

# 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 .....              | 23/09/2021 15:43 (SGT) |
| Date of Accident .....                | 04/09/2021 08:25 (SGT) |
| Exact Location of Accident .....      | PIE, Singapore         |
| Additional Location Information ..... | PIE (LORONG 2 TO TUAS) |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SKF1551H |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | SELLIAH PANDIARAJA   |
| NRIC No .....                  | SXXXX106G            |
| Email Address .....            | GNANA@SINGNET.COM.SG |
| Mobile Phone No .....          | (Phone) +65-92347508 |
| Alternative Phone No .....     | +65-92347508         |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | BMW                       |
| Model .....  | 116i                      |
| 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 .....   | Private car               |
| Transmission .....   | Auto                      |
| CC .....   | 1598                      |

### INSURANCE COMPANY

|                                 |                                      |
|---------------------------------|--------------------------------------|
| Name of Insurance Company ..... | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage .....          | Comprehensive                        |
| Fleet Policy .....              | No                                   |
| Policy Number .....             | -                                    |
| Cover Note Number .....         | -                                    |

### DRIVER

|                      |                    |
|----------------------|--------------------|
| Name of Driver ..... | SELLIAH PANDIARAJA |
| NRIC No .....        | SXXXX106G          |

|  |                              |
|--|------------------------------|
| Date Of Birth .....  | 29/04/1966                   |
| Occupation .....   | Indoor                       |
| Date Of Driving Pass .....   | 26/06/2009                   |
| Driving experience .....   | 12 YEARS AND 3 MONTHS        |
| Gender .....   | Male                         |
| Mobile Number .....  | (Phone) +65-92347508         |
| Alt. Phone Number .....  | +65-92347508                 |
| Email Address .....  | GNANA@SINGNET.COM.SG         |
| Address .....  | 21 LORONG 3 TOA PAYOH #04-06 |
| Address complement .....   | -                            |
| Postcode .....   | 319581                       |
| 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 .....   | Side Swipe |
| 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? .....  | Yes |
| Was any other vehicle or property damaged? .....  | Yes |
| Number of Passengers (Including Driver) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |                   |
|--------------|-------------------|
| Name .....   | GNANAMANI GANESAN |
| Gender ..... | Female            |

#### 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<br>Singapore 319194 |
| Was notice of intended Prosecution given? ..... | No   |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH.

#### 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 ..... | FBR9153P |
|-----------------------------------|----------|

|   |                                       |
|---|---------------------------------------|
| Vehicle Manufacturer .....                    | -                                     |
| Vehicle Model .....                           | -                                     |
| Vehicle Variant .....                         | -                                     |
| Vehicle Colour .....                          | -                                     |
| Vehicle Category .....                        | Motorcycle                            |
| Name of Driver .....                          | -                                     |
| Contact Number .....                          | -                                     |
| Address .....                                 | -                                     |
| Address complement .....                      | -                                     |
| Postcode .....                                | -                                     |
| Insurance Company Name .....                  | India International Insurance Pte Ltd |
| Nature Of Damage .....                        | -                                     |
| Details of property damaged in accident ..... | -                                     |
| No. Of Passenger (Including Driver) .....     | -                                     |

## INJURED PERSONS DETAILS

### INJURED 1

|   |          |
|---|----------|
| Name of injured person .....                              | UNKNOWN  |
| Gender .....  | -        |
| Phone No .....  | -        |
| Address .....   | -        |
| Address Complement .....                                  | -        |
| Post Code .....   | -        |
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | -        |
| Injured person in which vehicle? .....                    | FBR9153P |
| Were seat belts worn? .....                               | No       |
| Was this injured conveyed to hospital by ambulance? ..... | Yes      |

## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report exactly the details of the accident to speed up the claims process.
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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 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:

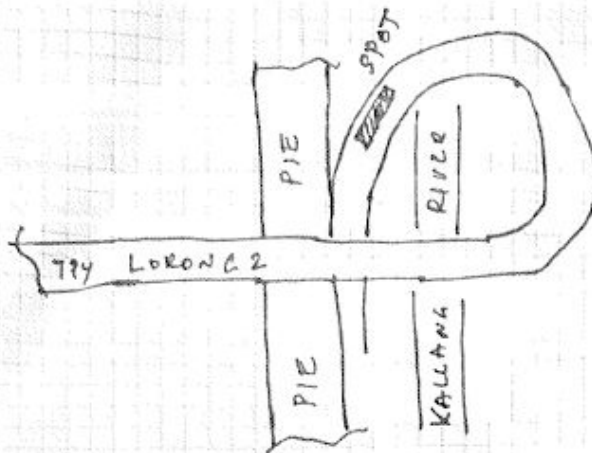
22/9/21

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

PERFORMANCE MOTORS LIMITED  
305 Alexandra Road  
Sino Daily Performance Centre  
Singapore 159241  
Tel: 6319 0100 (Sales)  
6319 0111 (After-sales)

