

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 Actual Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

31/05/2023 14:13 (SGT) Both Policyholder and Actual Driver 29/05/2023 09:30 (SGT) TPE, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBF9292J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

SAMBANTHAM KRISHNAMOORTHY

S6865238C

theskm@gmail.com (Phone) +65-85425238

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Honda **CBF150**

Private use

No - Claiming third party

Motorcycle Manual 150

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd. A300788976

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SAMBANTHAM KRISHNAMOORTHY

S6865238C 05/05/1968 Indoor



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Date Of Driving Pass Driving experience

Gender Mobile Number Alt. Phone Number

Alt. Phone Number Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

No

15/10/2012

530553

Yes

No

Clear

Dry

No

Yes

Yes

Yes

No

2

10 YEARS AND 7 MONTHS

BLK 553 HOUGANG ST 51 #03-282

Collision - Change/cross lane

Sengkang Neighbourhood Police Centre

(Phone) +65-18003438999

2 Sengkang Square #01-02

(Fax) +65-63438939

(Phone) +65-85425238

theskm@gmail.com

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

YQ764T

-

Accident report SP18235V0004

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 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

Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

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- 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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

- (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")

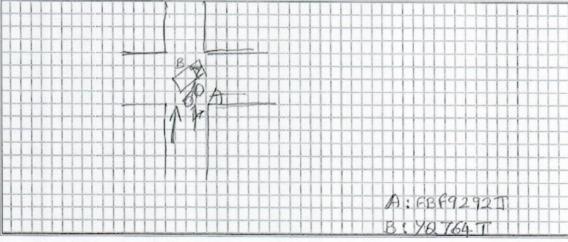
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident
Refer To Police report.
10, 11, 11, 11, 11, 11, 11, 11, 11, 11,
Declaration
I/We declare the foregoing particulars are true in every respect.
If you wish to claim against your own policy, please be advised that your insurer may have a fourteeh (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details.
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Resennel
** STIME Driver's Signature (if driver's not the policynology) / Date (Name as in NRIC/ID card)





1 of 3

Report No. T/20230530/2070

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2023 16:34		lade:	Vide Report No.: F/20230529/0073	Station Diary No.: 58		
Informar	nt's Particu	ulars				
Name of Informant:			Address:	是一个 Employer (1995)		
SAMBANTHAM KRISHNAMOORTHY			APT BLK 553 HOUGANG STREET 51 #03-282 SINGAPORE 530553			
ID Type	/ ID No.:		Contact No.:			
NRIC NO	0 / \$686523	38C	Home/Office: Mobile: 85425238			
Nationali INDIAN	ity:		Email:			
Sex: Age: Date of Birth: Male 55 05/05/1968			Type of Informant: Rider			
Race: Indian			Language:			
Occupation:			Driving Licence Information:	Date of Expiry:		

Type of Accident:	Injury Conveyed By Am	bulance Driv		X-Ju	e of Location unction
Location: TAMPINES E Weather: Clear	XPRESSWAY	Road Surfa	ace:		
Traffic Flow: Traff		Traffic Cor		Traffic Vo	
Traffic Flow: Two Way		Traffic Ligh	nt - Working	Moderate	1

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBF9292J	Motorcycle	HONDA	CBF150	Black	Seriously Damaged	
YQ764T		MITSUBISHI		White	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBF9292J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300788976	18/02/2023	17/02/2024	





2 of 3 Report No. T/20230530/2070

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Perso	n Involved	5.677183	et un de la company				
Any Pedestrian Ir	nvolved: No						
No. of Pedestrians Injured: NIL Use of Per				destrian Crossing: NA			
Rider							
Name	SAMBANTHAM KRISHNAMOORTHY		ID No		S6865238C		
Related Vehicle	FBF9292J (Motorcycle)			Contact No.		85425238	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licen Expiry	g	Class: 2B Date of Expiry: NIL	
Date Treatment	29/05/2023 Date Dis		charge 29/05/20		5/2023		
No. of Days gran	12	Degree	Degree of Injury Slig		t		

Brief Details.

On 29/05/2023 at about 0930hrs, while I was riding my motorcycle (FBF9292J) along the TPE expressway heading straight, the lorry (YK764T) suddenly turned right towards Punggol Road and hit on to my motorcycle causing the accident. The lorry was not supposed to turn right as the lane only allows you to go straight. I sustained injuries and a rib fracture from the accident and my vehicle was totally damaged from the impact. Traffic police and ambulance was activated to scene, and I was conveyed by ambulance to SKGH. I was given 12 days MC by the doctor.