

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	26/06/2023 10:44 (SGT)
Reported by	Actual Driver
Date of Accident	20/06/2023 19:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS SLIP ROAD INTO NORMANTON PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD8727P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHINNAIYAN PRABAKAR
NRIC No	SXXXX971I
Email Address	praba610@gmail.com
Mobile Phone No	(Phone) +65-91057434
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Bajaj
Model	Pulsar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	179

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300475619 VMP

DRIVER

Name of Driver	CHANDHIRARASU BALAMURUGAN
Passport No/FIN	GXXXX329M
Date Of Birth	12/12/1985
Occupation	Outdoor

Date Of Driving Pass	29/05/2009
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92277250
Alt. Phone Number	-
Email Address	praba610@gmail.com
Address	BLK 760 WOODLANDS AVENUE 6 #04-06
Address complement	-
Postcode	730760
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BROTHER IN LAW
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 - Change/cross lane
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?	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

PLEASE REFER TO POLICE REPORT G/20230622/7043

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	SMZ9063T
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	CHANDHIRARASU BALAMURUGAN
Gender	Male
Phone No	(Phone) +65-92277250
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBD8727P
Were seat belts worn?	-
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

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

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

Sketch Plan

NORMAN TON PARK

A) F8D8727P
B) SM29063T

vJun2022

Describe Circumstance of the Accident

REFER to POLICE REPORT G/20230622/7043

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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

vJun2022

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**SINGAPORE
POLICE FORCE**



G/20230622/7043

1 of 2

POLICE REPORT (NP299)

Report No. G/20230622/7043

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

Date/Time Report Made 22/06/2023 11:21	Vide Report No.	Station Diary No.
Name Of Informant CHANDHIRARASU BALAMURUGAN	Address 760 WOODLANDS AVENUE 6 #04-06 SINGAPORE 730760	
ID Type / ID No. FIN NO / G6261329M	Contact No. Home/Office:	Mobile: 92277250
Nationality INDIAN	Email Address subakaraadik@GMAIL.COM	
Occupation Other heavy truck and lorry drivers	Sex Male	Age 37
Institution/School Name	Language English	Date of Birth 12/12/1985
	Race Indian	
Date/Time Of Incident 20/06/2023 19:30 - 20/06/2023 19:35	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

I was the rider of FBD8727P during that time. I was slowing down and about to stop along AYE(Tuas) slip road into Normanton Park on the lane 2 of 2-lane road when i felt an impact from my right side. The car that hit onto me stopped after making a left turn and attended to me. He asked me required ambulance and i told him yes. He replied me ok and he was seen holding his handphone and left the scene. He stayed at the scene for around 3 to 5 minutes. I went to NUH and discharged with 14 days MC after passed midnight. The car that hit me is SMZ9063. My motorcycle was with TP and my IO in-charge is Vilton. Incident number is D/20230620/0115.

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: 22/06/2023 11:21
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Traffic Police Kiosk 2



**SINGAPORE
POLICE FORCE**



G/20230622/7043

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230622/7043

Subjects Involved			
Victim			
Person Name	CHANDHIRARASU BALAMURUGAN		
ID Type	FIN NO	ID No	G6261329M
Gender	Male	Age	37
Race	Indian	Language	English
Occupation	Other heavy truck and lorry drivers	Address	760 WOODLANDS AVENUE 6 #04-06 SINGAPORE 730760
Mobile No	92277250	Is Informant A Victim?	Yes
Person Name	CHANDHIRARASU BALAMURUGAN (Informant)		

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: 22/06/2023 11:21
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Traffic Police Kiosk 2