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

SKETCH PLAN

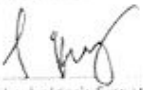


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04/09/21 at around 8.30hrs while I was travelling on Lorong 2 Toa Payat Ship Road towards PIE (TUAS) on my vehicle (SRP155TH) on the right lane, suddenly I heard a bang sound coming from the left side of my vehicle and immediately stopped my vehicle. I stopped and realized that I was involved in an accident between a motorcycle (PBR 9153P). I saw motorcyclist with his motorcycle on the floor near to my car. There is a damage to my vehicle with scratches and dents at the left rear bumper side.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

22/9/21

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

PERFORMANCE MOTORS LIMITED  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941  
Tel: 6519 0100 (Sales)  
6519 0111 (AfterSales)

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





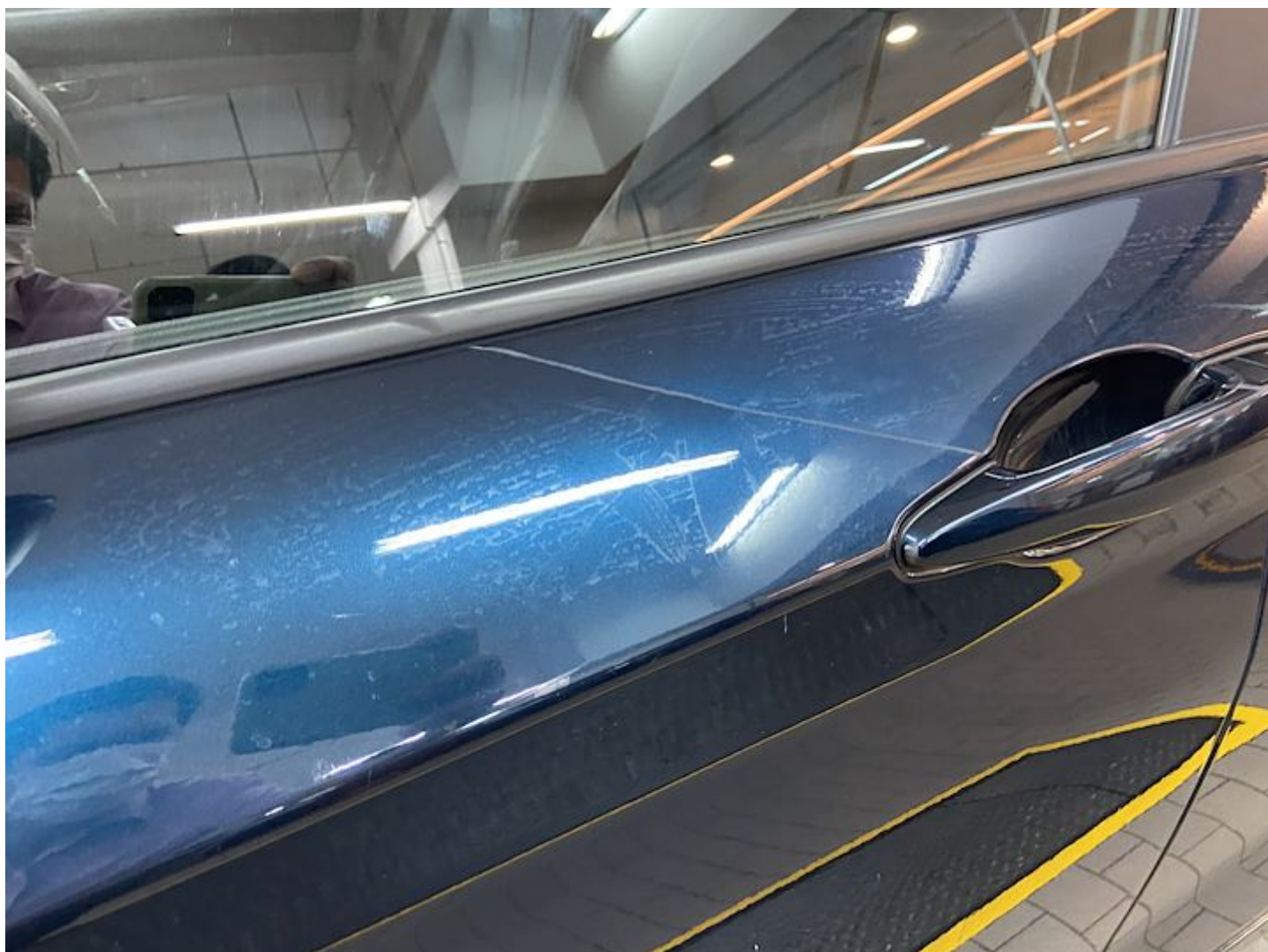
























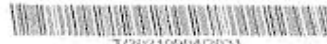











**SINGAPORE  
POLICE FORCE**


T/20210904/2931

1 of 3

Report No. T/20210904/2931

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

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>04/09/2021 10:40 | Vide Report No.:<br>E/20210904/0070 | Station Diary No.:<br>38 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |   |                              |
|--|------------|---|------------------------------|
| Name of Informant:<br>SELLIAH PANDIARAJA |            | Address:<br>21 LORONG 3 TOA PAYOH #04-06 SINGAPORE 319581 |                              |
| ID Type / ID No.:<br>NRIC NO / S2661106G |            | Contact No.:<br>Home/Office: Mobile: 92347508             |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:  |                              |
| Sex:<br>Male                             | Age:<br>55 | Date of Birth:<br>29/04/1966                              | Type of Informant:<br>Driver |
| Race:<br>Indian                          |            | Language:   | Institution / School Name:   |
| Occupation:<br>CONTRACTS                 |            | Driving Licence Information:<br>Class: 3 Date of Expiry:  |                              |

**General Information of the Accident**

|   |                           |                                    |  |                                      |
|---|---------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident:   | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>04/09/2021 08:30 | Type of Location:<br>Bend            |
| Location:<br>LORONG 2 TOA PAYOH   |                           |                                    |  |                                      |
| Weather:<br>Clear   |                           | Road Surface:<br>Oily              |  | Road Speed Limit:                    |
| Traffic Flow:<br>One Way  |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate          |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                           |                                    |  | Anyone conveyed by ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make  | Model                                     | Color | Condition        | No of Passenger |
|-------------|------------|-------|---|-------|------------------|-----------------|
| FBR9153P    | Motorcycle | HONDA | ADV 150<br>ABS CVT                        | Red   | Slightly Damaged | 0               |
| SKF1551H    | Car        | BMW   | 116I AT ABS<br>D/AIRBAG<br>2WD HID<br>5DR | Blue  | Slightly Damaged | 1               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|





