

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 21/07/2023 16:40 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 06/07/2023 00:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information SERANGOON AVENUE 3 TOWARDS SERANGOON AVENUE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS1119L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ELAHMARIN S/O VYRAKANNU
NRIC No SXXXX238G
Email Address EMARIN2101@GMAIL.COM
Mobile Phone No (Phone) +65-98187970
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Xmax
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 250

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300778149 VMP

DRIVER

Name of Driver ELAHMARIN S/O VYRAKANNU
NRIC No SXXXX238G
Date Of Birth 21/01/1967
Occupation Indoor

Date Of Driving Pass	10/02/1998
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98187970
Alt. Phone Number	-
Email Address	EMARIN2101@GMAIL.COM
Address	APT BLK 418 SERANGOON CENTRAL
Address complement	# 04-438
Postcode	550418
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
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230720/7053

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	SNJ2648A
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	ELAHMARIN S/O VYRAKANNU
Gender	Male
Phone No	(Phone) +65-98187970
Address	APT BLK 418 SERANGOON CENTRAL
Address Complement	# 04-438
Post Code	550418
Approximate Age Years Old	-
Injuries Sustained	LEFT SHOULDER AND RIB FRACTURE
Injured person in which vehicle?	FBS1119L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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:

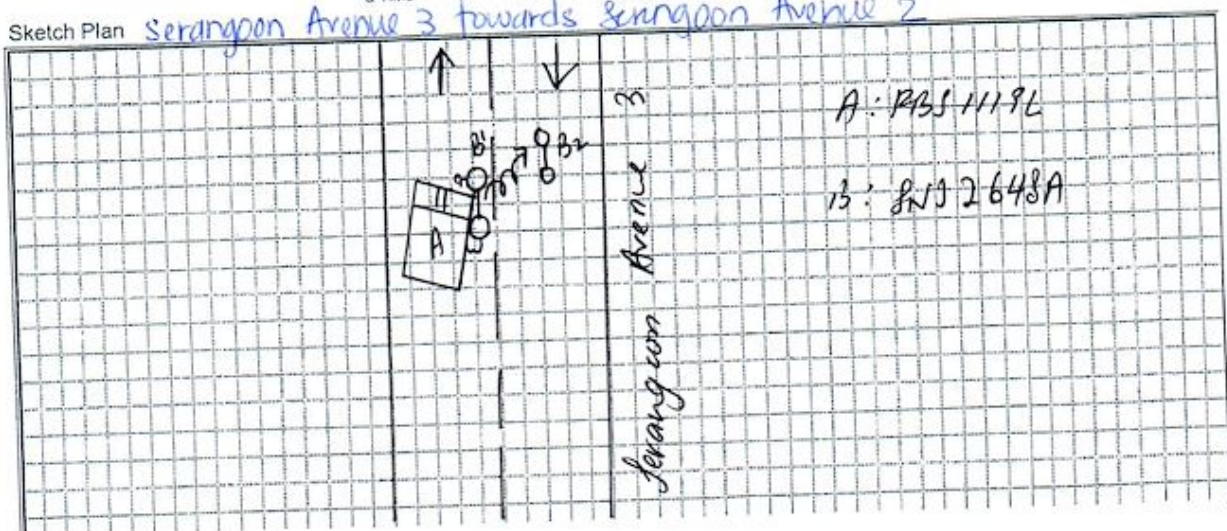
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan



Describe Circumstance of the Accident

I was travelling straight along Serangoon Ave
 3. Vehicle (B) was slowing down and had kept
 to the left side of the lane. As such I continued
 to proceed straight. As I was about to overtake
 vehicle (B), he suddenly make a right steer and
 collided onto me. I immediately fall to the
 opposite lane together with my motorcycle. As my
 friends were nearby, they came over to assist me.
 I managed to exchanged particulars with vehicle (B)
 driver. However awhile later I felt discomfort
 hence I was then conveyed to the hospital.

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230720/7053

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Report No. T/20230720/7053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS1119L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300778149	21/01/2023	20/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	ELAHMARIN S/O VYRAKKANNU	ID No.	S1831238G
Related Vehicle	FBS1119L (Motorcycle)	Contact No.	98187970
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	06/07/2023	Date	08/07/2023
No. of Days granted Medical Leave	31	Degree of	Serious

Brief Details.

I was travelling straight along Serangoon Avenue 3. SNJ2648A was slowing down and had kept to the left side of the lane. As such, I proceed straight. As I was about to overtake SNJ2648A, he suddenly make a right steer and collided into me. I immediately fall to the opposite lane together with my motorcycle. As my friends were nearby, they came over to assist me. I managed to exchange particular with SNJ2648A's driver. However awhile later I felt discomfort hence I was then conveyed to the hospital.



