

## 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 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	03/07/2018 10:52
Date Of Accident	27/06/2018 20:30
Exact Location Of Accident	BUKIT TIMAH RD BEFORE ESSO PETROL KIOSK L/P:53
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5775D
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#### Insured/Policyholder

Name Of Registered Owner	KHANSAMA TANDOORI RESTAURANT
Co Reg No	52942959D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

#### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
Fleet Policy	NO
Policy Number	MSD/VMT/17-985483-WTT
Cover Note Number	

#### Driver

Name of Driver	AMAN JEET SINGH
Passport No/FIN	G2879187P
Date Of Birth	20/05/1986
Occupation	INDOOR
Date Of Driving Pass	05/03/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97120570
Fax Number	
Contact Number	OFFICE-97120570
Email Address	NOEMAIL

Address	BLK 111 MCNAIR ROAD #04-237
Postcode	320111
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b> 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180628/2140.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### Details of Witness 1

Name	MR IVON
Phone Number	98003099
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC5115A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	AMAN JEET SINGH
Approximate Age	
Injuries Sustain	ARM & FOOT
Injured person in which vehicle?	FBG5775D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

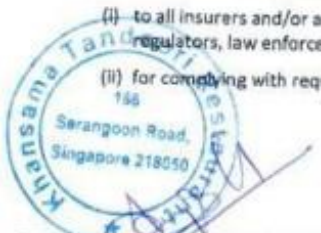
### SKETCH PLAN

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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.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

A: FBG 5775 D  
B: SML 5115 A

Ref to police report - 7/2018 0628/2142



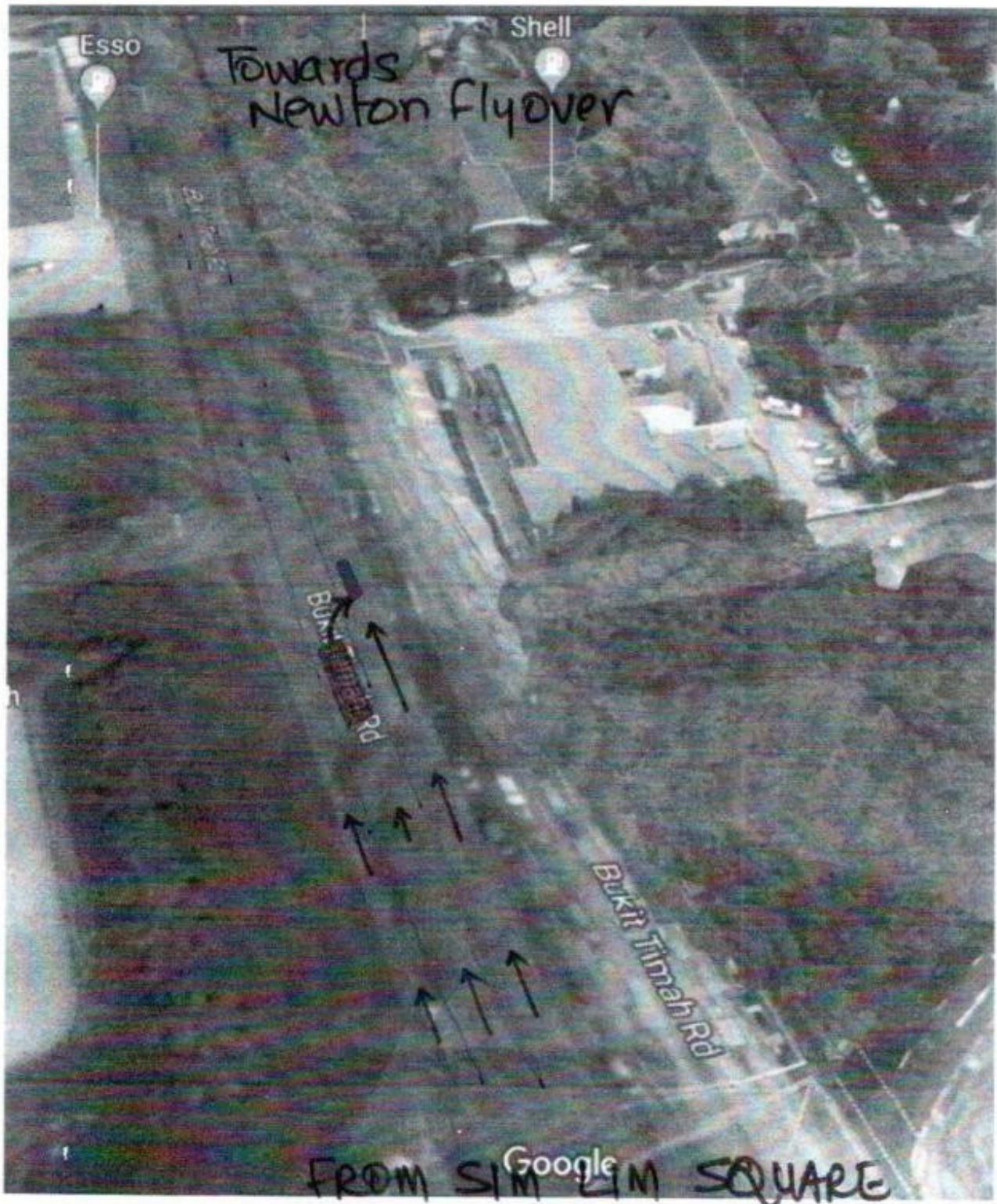
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Accident Sketch Plan

