SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 Report	31/10/2018 12:30
Date Of Accident	17/12/2017 12:30
Exact Location Of Accident	NEAR BLOCK 451 CLEMENTI AVENUE 3 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM5377M
Insured/Policyholder	
Name Of Registered Owner	PARMJIT SINGH
NRIC No	S2765020A
Email Address	PARMJITSING17@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94455770
Alternative Phone No	OTHERS-94455770
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
' '	MOIG INSURANCE (SINGAL ONE) FIE. ETD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Type Of Coverage Fleet Policy	THIRD PARTY FIRE AND/OR THEFT
Type Of Coverage Fleet Policy Policy Number	THIRD PARTY FIRE AND/OR THEFT NO
Type Of Coverage Fleet Policy Policy Number Cover Note Number	THIRD PARTY FIRE AND/OR THEFT NO
Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver	THIRD PARTY FIRE AND/OR THEFT NO 72052560
Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver	THIRD PARTY FIRE AND/OR THEFT NO 72052560 PARMJIT SINGH
Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No	THIRD PARTY FIRE AND/OR THEFT NO 72052560 PARMJIT SINGH S2765020A
Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth	THIRD PARTY FIRE AND/OR THEFT NO 72052560 PARMJIT SINGH \$2765020A 20/06/1966
Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation	THIRD PARTY FIRE AND/OR THEFT NO 72052560 PARMJIT SINGH S2765020A 20/06/1966 INDOOR
Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass	THIRD PARTY FIRE AND/OR THEFT NO 72052560 PARMJIT SINGH S2765020A 20/06/1966 INDOOR 23/03/2009
Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience	THIRD PARTY FIRE AND/OR THEFT NO 72052560 PARMJIT SINGH S2765020A 20/06/1966 INDOOR 23/03/2009 8 YEARS AND 8 MONTHS
Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender	THIRD PARTY FIRE AND/OR THEFT NO 72052560 PARMJIT SINGH S2765020A 20/06/1966 INDOOR 23/03/2009 8 YEARS AND 8 MONTHS MALE

PARMJITSING17@YAHOO.COM

BLK 327 TAH CHING ROAD Address

#10-10

Postcode 610327

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : PARDEEP KAUR (WIFE)

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name JURONG NPP

ROAD: 158 YUNG LOH #01-58, **POSTCODE**: 610158, **COUNTRY**: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171221/2105

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 SLG5471L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver LEE CHENG SIM NRIC/Passport Number S1368364F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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DETAILS OF INJURED PERSON 1			
Name	PARMJIT SINGH		
Approximate Age			
Injuries Sustain	SLIGHT INJURY		
Injured person in which vehicle?	FBM5377M		
Were seat belts worn?			
Was this injured conveyed to hospital by ambulance?	YES		
Address			
Postcode			

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - 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")
- 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:
 - 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

NRIC/EIN No

Accident Sketch Plan

SKETCH PLAN		
CLAMANNI AVK 3	SLASUILL TURN LA FBM5377M INDICA FAL	NE SUDDENLY WITHOUT ATOR, I APPLED GRAIL &
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
		alot
		Je ob
	Vo No.	1/3/0
<u></u>	The Man	
1		
DECLARATION /We declare the foregoing parti	iculars are true in every respect.	a 31/10/2018
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.:





Police Station Of Origin: Juron 1 NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

1 of 4 Report No. T/20171221/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 21/12/2017 16:41 Informant's Particulars Name of Informant: Address: PARMJIT SINGH APT BLK 327 TAH CHING ROAD #10-10 SINGAPORE 610327 ID Type / ID No .: Contact No.: NRIC NO / S2765020A Home/Office: Mobile: 94455770 Nationality: Email: INDIAN Sex: Age: Date of Birth: Type of Informant: Male 51 20/06/1966 Rider Race: Language: Institution / School Name: Indian Occupation: Driving Licence Information: MANAGER Class: 2B.3 Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 17/12/2017 12:30		Type of Location Straight Road
Along Road 1 CLEMENTI A NEAR 451 CL		DADK EN	TRANCE	,		
Weather: Clear	EMERITAVE 5, OAK		Surface:		Road	d Speed Limit:
Traffic Flow: Dual Carriage	Way		Traffic Control:		Traffic Volume:	
Type of Collisi SELF SKIDDE			8		Anyo ambi	one conveyed by ulance;

