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 <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.

aloresald.	
	ACCIDENT STATEMENT
Date Of Report	13/06/2019 09:58
Date Of Accident	10/06/2019 18:45
Exact Location Of Accident	JUNCTION OF UPPER CROSS STREET/NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF4254C
Insured/Policyholder	
Name Of Registered Owner	GABB HENRY GERARD
NRIC No	G5393951T
Email Address	HARRYGABB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97888969
Alternative Phone No	OTHERS-97888969
Vehicle Particulars	
Manufacturer	TRIUMPH
Model	BONNEVILLE-865CC
Exact Purpose for which vehicle was being used at time of accident	RIDING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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/19-393457-CA
Cover Note Number	
Driver	
Name of Driver	GABB HENRY GERARD
NRIC No	G5393951T
Date Of Birth	24/01/1987

 NRIC No
 G5393951T

 Date Of Birth
 24/01/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 16/09/2013

Driving Experience 5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97888969

Fax Number

Contact Number OTHERS-97888969

EMail Address HARRYGABB@GMAIL.COM

Address 78 MOH GUAN TERRACE

#04-21

Postcode 162078

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

-

1

NO

1

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by YES

ambulance?

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT MERAH WEST NPC

Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (PHOTOS COME FROM OWNER HP)

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

NO

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

at there any dudie received.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH7142L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 17

DETAILS OF INJURED PERSON 1

Name GABB HENRY GERARD

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBF4254C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 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)
 - (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
- 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.

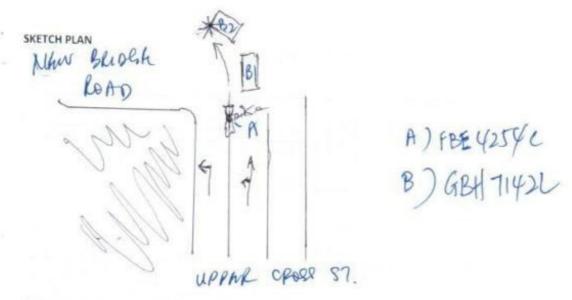
Date & Time: | |

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Tick Tupe

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 & Time:

POLICE REPORT





1 of 3

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Report No. T/20190611/2091

Tel No: 1800-3779999

REPORT OF	A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 11/06/2019 15:03		lade:	Vide Report No.:	Station Diary No.: 30		
Informa	nt's Particu	ulars	NICE AND ADDRESS OF THE PARTY O	学员证明 在1000年度是		
Name of Informant: GABB HENRY GERARD			Address: 78 MOH GUAN TERRACE #04-21 TIONG BAHRU ESTATE SINGAPORE 162078			
ID Type / ID No.: FIN NO / G5393951T			Contact No.: Home/Office: Mobile: 97888969			
National BRITISH			Email:			
Sex: Male	Age: 32	Date of Birth: 24/01/1987	Type of Informant: Driver			
Race: Caucasian			Language: English	Institution / School Name:		
Occupation: Shipping Broker			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 10/06/2019 18:4	Type of Location Junction	
UPPER CRO		nd New Bridge R	d		
Weather: Road Dry), (1-1)	Road Speed Limit:	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - V	Vorking	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF4254C	Motorcycle	TRIUMPH	BONNEV T100	Black	Slightly Damaged	0
GBH7142L	Van				Slightly Damaged	1

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBF4254C	MSIG INSURANCE (SINGAPORE) PTE, LTD.	MSDSMT19393457	24/01/2019	23/01/2020		

POLICE REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

2 of 3 Report No. T/20190611/2091

Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of Perso	n Involved	20100			Pall	
Any Pedestrian In	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			
Driver		CHERN	1005/1745		A PUBL	
Name	GABB HENRY GERARD			ID No		G5393951T
Related Vehicle	FBF4254C (Motorcycle)			Conta	ct No.	97888969
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class Drivin Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/06/2019 Date		Date D	scharge	NIL	
No. of Days gran	ted Medical Leave	04		Degree of Injury Sligh		

Brief Details.

On 10/06/2019 at about 1848hrs, I was riding my motorcycle bearing registration no. FBF4254C (V1) along Upper Cross St on the white line, in between lane 1 and lane 2. I was going straight when suddenly a vehicle bearing registration no. GBH7142L (V2) suddenly turned left without signaling. V2 was at lane 2, which was on my right. The front of my vehicle then collided onto the left side of V2. I fell down from my vehicle and suffered cuts on my face. Some passerby came to check on me and assisted me in calling the Ambulance. I then got conveyed to SGH and was given 4 days of MC. The damages to my vehicle are broken handlebar, dented fuel tank, scratches on both side and gear pack broken off. The damages to V2 is dented door panel.

I wish to state there were no one else injured and no government property damage and I am unsure of the total cost of the damages.

POLICE REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999

3 of 3 Report No. T/20190611/2091

CONTINUATION OF REPORT

Sketch Plan

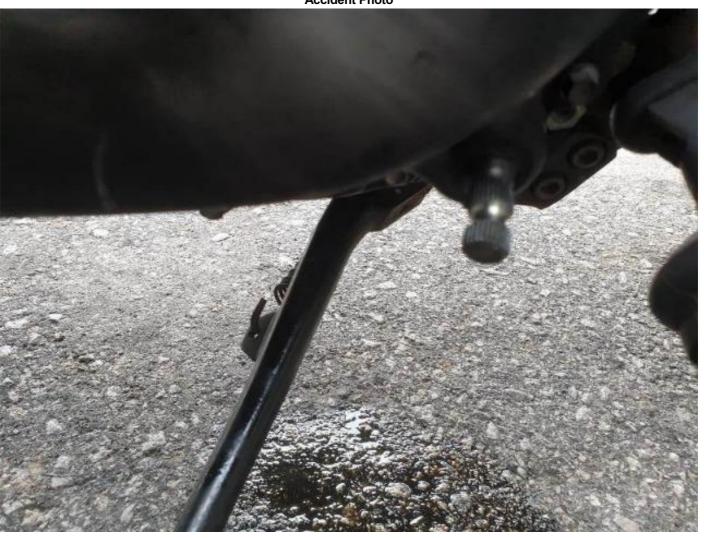
Informant is not able to provide sketch plan

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 SHARIFAH HANISAH BINTE SAMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/06/2019 15:03
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case:
Authentication Stamp	

















Identification Card





For LKK/NAC Use Only

APP APPLA