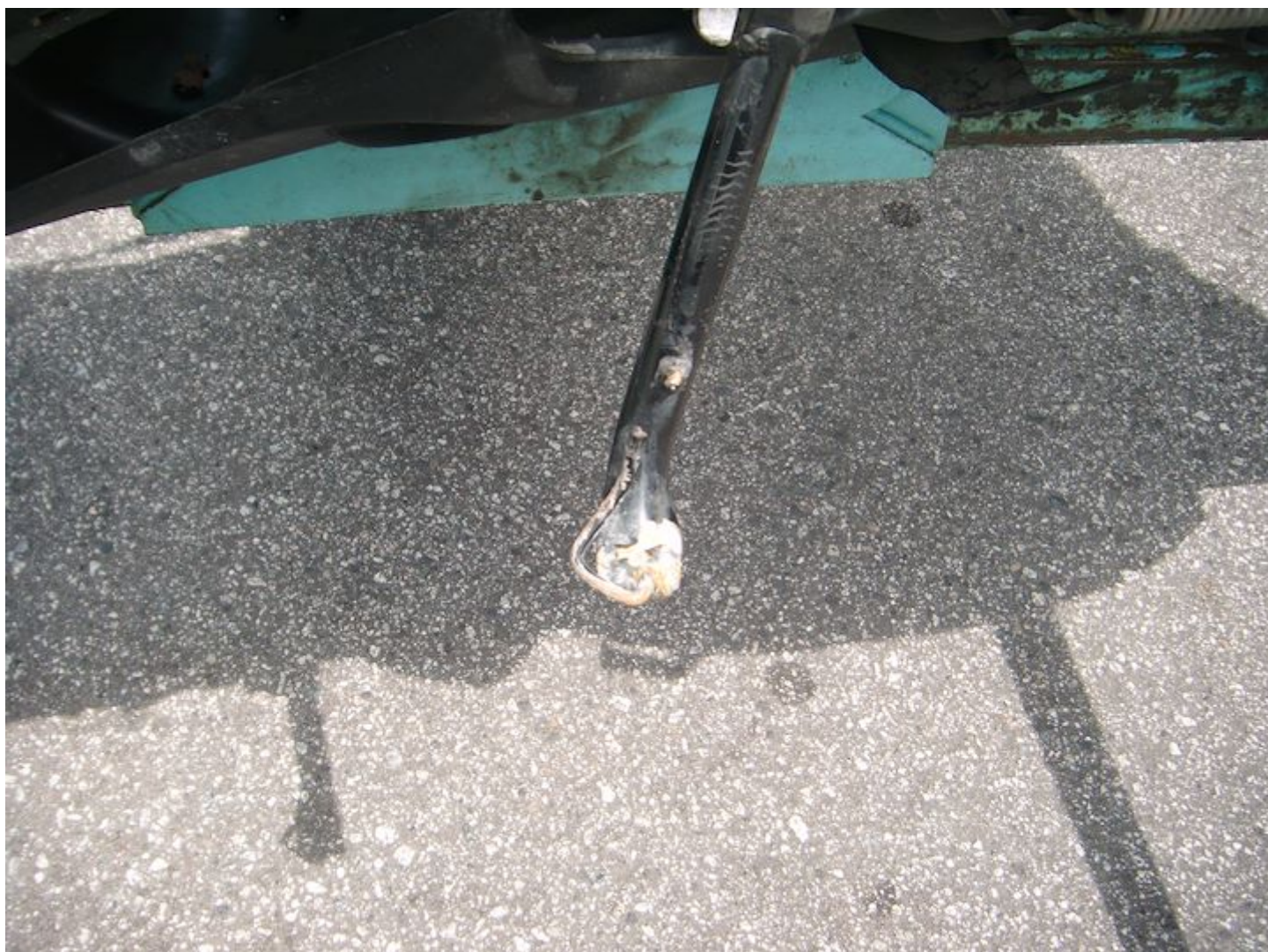








































**SINGAPORE
POLICE FORCE**



T/20230720/7053

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230720/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2023 17:50	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ELAHMARIN S/O VYRAKKANNU			Address: 418 SERANGOON CENTRAL #04-438 SINGAPORE 550418		
ID Type / ID No.: NRIC NO / S1831238G			Contact No.: Home/Office: Mobile: 98187970		
Nationality: SINGAPORE CITIZEN			Email: EMARIN2101@GMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 21/01/1967	Type of Informant: Rider		
Race: Indian			Language: English		
Occupation: Private security officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/07/2023 00:10	Type of Location: Straight Road
Location: SERANGOON AVENUE 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS1119L	Motorcycle	YAMAHA	XMAX ABS MANUAL	Black		0
SNJ2648A	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230720/7053

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Report No. T/20230720/7053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS1119L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300778149	21/01/2023	20/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	ELAHMARIN S/O VYRAKKANNU	ID No.	S1831238G
Related Vehicle	FBS1119L (Motorcycle)	Contact No.	98187970
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	06/07/2023	Date	08/07/2023
No. of Days granted Medical Leave	31	Degree of	Serious

Brief Details.

I was travelling straight along Serangoon Avenue 3. SNJ2648A was slowing down and had kept to the left side of the lane. As such, I proceed straight. As I was about to overtake SNJ2648A, he suddenly make a right steer and collided into me. I immediately fall to the opposite lane together with my motorcycle. As my friends were nearby, they came over to assist me. I managed to exchange particular with SNJ2648A's driver. However awhile later I felt discomfort hence I was then conveyed to the hospital.



**SINGAPORE
POLICE FORCE**



T/20230720/7053

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230720/7053

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
GOH SEOW PING SHAYE
Contact No.: 65476310

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

Date/Time:
20/07/2023 17:50

Classification Of Case:

NP168