

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 First Submission	06/08/2024 17:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/07/2024 18:15 (SGT)
Exact Location of Accident	Stevens Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2888S
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH YENG YEN
NRIC No	S7313518D
Email Address	Jelsonegale@yahoo.com
Mobile Phone No	(Phone) +65-91457753
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lambretta
Model	V200 SPECIAL CVT ABS
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	169
Vehicle Fuel	Petrol
First Registration Date	01/02/2019
Chassis no	VDLLPB003JS002058
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300527938

DRIVER

Name of Driver	PACANA JELSONE GALE PILARES
Work Permit No	G5115476U
Date Of Birth	12/03/1986
Occupation	Indoor
Driving Pass Date	16/06/2012
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	12 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97729007
Alt. Phone Number	-
Email Address	Jelsonegale@yahoo.com
Address	BLK 684C CHOA CHU KANG CRESCENT #12-346
Address complement	-
Postcode	683684
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	DRIZZLING
Road Surface	Wet

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

REFER TO POLICE REPORT T/20240801/7066

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	SHC628D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	PACANA JELSONE GALE PILARES
Gender	Female
Phone No	(Phone) +65-97729007
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBE2888S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 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 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/ID card)

Sketch Plan

A: F6E2888S
B: J4C628D

vJun2022

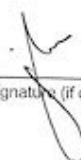
Describe Circumstance of the Accident

- REFER TO POLICE REPORT T/20240801/7066

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



**SINGAPORE
POLICE FORCE**



T/20240801/7066

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

1 of 3

Report No. T/20240801/7066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2024 16:01		Vide Report No.: E/20240731/0102		Station Diary No.:
Informant's Particulars				
Name of Informant: Pacana Jelsone Gale Pilares		Address: 684C 12-34 #12-346 Choa Chu Kang crescent SINGAPORE 683684		
ID Type / ID No.: FIN NO / G5115476U		Contact No.: Home/Office: Mobile: 97729007		
Nationality: FILIPINO		Email: jelsonegale@yahoo.com		
Sex: Female	Age: 38	Date of Birth: 12/03/1986	Type of Informant: Rider	
Race: Filipino		Language: English		
Occupation: IT support technician		Driving Licence Information: Class: 2B,3,3C Date of Expiry: 16/02/2028		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2024 18:15	Type of Location: Bend
Location: STEVENS ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2888S	Motorcycle					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240801/7066

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

2 of 3

Report No. T/20240801/7066

CONTINUATION OF REPORT

Rider			
Name	Pacana Jelsone Gale Pilaes	ID No.	G5115476U
Related Vehicle	FBE2888S (Motorcycle)	Contact No.	97729007
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,3C Date of Expiry: 16/02/2028
Date Treatment	31/07/2024	Date Discharge	01/08/2024
No. of Days granted Medical Leave (MC)	08	Degree of Injury	Slight

Brief Details.

Travelling in the middle lane. Taxi from my right cut into my lane. Tried to swerve to the left but still collided with the taxi's front left side. Fell from my motorbike on my right side and bang my head (with helmet on). Noticed that taxi moved from original collision site to park on the left side of the road. Sat down and assessed my leg functioning. Stood up, and walked to the side walk to prevent further injuries.



**SINGAPORE
POLICE FORCE**

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



T/20240801/7066

3 of 3

Report No. T/20240801/7066

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

NP168

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

Date/Time:
01/08/2024 16:01

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20240806/7067

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

1 of 3

Report No. T/20240806/7067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2024 16:39		Vide Report No.: E/20240731/0102		Station Diary No.:
Informant's Particulars				
Name of Informant: Pacana Jelsone Gale Pilares		Address: 684C Choa Chu Kang crescent #12-346 SINGAPORE 683684		
ID Type / ID No.: FIN NO / G5115476U		Contact No.: Home/Office: Mobile: 97729007		
Nationality: FILIPINO		Email: jelsonegale@yahoo.com		
Sex: Female	Age: 38	Date of Birth: 12/03/1986	Type of Informant: Rider	
Race: Filipino		Language: English		
Occupation: IT support technician		Driving Licence Information: Class: 2B,3,3C Date of Expiry: 16/02/2028		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2024 18:30	Type of Location: Bend
Location: STEVENS ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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	Condition	No of Passenger
FBE2888S	Motorcycle					0
SHC628D	Motor car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240806/7067

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

2 of 3

Report No. T/20240806/7067

CONTINUATION OF REPORT

Rider			
Name	Pacana Jelsone Gale Pilaes	ID No.	G5115476U
Related Vehicle	FBE2888S (Motorcycle)	Contact No.	97729007
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,3C Date of Expiry: 16/02/2028
Date Treatment	31/07/2024	Date Discharge	01/08/2024
No. of Days granted Medical Leave (MC)	08	Degree of Injury	Slight

Brief Details.

Hi, this is for an add-on to report no. T/20240801/7066

Things added:

1. I was sent to the hospital in an ambulance. In my former report, i ticked No, but should be YES.
2. I added the taxi plate no. As I did not have this information on hand previously.



**SINGAPORE
POLICE FORCE**

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



T/20240806/7067

3 of 3

Report No. T/20240806/7067

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

NP168

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

Date/Time:
06/08/2024 16:39

Classification Of Case: