

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 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	21/06/2019 16:33
Date Of Accident	07/06/2019 08:30
Exact Location Of Accident	TPE TOWARDS CHANGI NEAR ELIAS ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG8140R
Insured/Policyholder	
Name Of Registered Owner	KULDEEP SINGH S/O DHARAM SINGH
NRIC No	S7183804H
Email Address	KSDEEP1971@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90556080
Alternative Phone No	OTHERS-90556080

Vehicle Particulars

Manufacturer	HONDA
Model	TIGER-197CC GL 200R
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.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	72136800

Driver

Name of Driver	KULDEEP SINGH S/O DHARAM SINGH
NRIC No	S7183804H
Date Of Birth	31/08/1971
Occupation	INDOOR
Date Of Driving Pass	07/11/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90556080
Fax Number	
Contact Number	OTHERS-90556080
Email Address	KSDEEP1971@GMAIL.COM

Address	34 JALAN TASEK 1 TAMAN TASEK 80200
Postcode	JOHORBAHR
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190610/2040

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	SGU6822L
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	KULDEEP SINGH S/O DHARAM SINGH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG8140R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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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.:

Accident Sketch Plan

SKETCH PLAN



A) FBG 8140R

B) SGU 6822L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form:
PUS REFNR 70 Police Report
1/20190610/2040

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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190610/2040

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No: T/20190610/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2019 10:19		Vide Report No.:		Station Diary No.: 134	
Informant's Particulars					
Name of Informant: KULDEEP SINGH S/O DHARAM SINGH			Address: 34 JLN TASEK 1, TAMAN TASEK, 80200 JOHOR BAHRU, JOHOR		
ID Type / ID No.: NRIC NO / S7183804H			Contact No.: Home/Office: 01111403642 Mobile: 90556080		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 47	Date of Birth: 31/08/1971	Type of Informant: Rider		
Race: Punjabi			Language:		Institution / School Name:
Occupation: PRODUCTION SUPERVISOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/06/2019 08:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TPE towards Changi. Near to Elias Road Exit				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG8140R	Motorcycle	HONDA	TIGER GL200R M	Black	Seriously Damaged	0
SGU6822L	Car				No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG8140R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72136800	30/11/2018	29/11/2019

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T/20190610/2040

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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20190610/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KULDEEP SINGH S/O DHARAM SINGH	ID No.	S7183804H
Related Vehicle	FBG8140R (Motorcycle)	Contact No.	01111403642
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/06/2019	Date Discharge	07/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 07/06/2019 at around 0830hrs, I was travelling along TPE on the second lane. A car (SGU6822L) from the first lane give signal and moved into the second lane without noticing me. Therefore, to avoid collision with the car, I engaged my brake however I skidded and causes me to fall onto the ground along the expressway. I did notice that the car signal to change lane however he did not check if there are any incoming vehicle. At that point of time, I am driving about 40km/h as it is after rain and the floor is slippery. There is another motorbike(VF930) which skidded after me due to the same car.

After the accident happened, the car stopped and came down of their car. The passenger that was inside the car provided me with her contact number and mentioned that is their fault that causes the accident to happen. Subsequently, I was conveyed by the ambulance to Changi General Hospital and was given 3 days MC.

The damages on my motorbike was seriously damaged and there is no damage on the other party car.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190610/2040

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20190610/2040

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:

L /

Sgt 1 TEO KAI XUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/06/2019 10:19

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

