

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	27/02/2020 16:34
Date Of Accident	21/02/2020 14:10
Exact Location Of Accident	PIE TWDS TUAS IN BETWEEN L/P 531/28A & 531/29
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1189S
Insured/Policyholder	
Name Of Registered Owner	JASWANT SINGH
NRIC No	SXXXX535C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84546670
Alternative Phone No	OFFICE-84546670

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR 125
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099193188-01
Cover Note Number	

Driver

Name of Driver	JASWANT SINGH
NRIC No	SXXXX535C
Date Of Birth	20/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1993
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84546670
Fax Number	
Contact Number	OFFICE-84546670
Email Address	NOEMAIL

Address	BLK 121 PAYA LEBAR WAY #05-2817
Postcode	381121
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	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?	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)	2
Passenger 1	NAME: : HARPAJAN KAUR GORMOK SINGH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200226/2121

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	SLM9937C
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 JASWANT SINGH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBH1189S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HARPAJAN KAUR GORMOK SINGH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBH1189S
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:

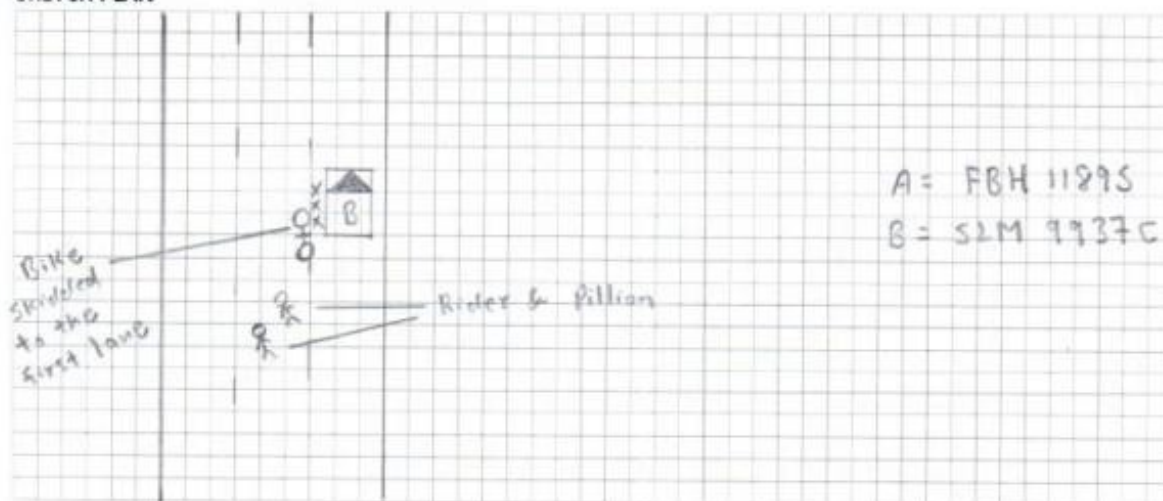
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2020-0226/2121

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200226/2121

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20200226/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2020 18:45	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: JASWANT SINGH	Address: APT BLK 121 PAYA LEBAR WAY #05-2817 SINGAPORE 381121		
ID Type / ID No.: NRIC NO / S2633535C	Contact No.:	Mobile: 84546670	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 62	Date of Birth: 20/01/1958	Type of Informant: Rider
Race: Sikh	Language: English	Institution / School Name:	
Occupation: RAMP SERVICEMEN	Driving Licence Information: Class: 2B,3,4	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2020 14:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Tuas in between Lamp Post 531/28A and 531/29				
Weather: Clear	Road Surface: Wet	Road Speed Limit: 40 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
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
FBH1189S	Motorcycle	YAMAHA	YBR 125 MANUAL	Blue	Seriously Damaged	1
SLM9937C	Car	CHEVROLET		Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH1189S	NTUC Income Insurance Co-Operative Limited	5099193188-01	27/03/2019	26/03/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200226/2121

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JASWANT SINGH	ID No.	S2633535C
Related Vehicle	FBH1189S (Motorcycle)	Contact No.	84546670
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	22/02/2020	Date Discharge	22/02/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	AMJAD MAHBOOB	ID No.	S8187820G
Related Vehicle	NIL	Contact No.	82004419
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pillion			
Name	HARPAJAN KAUR GORMOK SINGH	ID No.	S6969249D
Related Vehicle	NIL	Contact No.	84292272
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/02/2020 at about 1410hrs, I was riding my motorbike FBH1159S Yamaha/Blue with my pillion who was my wife. I travelled along PIE towards Tuas as I was heading to my destination Woodlands Checkpoint and remembered that I travelling at lane 2. As I was travelling at the said lane, out of sudden in front vehicle which I could only recalled brown in colour car break at about one car length. I did applied my break, however I could not stopped in time and together with my pillion felt off from the bike and I only saw my bike skidded. Subsequently I managed to stood up as I was assisted by the passerby and saw my bike was at the lane 1.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200226/2121

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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200226/2121

CONTINUATION OF REPORT

One driver SLM9937C Chevrolet/black came towards me and informed that my bike had hit onto his left side of his vehicle causing some damages on it. Both of us verbally exchange our particulars. My vehicle was towed by EMAS recovery to Toa Payoh Stadium Carpark. Together with my wife we headed to Singapore General Hospital for medical review and I was given 2 days Medical Leave from 22nd to 23rd Feb 2020.

On 24/02/2020 I still felt the pain of my injuries and went to Sengkang General Hospital and was given 24th to 27th Feb 2020.

Due to the accident myself suffered abrasion on my Left Elbow, Left Thigh, Left Ankle, Right Knee, and Right Palm. As for my wife who was my pillion she suffered abrasion on her Left Ankle, Left Knee, Left

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200226/2121

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Tel No: 1800-7449999

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Report No. T/20200226/2121

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:
G /
Sgt 3 MUHAMMAD DJAMADIL BIN SIDIK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/02/2020 18:45

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No: 65476404

Classification Of Case:

Authenticity Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



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