

## 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 Authorised 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 ability.
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 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 Report	14/09/2017 14:23
Date Of Accident	02/09/2017 11:45
Exact Location Of Accident	PASIR PANJANG RD TOWARDS WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE1030G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAJURAYAN SINGH S/O SURUJ SINGH
NRIC No	S1451697B
Email Address	SURAJTPT@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93829487
Alternative Phone No	OTHERS-93829487

### Vehicle Particulars

Manufacturer	HONDA
Model	TIGER-197CC GL 200R
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-365074-CA
Cover Note Number	

### Driver

Name of Driver	RAJURAYAN SINGH S/O SURUJ SINGH
NRIC No	S1451697B
Date Of Birth	04/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1989
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93829487
Fax Number	
Contact Number	OTHERS-93829487
Email Address	SURAJTPT@YAHOO.COM

Address	BLK 1A EUNOS CRESCENT #02-2465
Postcode	401001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 51 TELOK BLANGAH DRIVE , <b>POSTCODE:</b> 100051 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2729999 - <b>FAX NO:</b> 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20170902/2117

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF3646S
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Name of Driver	MARIA EDLYN BAGUI DELA CRUZ
NRIC/Passport Number	S7980496G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name RAJURAYAN SINGH S/O SURUJ SINGH

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBE1030G

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

### SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
14/09/2017

Policyholder's Signature  
Date & Time:

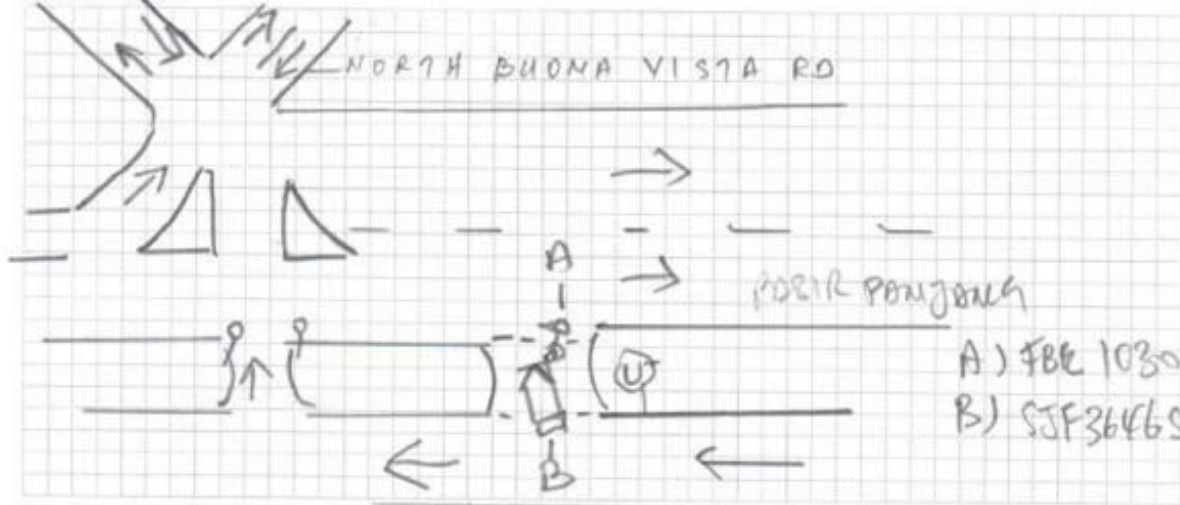
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
14/09/2017  
Reporting Centre Personnel's Signature  
Name: Resli Abou Watab  
NRIC/FIN No.: 372624/F

## Sketch Plan #2

ALONG PASIR PANJONG RD TOWARDS WEST COAST HIGHWAY

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/20/2017

### DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*  
14/09/2017

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

Reporting Centre Personnel's Signature  
Name: ROSLI ABUL WAHAB  
NRIC/FIN No.: SM16191F

*[Signature]*  
14/09/2017



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20170902/2117

1 of 4

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No. T/20170902/2117

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2017 17:49	Vide Report No.:	Station Diary No.: 13
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### Informant's Particulars

Name of Informant: RAJURAYAN SINGH S/O SURUJ SINGH	Address: APT BLK 1A EUNOS CRESCENT #02-2465 SINGAPORE 401001
ID Type / ID No.: NRIC NO / S1451697B	Contact No.: Home/Office: Mobile: 93829487
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 57 Date of Birth: 04/06/1960	Type of Informant: Rider
Race: Hindustani	Language: Institution / School Name:
Occupation: SELF EMPLOYED	Driving Licence Information: Class: Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/09/2017 11:45	Type of Location: Straight Road
Location: Along Road 1 PASIR PANJANG ROAD				
Towards West Coast Highway. U Turn Point after Pasir Panjang Food Centre				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE1030G	Motorcycle	HONDA	TIGER GL200R M	Black	Slightly Damaged	0
SJF3846S	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE1030G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT17365074	25/05/2017	24/05/2018

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20170902/2117

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

2 of 4  
Report No. T/20170902/2117

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	RAJURAYAN SINGH S/O SURUJ SINGH	ID No.	S1451697B
Related Vehicle	FBE1030G (Motorcycle)	Contact No.	93829487
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/09/2017	Date Discharge	02/09/2017
No. of Days granted Medical Leave	09	Degree of Injury	Serious
<b>Driver</b>			
Name	MARIA EDLYN BAGUI DELA CRUZ	ID No.	S7980496G
Related Vehicle	SJF3646S (Car)	Contact No.	NIL
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 02/09/2017 at about 1145hrs, I was riding my Motorcycle (FBE1030G) along Pasir Panjang Road towards West Coast Highway. I wanted to do a U turn at the U-turn point after Pasir Panjang Food Centre. I stop before the stop line and checked for incoming vehicles.