E/2018 0627 / 0152 - Case NO



■ SMC5115A - Car - Driver -

■ - my bike FBG 5775D - Rider - Amanjeet Singh  
Mr Ivon. 98003099.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180628/2140

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20180628/2140

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2018 17:09		Vide Report No.: E/20180627/0152		Station Diary No.: 81	
<b>Informant's Particulars</b>					
Name of Informant: AMAN JEET SINGH			Address: APT BLK 111 MCNAIR ROAD #04-237 SINGAPORE 320111		
ID Type / ID No.: FIN NO / G2879187P			Contact No.: Home/Office: Mobile: 97120570		
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 20/05/1986	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Computer And Information Systems Manager			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: Yes	Date/Time of Accident: 27/06/2018 20:30	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
Along Bukit Timah Rd towards Bukit Timah Rd before Esso Petrol Kiosk Lamp Post Number: 53				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBG5775D	Motorcycle				Slightly Damaged	0
SMC5115A	Car					0

## Details of Person Involved

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



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Report No. T/20180628/2140

### CONTINUATION OF REPORT

Rider			
Name	AMAN JEET SINGH	ID No.	G2879187P
Related Vehicle	FBG5775D (Motorcycle)	Contact No.	97120570
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/06/2018	Date Discharge	28/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

### Brief Details.

On the above mentioned date and time, while I was riding my motorcycle bearing the registration no, FBG5775D at the first lane along Bukit Timah Rd, one vehicle bearing the registration no. SMC5115A had knocked against my motorcycle from the back and cut into my lane causing me to fell and dragged a few metres from the scene. The driver of the vehicle stopped and alighted. He approached me and admitted that he was at fault. He also said that he has an insurance and will covered everything. Ambulance and Police came to the scene. Due to the accident, I was conveyed straight to the Tan Tock Seng Hospital from scene. I suffered a fractured on my left hand. At the moment, I was given 3 days MC from the doctor and was scheduled for a surgery for my fractured hand. I was also advised by the police officer to lodge an Accident report upon my discharged. I would like to indicate that there was a witness at the scene who was willing to assist me. I lodged a report for the insurance claim and also for Traffic Police to investigate on the case. That's all.



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180628/2140

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Police Station Of Origin:  
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11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999


Report No. T/20180628/2140

## 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: A / Staff Sgt NORHAYATI BINTE ABDUL SAMAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/06/2018 17:09
Officer In Charge Of Case: TP / GIT / SI NG CHWEE THENG Contact No.: 65476397	Classification Of Case:
Authentication Stamp NP168	SN 12



Singapore Police Force

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

