

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	04/02/2020 12:32
Date Of Accident	15/01/2020 10:30
Exact Location Of Accident	JUNC OF KALLANG RD & LAVENDER ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AV187S
Insured/Policyholder	
Name Of Registered Owner	BALIRAM S/O SANKARAM
NRIC No	SXXXX116A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93804770
Alternative Phone No	OTHERS-93804770

Vehicle Particulars

Manufacturer	PIAGGIO
Model	PX 200E
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	REPORTING ONLY
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/19-396975-CA
Cover Note Number	

Driver

Name of Driver	BALIRAM S/O SANKARAM
NRIC No	SXXXX116A
Date Of Birth	06/12/1950
Occupation	INDOOR
Date Of Driving Pass	18/12/1984
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93804770
Fax Number	
Contact Number	OTHERS-93804770
EEmail Address	NOEMAIL

Address	BLK 108 MCNAIR ROAD #06-303
Postcode	321108
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	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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200204/2029

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	SMN4484H
Vehicle Make/Model/Colour	MAZDA 3
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 BALIRAM S/O SANKARAM

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? AV187S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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)**

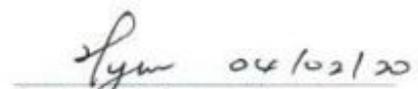
I understand, acknowledge, agree and consent that:

- (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.:

Accident Sketch Plan

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200204/2029

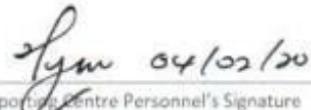
DECLARATION

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

Accident Sketch Plan

2/4/2020

2 Lavender St - Google Maps

Go gle Maps 2 Lavender St



Image capture: Mar 2018 © 2020 Google

Singapore

Google

Street View



JUNC OF KALLANG RD
A LAVENDER ST

A - AV187S
B - SMN4484H

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200204/2029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200204/2029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AV187S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19396975	26/04/2019	25/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BALIRAM S/O SANKARAM	ID No.	S0029116A
Related Vehicle	AV187S (Motorcycle)	Contact No.	93804770
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	19/01/2020
No. of Days granted Medical Leave	25	Degree of Injury	Serious

Brief Details.

ON THE MENTIONED DATE TIME AND LOCATION,

I WAS RIDING TOWARDS CRAWFORD FROM LAVENDER. THE SIGNAL LIGHT WAS ABOUT TO BE GREEN WHEN I CROSS AND THEN THIS CAR CAME FROM GEYLANG TOWARDS VICTORIA SO I HIT HIM ON THE RIGHT SIDE. AMBULANCE CAME, BUT NEVER CONVEY ME AS THEY ONLY DID THE DRESSING ON RIGHT ELBOW AND RIGHT KNUCKLE. I THEN PROCEEDED TO TTSH MYSELF AND I GOT 25 DAYS MC AND SUFFERED SERIOUS INJURIES. 4 OF MY LEFT RIB WERE FRACTURED AND LUNGS ALSO SUFFER A BIT WHICH CAUSE BREATHING PROBLEMS. TAHTS ALL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



