

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 Actual 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 14/06/2023 14:22 (SGT)
Reported by Actual Driver
Date of Accident 10/06/2023 15:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF LOWLAND ROAD & KOVAN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE8724S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WSH EXPECTS PTE LTD
Company Reg No 2XXXXX323R
Email Address VAIRA431@GMAIL.COM
Mobile Phone No (Phone) +65-93466925
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model 135lc
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 Motorcycle
Transmission Manual
CC 135

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300830114 VMC

DRIVER

Name of Driver VETRISELVAN
NRIC No GXXXX839K
Date Of Birth 05/06/1990
Occupation Outdoor

Date Of Driving Pass	27/10/2016
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93466925
Alt. Phone Number	-
Email Address	VAIRA431@GMAIL.COM
Address	159 JALAN LOYANG BESAR CHERRYLOFT RESORTS
Address complement	-
Postcode	509404
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	Collided into Motorcyclist
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
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?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT T/20230811/2047

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP8681S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DELLA GOH
Contact Number	(Phone) +65-98000573
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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/letters/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

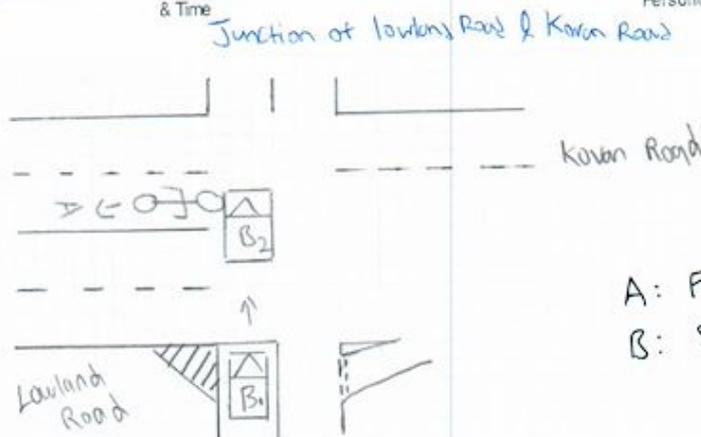
[Handwritten Signature]

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

[Handwritten Signature] 14/6/2023

Witnessed by Reporting Centre Personnel

Sketch Plan



A: FBE 87245
B: SKP86815

Describe Circumstances of the Accident

Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

V. [Signature]

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

E. 14/6/23

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C.
1 Pasir Ris Drive 4 #01-01 SINGAPORE
510457
Tel No: 1800-8852699



1105230112047

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Report No: T202301112047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2023 18:33
Video Report No.:
Station Diary No.: 42

Informant's Particulars

Name of Informant: VETRISELVAN VAIRAPPAN
Address: 159 JALAN LOYANG BESAR CHERRYLOFT RESORTS SINGAPORE 509404
ID Type / ID No.:
FIN NO / G2611839K
Contact No.:
Home/Office: M. ble: 93466925
Nationality: INDIAN
Email:
Sex: Male Age: 33 Date of Birth: 05/06/1990 Type of Informant: Driver
Race: Indian Language:
Occupation: CONSTRUCTION WORKER Driving Licence Information: Class: 2B, 3C Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/06/2023 14:30	Type of Location: X-Junction
Location: KOVAN ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8724S	Car	YAMAHA	SPARK 135 A	Black	Slightly Damaged	0
SKP8881S	Car	MERCEDES BENZ	C180K	White	Slightly Damaged	0

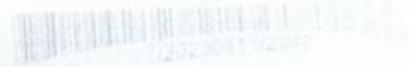
Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: Nil
Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
510457
Tel No: 1800-5852999



Report No: T2075

CONTINUATION OF REPORT

Rider Name	VETRISELVAN VAIRAPPAN		ID No.	G2611839K
Related Vehicle	FBE8724S (Car)		Contact No.	93466925
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: Nil
Date Treatment	10/06/2023	Date Discharge	10/06/2023	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver Name	Unknown Driver		ID No.	S9440948I
Related Vehicle	NIL		Contact No.	9800073
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 10/06/2023 at around 2.30pm I was driving my Yamaha motorcycle (FBE8724S) along Kovan Road and I was approaching the junction of Kovan Road and Lowland Road. As I reached the junction, suddenly a white Mercedes car (SKP8681S) drove in front of me along Lowland Road, without stopping at the stop line. As such, the front of my motorcycle collided into the left side of the car, in the middle of the junction.

I wish to state that I sustained abrasions on my right ankle and right elbow, as well as pain on my right calf. I wish to state that I am unsure if the party had sustained injuries. I have gotten 3 day MC at Tan Tock Seng Hospital.

I wish to state that my motorcycle had sustained a damaged handlebar, front suspension, and front wheel. I also saw that the Mercedes had dents and scratches on the left front and rear doors.

I wish to state that I do not have any vehicle camera. The motorcycle belongs to the company I work for, WSH Experts Pte. Ltd.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
619457
Tel No: 1800-6852998



T202306112047

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Report No. T202306112047

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 MOHAMAD ASYRAAF
BIN MOHAMAD SAIM 

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476435

NP168

Signature Of Informant



Date/Time:
11/06/2023 18:33

Classification Of Case:











