

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 | 10/12/2021 09:25 (SGT) |
| Date of Accident | 05/12/2021 21:15 (SGT) |
| Exact Location of Accident | Benoi Sector, Singapore |
| Additional Location Information | JUNCTION OF BENOI SECTOR |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBR7473D |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD |
| Company Reg No | 2XXXXX882K |
| Email Address | JEREMYQC_QUEK@CERTISGROUP.COM |
| Mobile Phone No | (Phone) +65-68428849 |
| Alternative Phone No | (Office) +65-68428849 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Honda |
| Model | Nc750xa |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Motorcycle |
| Transmission | Manual |
| CC | 750 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS First Capital Insurance Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | Yes |
| Policy Number | D-21097290MFCE/117 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------------------|
| Name of Driver | GANDIPANH MUTHIAH KAMGAPPAN |
| NRIC No | SXXXX051Z |

| | |
|--------------------------------------------------------------------|---------------------------------|
| Date Of Birth | 30/06/1975 |
| Occupation | Outdoor |
| Date Of Driving Pass | 15/11/1997 |
| Driving experience | 24 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-93849400 |
| Alt. Phone Number | - |
| Email Address | JEREMYC_QUEK@CERTISGROUP.COM |
| Address | BLK 120 PAYA LEBAR WAY #05-2931 |
| Address complement | - |
| Postcode | 381120 |
| 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 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 | Bedok North Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002449999 |
| Alt. Police Station Phone No | (Fax) +65-62447258 |
| Police Station Address | 30 Bedok North Road Singapore 469676 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

ATTACHMENT(S)

| | |
|-----------------------------------------------------|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|--------------------|
| Vehicle Registration Number | XE2706Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

| | |
|-----------------------------------------------|---|
| 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 | GANDIPANH MUTHIAH KAMGAPPAN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBR7473D |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

SKETCH PLAN

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6. This report will be forwarded by the insurers to the CIA 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 if requested.
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) and have insured vehicles 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' law firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of my claims and any necessary investigation 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 making 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 sums as well as on the external cover of any correspondence packages), or/and
(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' law firm/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/also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be third parties 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 Officer/Person's of

Sketch Plan

Table 4

Describe Circumstance of the Accident

Refer to Police Report T/20041206/2005.

Declaration

I/we declare the foregoing particulars are true to every respect

Signature of Insured (Name & Title)

Signature of Agent (Name & Title)

Signature of Reporting Officer (Name & Title)

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20211205/2025

Tat A

Police Station Of Origin
Bedok North N P C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: 100211045004

REPORT OF A TRAFFIC ACCIDENT

| | | |
|-------------------------------------------|-----------------------------------|------------------------|
| Date/Time Report Made 06/12/2021 01:52 | Vide Report No J/20211205/0199 | Station Diary No 14 |
|-------------------------------------------|-----------------------------------|------------------------|

Informant's Particulars

| | | | | | |
|------------------------------------------------------|-----------|-----------------------------|-----------------------------------------------------------------|--|---------------------------|
| Name of Informant GANDIPHANH MUTHIAH KAMGAPPAN | | | Address APT BLK 120 PAYA LEBAR WAY #05-2931 SINGAPORE 391120 | | |
| ID Type / ID No NRIC NO / S7575051Z | | | Contact No Home/Office: Mobile 93849400 | | |
| Nationality MALAYSIAN | | | Email gandiphanh@gmail.com | | |
| Sex Male | Age 46 | Date of Birth 30/05/1975 | Type of Informant Rider | | |
| Race Indian | | | Language English | | Institution / School Name |
| Occupation Private security officer | | | Driving Licence Information Class: 2B,2A,2,3 | | Date of Expiry |

General Information of the Accident

| | | | | |
|---------------------------------------------------------------------|----------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------|
| Type of Accident | Non-Injury Attended by Police | Drink Drive No | Date/Time of Accident 05/12/2021 21:15 | Type of Location X-Junction |
| Location BENOL SECTOR | | | | |
| Weather Clear | | Road Surface Dry | | Road Speed Limit |
| Traffic Flow Two Way | | Traffic Control Traffic Light - Working | | Traffic Volume Light |
| Type of Collision Moving vehicle head to stationary vehicle rear | | | | Anyone conveyed by ambulance No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|-----------------------------------|-------|-------------------|-----------------|
| FBR7473D | Motorcycle | HONDA | NC750XA | White | Seriously Damaged | 0 |
| XE2706Z | Lorry | MAN | TGS 40 540 6X6 BBS- WW AUTO | White | No Damage | 0 |



SINGAPORE
POLICE FORCE



1-25211295-2074

Police Station Of Origin
Bedok North N.P.C.
20 Bedok North Road SINGAPORE 469676
Tel Nos. 1800-2445999

CONTINUATION OF REPORT

Brief Details.

On 5/12/2021 at about 9:15pm, I was at work and riding on motorcycle belonging to Certis Cisco bearing plate number FBR7473D at the junction of Benoi Sector, Pioneer Road and Pioneer crescent. I was escorting a trailer bearing plate number XE2706Z to cross the junction. My colleague rode ahead to control traffic while I rode and stopped at the middle of the junction to control traffic. The trailer was supposed to pass through the traffic light against the flow of traffic to prevent the trailer from hitting the traffic light. However the trailer collided into my motorcycle rear which was stationary. I suffer from light bruises on my leg as a result and the motorcycle was damaged. Traffic police and SCDF was at scene and no one was conveyed. I informed Certis Cisco about the matter and was informed to lodge a traffic accident report for GIA.



SINGAPORE
POLICE FORCE



1202117059106

Police Station Of Origin
Bedok North N.P.C.
10 Bedok North Road SINGAPORE 459576
Tel No. 1800 3443555

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 /

Sgt 3 AW JING YING CHLOE

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

06/12/2021 01:52

Officer In Charge Of Case

IP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Contact No. 65478224

Classification Of Case

Authentication Stamp

1202117059106

