

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 22/06/2022 15:27 (SGT)
Date of Accident 09/06/2022 04:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE TOWARDS SLE AFTER TAMPINES AVE 7 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ3822Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner P PUVARASU PERIASAMY @ P PUVARASU S/O PERIASAMY
NRIC No SXXXX689H
Email Address mysincerelead@gmail.com
Mobile Phone No (Phone) +65-97767244
Alternative Phone No +65-97767244

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Jupiter mx 135
Variant JUPITER 135 MANUAL
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
Transmission Manual
CC 134

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver P PUVARASU PERIASAMY @ P PUVARASU S/O PERIASAMY
NRIC No SXXXX689H

Date Of Birth	05/07/1974
Occupation	Indoor
Date Of Driving Pass	27/04/2011
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97767244
Alt. Phone Number	+65-97767244
Email Address	mysincerelead@gmail.com
Address	42 CIRCUIT ROAD #03-523 SPORE 370042
Address complement	-
Postcode	-
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)	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 Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
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 SKETCH PLAN/POLICE REPORT

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	SHF283Z
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

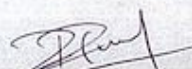
INJURED 1

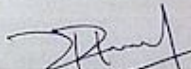
Name of injured person	P PUVARASU PERIASAMY @ P PUVARASU S/O PERIASAMY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBJ3822Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

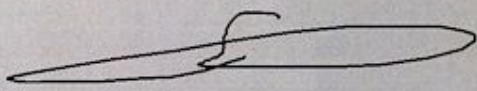
SKETCH PLAN

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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.

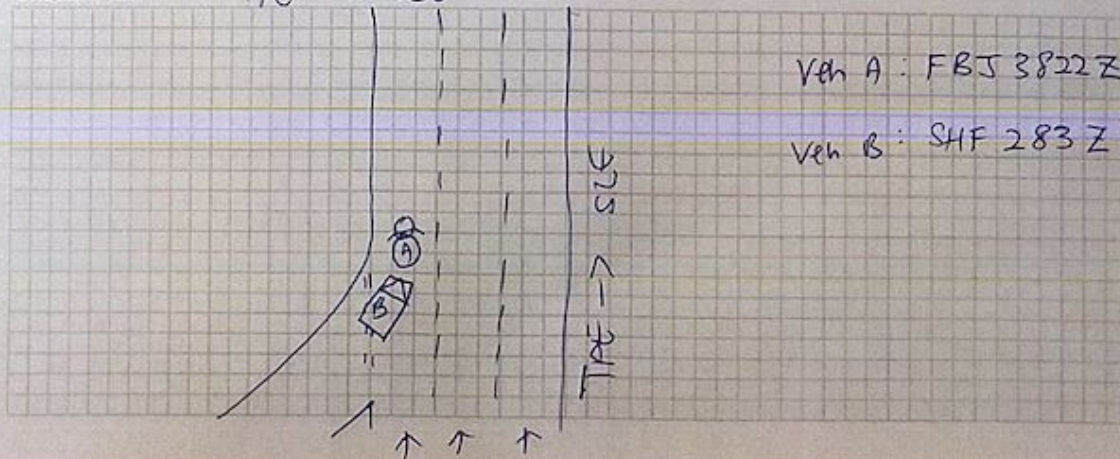

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

TPE → SLE

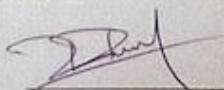


Describe Circumstances of the Accident

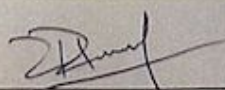
* PLS refer to Police report.

Declaration

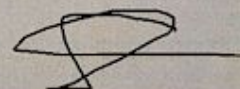
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



G/20220609/7049

1 of 2

POLICE REPORT (NP299)

Report No. G/20220609/7049

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 09/06/2022 15:11	Vide Report No.	Station Diary No.
Name Of Informant P PUVARASU PERIASAMY	Address 42 CIRCUIT ROAD #03-523 SINGAPORE 370042	
ID Type / ID No. NRIC NO / S7489689H	Contact No. Home/Office: Mobile: 97767244	
Nationality MALAYSIAN	Email Address PUVARASU56@GMAIL.COM	
Occupation Technician	Sex Male	Age 47
	Date of Birth 05/07/1974	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 09/06/2022 04:30	Location Of Incident TAMPINES EXPRESSWAY	

Brief details.

On the stated date and time I vehicle FBJ3822Z was travelling on lane 3 on TPE towards SLE.
Suddenly a taxi SHF283Z cut across the lane from my left, hit onto my bike rear left portion.
The impact causes my bike to fall to my right and i flew out of my bike and rolled quite a distance.
I was on lane 3 before the collision and after the collision my bike was on lane 2 and I landed on lane 1.
I tried to get up but couldn't and a few passerby came and help me up.
I suffered multiple abrasion on my body and my whole body hurts.
Ambulance and TP then came and i was conveyed to CGH A&E for treatment.
I was later discharged and given 7 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2022 15:11
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE
POLICE FORCE**

G/20220609/7049

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220609/7049

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
09/06/2022 15:11

Classification Of Case:



**Oriental Melaka Straits
Medical Centre**

SERIAL NO.: A **68111**

MEDICAL CERTIFICATE

☐ Outpatient ☒ Inpatient

This is to certify that I have examined and found that the below named:

Name : P PUVARABU AIL PERIASAMY

NRIC/Passport No. : 740705045131

Diagnosis : CERVICAL / LUMBAR POST

TRAUMATIC PID / FRACTURE

☒ Unfit for duty/ school for 45 day(s) on/from 14.6.2022 to 28.7.2022

☒ He/She shall return for review on 28.7.2022 (date)

Date: 18.6.2022

Dr Gopinath Mathavan
MMC No. 40957 NSR No. 130971
Consultant Orthopaedic and Trauma Surgeon
Oriental Melaka Straits Medical Centre (820199-D)
(Doctor Signature & Stamp)

Melaka Straits Medical Centre Sdn. Bhd. (820199-D)
Pusat Perubatan Klebang, 75200 Melaka
Tel: +606-315 8888 Fax: +606-315 8800

F-QPS-028/01012021/3



Changi
General Hospital
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD202298552

Name P PUVARASU PERIASAMY @P, PUVARASU S/O PERIASAMY		NRIC No. S7489689H
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>09-Jun-2022</u> to <u>15-Jun-2022</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit : Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 09-Jun-2022	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. JOANNE HUANG LIRU , 65445J

7 JUN 2022