**SINGAPORE  
POLICE FORCE**



T/20210904/2031

2 of 3

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

Report No. T/20210904/2031




**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |                                      |              |            |             |
|------------------------------|--------------------------------------|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                    | Insurance No | Effective  | Expiry Date |
| SKF1551H                     | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 300307518    | 30/04/2021 | 29/04/2022  |

| Details of Person Involved        |                       |  |                                   |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                       |  |                                   |
| No. of Pedestrians Injured: NIL   |                       | Use of Pedestrian Crossing: NA         |                                   |
| Name                              | Unknown               | ID No.                                 | NIL                               |
| Related Vehicle                   | FBR9153P (Motorcycle) | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| Driver                            |                       |  |                                   |
| Name                              | SELLIAH PANDIARAJA    | ID No.                                 | S2661106G                         |
| Related Vehicle                   | SKF1551H (Car)        | Contact No.                            | 92347508                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |

**Brief Details.**

On 04/09/2021 at around 0830hrs, while I was travelling on Lorong 2 Toa Payoh Slip Road towards PIE (TUAS) on my vehicle (SKF1551H) on the right lane. Suddenly, I heard a bang sound coming from the left side of my vehicle and I immediately stop my vehicle. I alighted and realized that I was involved in an accident between a motorcycle (FBR9153P). I saw one motorcyclist with his motorcycle on the floor near to my car. The motorcyclist then walked towards the side of the road for safety and I called for the Ambulance as the motorcyclist suffer scratches and abrasion. The Ambulance then conveyed the Motorcyclist to the Hospital. I did not see how the accident occurred and he was behind me. Damages to my vehicle were scratches & dents at the rear bumper area. My vehicle does not have in-car Camera as well. As the Motorcyclist was conveyed by Ambulance I was unable to take down his particulars.

|  |                                |   |
|--|--------------------------------|---|
|  <b>SINGAPORE<br/>POLICE FORCE</b>  |                                |  |
| Police Station On Charge:<br>Tanjong Pagar<br>43 Tanjong Pagar Centre #01-02 Tanjong Pagar<br>Community Building SINGAPORE 068004<br>Tel No: 3100 2510/2511  |                                |   |
| <b>Sketch Plan</b><br>Informant is not able to provide sketch plan   |                                |   |
| <p><b>IMPORTANT:</b> 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 <b>report number</b> as reference.</p> |                                |   |
| Signature of Officer Recording The Report<br>E/<br>Sgt 2 RYJEAN YEOW ZHEN RUI  | Signature Of Informant:        |   |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>04/09/2021 10:40 |   |
| Officer In Charge Of Case:<br>TP / GIT /<br>Staff Sgt MUHAMMAD NOOR BIN ABDUL<br>RAHMAN<br>Contact No.: 65476201   | Classification Of Case:        |   |
|  <b>SINGAPORE<br/>POLICE FORCE</b>  |                                | SN 168  |
| SIGNATURE  |                                |   |