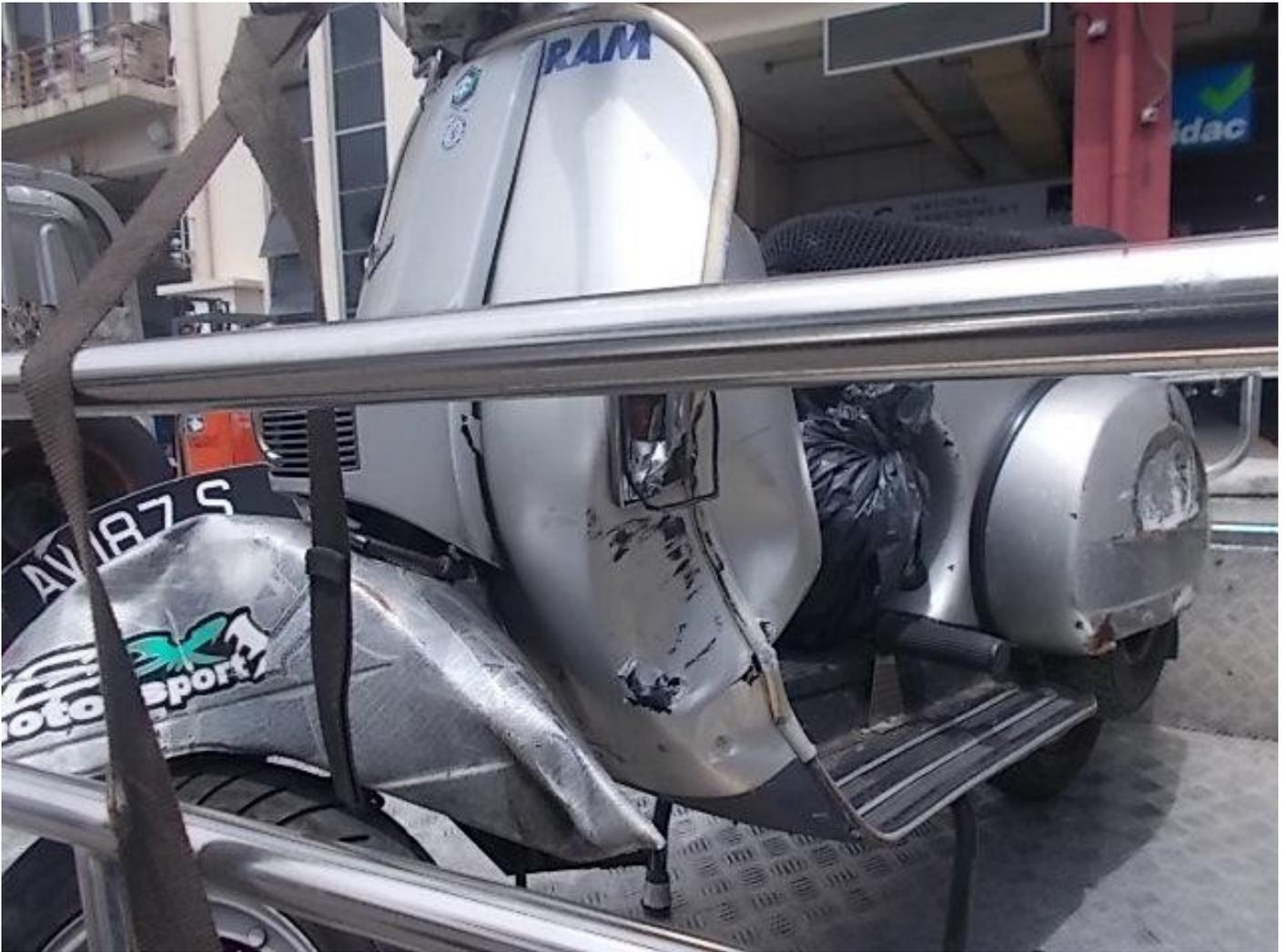
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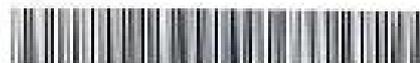
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200204/2029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

1 of 3

Report No. T/20200204/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 11:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BALIRAM S/O SANKARAM			Address: APT BLK 108 MCNAIR ROAD #06-303 TOWNER HEIGHTS SINGAPORE 321108		
ID Type / ID No.:			Contact No.:		
NRIC NO / S0029116A			Home/Office:		Mobile: 93804770
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 89	Date of Birth: 06/12/1950	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Chef			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2020 10:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 KALLANG ROAD LAVENDER STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AV187S	Motorcycle	PIAGGIO	PX 200E	Silver	Seriously Damaged	0
SMN4484H	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Grey		0

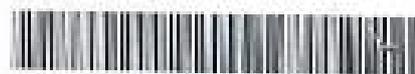
Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20200204/2020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No: T/20200204/2020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AV187S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19386975	26/04/2019	26/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BALIRAM S/O SANKARAM	ID No.	S0029116A
Related Vehicle	AV187S (Motorcycle)	Contact No.	93804770
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	19/01/2020
No. of Days granted Medical Leave	25	Degree of Injury	Serious

Brief Details.

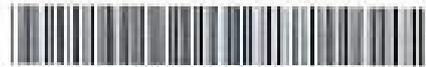
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Police Report



SINGAPORE
POLICE FORCE



T/20200204/2029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200204/2029

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:

TP /
NURSADIY ZULFIKAR BIN SHAWAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/02/2020 11:26

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp

MP108