar 05/11/2017

Micron Confidential

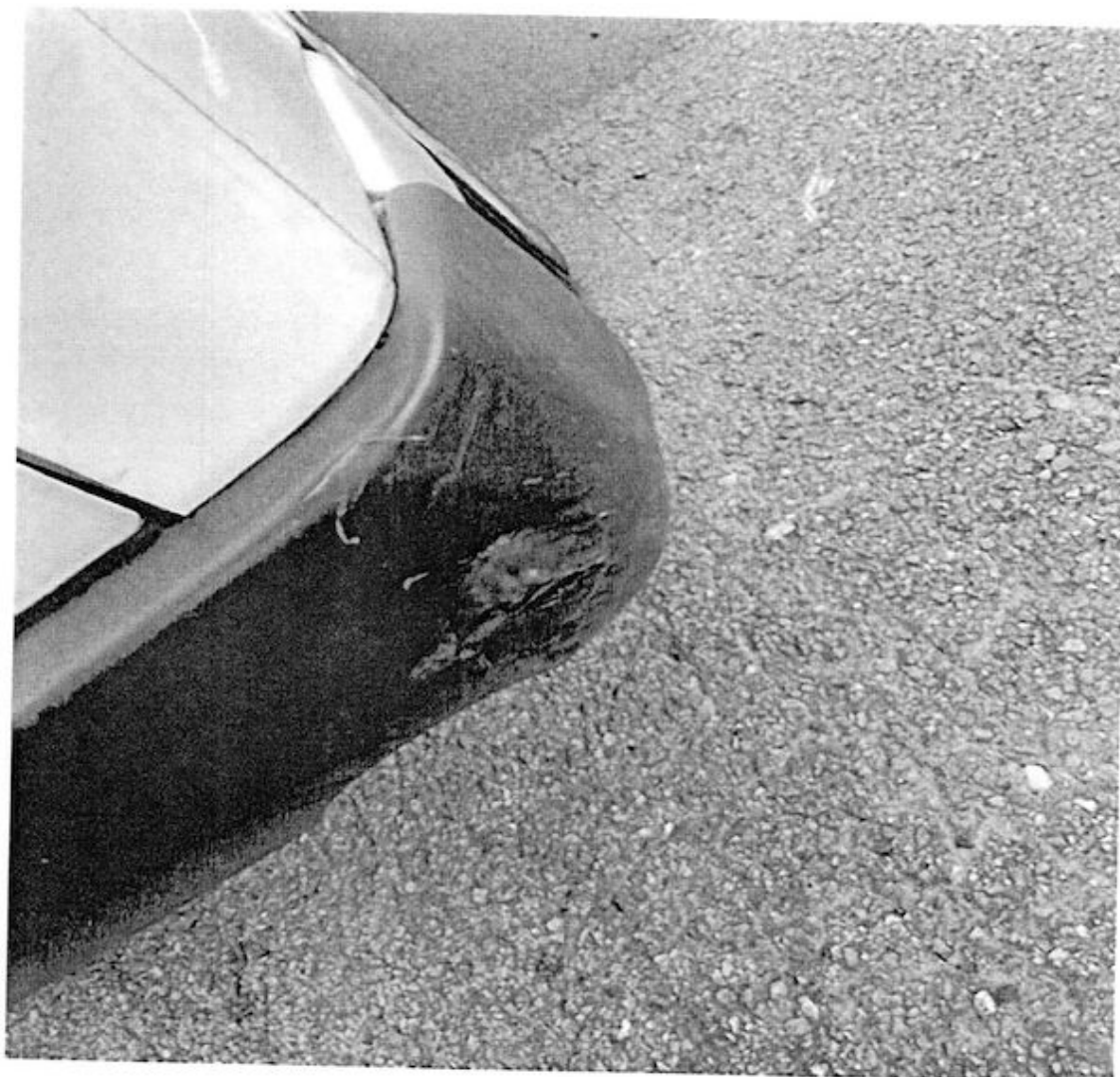
Micron Confidential



Car 05/11/2021

Micron Confidential

Micron Confidential



av/05/11/2021

Micron Confidential



**SINGAPORE
POLICE FORCE**



T/20211026/2113

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3
Report No. T/20211026/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2021 22:38		Vide Report No.:	Station Diary No.: 128
Informant's Particulars			
Name of Informant: VELLAICHAMY GUNASEKARAN		Address: APT BLK 163 LORONG 1 TOA PAYOH #03-1012 SINGAPORE 310163	
ID Type / ID No.: NRIC NO / S2680385C		Contact No.: Home/Office: Mobile: 90235472	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 24/05/1965	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: FACILITY ENGINEER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/10/2021 08:00	Type of Location: Straight Road
Location: WOODLANDS AVENUE 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	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
FBD8197T	Motorcycle	BAJAJ	PULSAR	Blue	Slightly Damaged	0
PC9474B	Van	TOYOTA	200 DTS-I	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD8197T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72286300	05/01/2021	04/01/2022



**SINGAPORE
POLICE FORCE**



T/20211026/2113

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20211026/2113

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VELLAICHAMY GUNASEKARAN	ID No.	S2680385C
Related Vehicle	FBD8197T (Motorcycle)	Contact No.	90235472
Hospital/Clinic	EJ FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/10/2021	Date Discharge	26/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	VIKNESVARAN S/O G TANAGOPAL	ID No.	S8430359C
Related Vehicle	NIL	Contact No.	88047381
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 26/10/2021 at about 0755hrs, I was travelling along Woodlands Ave 2 towards Woodlands Central on the first lane. It was not raining and the vision is clear.

Subsequently, a white van bearing PC9474B was in front of me however the driver applied emergency brake. I could not brake efficiently on time hence I collided onto his rear portion area. I suffered some sore and light bruises on my bottom right side of my body. There were only slight damages on the said van. We managed to exchange particulars and agreed to settle it with our own insurance. None of the party was conveyed by ambulance and neither of us complain of any pain at that point of time.

I consulted doctor from EJ Family Clinic and Surgery and was given 3 days of MC dated on 26/10/2021 until 28/10/2021 by Dr Tan Eng Chun (MC: 0000090138)

I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20211026/2113

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20211026/2113

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 E/ Sgt 3 AHMAD MUHAJMIN AMZAR BIN MOHD YUSOF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2021 22:38
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	