

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	20/06/2023 14:39 (SGT)
Reported by	Actual Driver
Date of Accident	17/06/2023 00:30 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS HOUGANG STREET 21
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX3000H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DARMARAJU S/O RAMAN
NRIC No	SXXXX536G
Email Address	dm_rajoo@hotmail.com
Mobile Phone No	(Phone) +65-88088543
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kawasaki
Model	KRRZX150 M
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	149

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300863980 VMP

DRIVER

Name of Driver	MADASAMY THEVAR S/O AROKIYASAMY
NRIC No	SXXXX412I
Date Of Birth	24/09/1991
Occupation	Outdoor

Date Of Driving Pass	11/05/2022
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91851464
Alt. Phone Number	-
Email Address	madsam1991@hotmail.com
Address	BLK 517 SERANGOON NORTH AVENUE 4 #05-242
Address complement	-
Postcode	550517
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SNG6505T
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	MADASAMY THEVAR S/O AROKIYASAMY
Gender	Male
Phone No	(Phone) +65-91851464
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY (2 DAYS MC)
Injured person in which vehicle?	FX3000H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

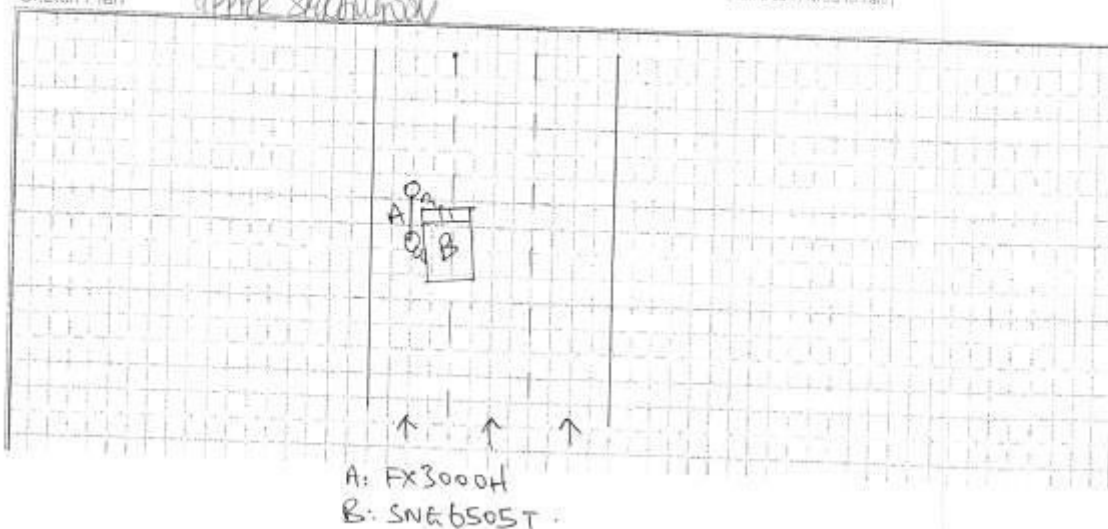
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 be 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 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
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, I was travelling along Upp Serangoon Rd towards Honggang St 21. Suddenly, vehicle B cut into my lane from my right and collided onto my vehicle and my right leg.

Declaration

I/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


20/06/2023
Witnessed by Reporting Centre Personnel