Vehicle No.	Type	Make	Model	Color	Condition	N (D-
EDMEOTEM.	11		District Control	COIO	Condition	No of Passenger
FBM5377M	Motorcycle	BAJAJ	PULSAR 200 NS FI	Red		0
SLG5471L	Car					0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBM5377M	MSIG INSURANCE (SINGAPORE) PTE, LTD.	72052560	08/12/2017	07/12/2018	



T/20171221/2105

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

, 2 of 4 Report No. T/201:1221/2105

Tel No: 1800-2659999

CONTINUATION OF REPORT

Details of Perso	on Involved		How C	THE ST		64
Any Pedestrian I	nvolved! No					
No. of Pedestria	ns Injured: NIL	Use of F	Use of Pedestrian Crossing: NA			
Pillion	CHARLES COMMISSION AND ASSESSMENT		WEEK TO THE			
Name	PARDEEP KAUR	ID No		S7169931E		
Related Vehicle	FBM5377M (Motorcycle)		Conta	ct No.	NIL	
Hospital/Clinic	NIL .			of g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Di			0.1	-
	ted Medical Leave NIL		ee of Injury NIL			_
Rider	The state of the s		or myary	SUMME.		
Name	PARMJIT SINGH		ID No		S2765020A	
Related Vehicle	FBM5377M (Motorcycle)		Conta	ct No.	94455770 -	-
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class Driving Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL	-
Date Treatment	17/12/2017	Date Dis	scharge 21/12/2017			
No. of Days gran	ted Medical Leave 15		ee of Injury Slight			
Driver				-	HELP DESIGNATION OF THE	12.5
Name	LEÈ CHENG SIM		ID No.		S1368364F	
Related Vehicle	SLG5471L (Car)		Conta	ct No.	NIL -	,
Hospital/Clinic	NIL	Class Driving Licend Expiry	g :e &	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Dis	scharge	NIL		
	ted Medical Leave NIL		of Injury	NIL		

Brief Details.

On 17/12/2017 at about 1230hrs, I was riding my vehicle FBM5377M along Clementi Ave 3 towards Commonwealth Ave on the right lane. At that point of time, there were many cars queueing up on the left lane to enter the carpark of B/451 Clementi Ave 3. As I was riding, a vehicle, SLG5471L, which was in the line of cars queueing to enter the carpark suddenly swerved out into my lane, out of the queue without signaling. I jam braked and fell off my motorcycle.

Ambulance and Traffic Police were at scene. I am unsure if there are CCTVs at the vicinity. I was conveyed to the hospital and was hospitalized for 5 days. I suffered a broken left side collar bone and





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999 3 of 4 Report No. T/20171221/2105

CONTINUATION OF REPORT

broke 3 rib bones on my left side.





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999

4 of 4 Report No. T/20171221/2105

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:

Staff Sgt IQBAL PRATAMA PUTRA BIN AZMAN

Signature Of Interpreter:

Not applicable

Date/Time:

21/12/2017 16:41

Contact No.:

Authentication Stamp

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.

LETTER



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 0000 Fax +65 6547 6250 www.police.gov.sg

Our Ref

: TP/IP/ 66699/2017

Date : 12 January, 2018

PARAMJIT SINGH BLK 327 TAH CHING ROAD #10-10 SINGAPORE 610327

Dear Sir/Madam

ACCIDENT INVOLVING FBM5377M / SLG5471L ON 17/12/2017 AT 1222 HRS ALONG CLEMENTI AVENUE 3

I refer to the above accident.

- Please be informed that we have completed our investigations which shows that the driver of SLG5471L has committed an offence of Inconsiderate Driving under Section 65(b) Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.
- If you have any queries, please contact the Investigation Officer, MOHAMED SUFIAN at telephone number 6547 6247 or email Mohamed_Sufian_Mohamed_Junid@spf.gov.sg.

Yours faithfully

Rosian Ahmad, Stn Insp For Head Investigation Traffic Police

Singapore Police Force



