When I was checking, A car (SJF3646S) came from behind and collided onto my rear side. I then fell and the motorcycle landed on my knee. I then felt pain at my right leg.

At that point of time, the car is still jerking forward and it stopped before me. One female driver then alighted from the car and assisted me. She informed me that she was checking for incoming vehicles and did not see me in front thus collided into me.

I then called my friend for assistance as this is the first time I met into such accident. He then called the ambulance and police for me.

I wish to informed that I was conveyed by ambulance to NUH. Police then came after I left the accident location. I suffered fracture on my right leg.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999



T/20170902/2117

3 of 4

Report No. T/20170902/2117

CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20170902/2117

4 of 4

Report No. T/20170902/2117

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 BEE ZHI CHYE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/09/2017 17:49

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LIM JUN HUI, ADRIAN

Contact No.: 65476350

Classification Of Case:

Authentication Stamp

NP166

SN 045



Signature:

Singapore Police Force

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



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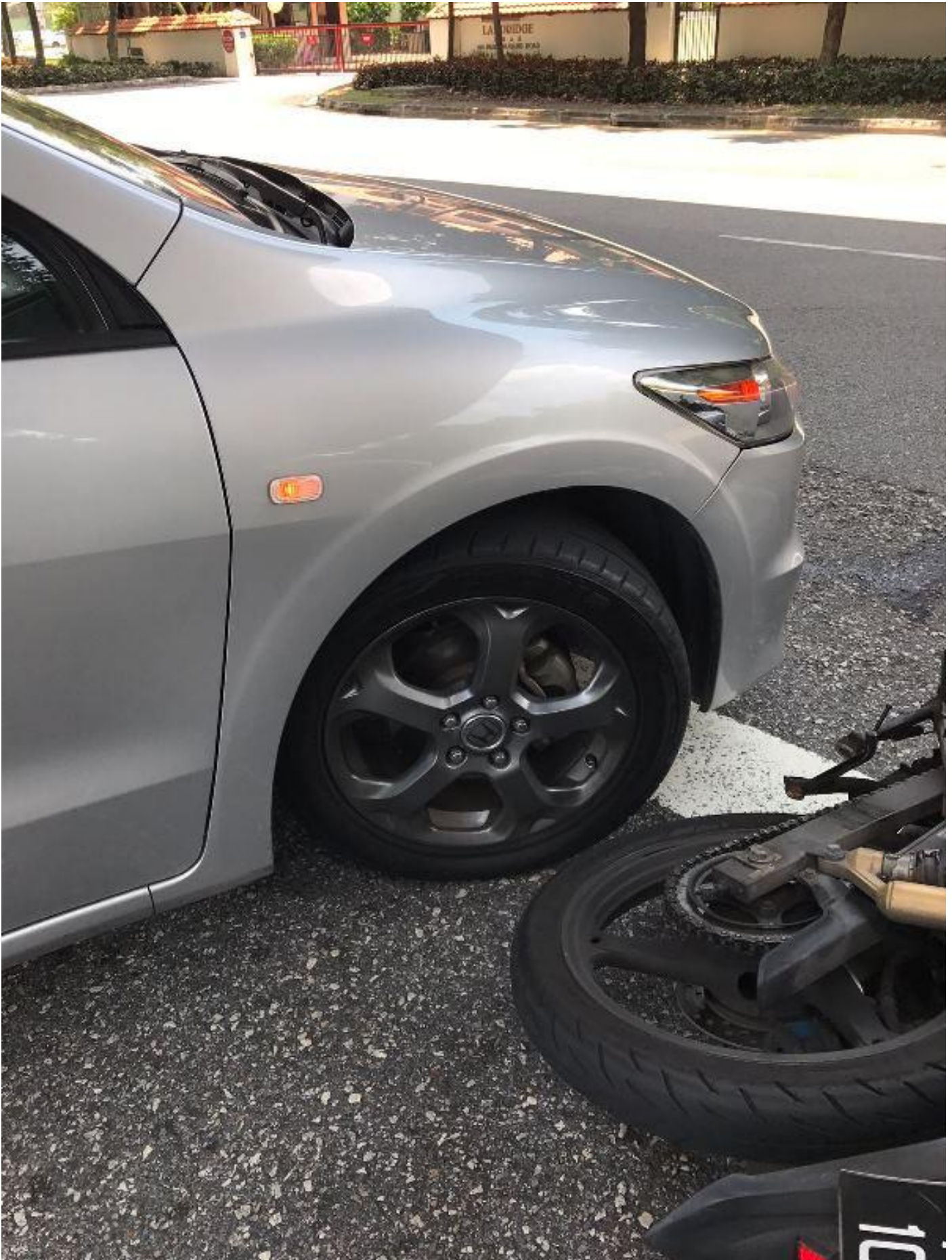


Accident Photo





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Accident Photo





**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7980496G**



Name  
**MARIA EDLYN BAGUI DELA CRUZ**

Race  
**FILIPINO**

Date of birth  
**24-07-1979**

Country/Place of birth  
**PHILIPPINES**

Sex  
**F**

**S7980496G**



Accident Photo

