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 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	12/09/2020 17:10
Date Of Accident	31/08/2020 19:00
Exact Location Of Accident	BENDEMEER ROAD / WHAMPOA WEST
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL633L
Insured/Policyholder	
Name Of Registered Owner	MADAN MOHAN SINGH
NRIC No	SXXXX420D
Email Address	TSCMOHAN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90670127
Alternative Phone No	OFFICE-90670127
Vehicle Particulars	
Manufacturer	SUZUKI
Model	UH200AL6 BURGMAN-200CC ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00791181

Cover Note Number

Driver

Name of Driver MADAN MOHAN SINGH

SXXXX420D NRIC No 04/06/1953 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 15/03/1974

46 YEARS AND 5 MONTHS **Driving Experience**

Gender MALE

(LOCAL) +65-90670127 Mobile Number

Fax Number

OFFICE-90670127 Contact Number

TSCMOHAN@SINGNET.COM.SG **EMail Address**

Address

Postcode

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 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

ambulance?

NO

NO

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 [OTHER] POLICE CANTONMENT COMPLEX

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT NO. A/20200912/7018 ATTACHED

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMC3248M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of DriverJYANNRIC/Passport NumberSXXX109HContact Number96950564

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

MADAN MOHAN SINGH Name

67 Approximate Age

Injuries Sustain

Injured person in which vehicle? FBL633L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

139 TAI KENG GARDENS Address

Postcode 535420

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as passible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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,
- 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.
- By the ladgment 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;
 - (fil) carrying out and/or dealing with my instructions or responding to any engulries 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:

 to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, pregulators, law enforcement and government agencies as reasonably required for the purposes stated, or

) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 12/9/2000 4.51

Driver's Signature

, (If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature Name: VAU (WOIL CAL

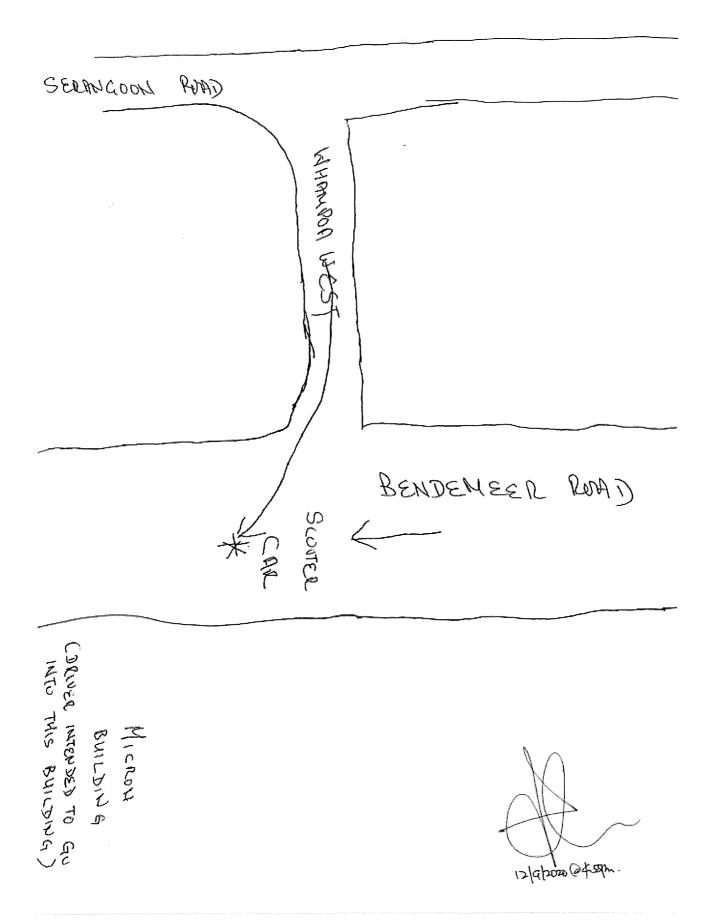
NRIC/FIN No.: (17715235R)

GtARMC SketchPlanForm, V3

Sketch Plan #2

SKETCH PLAN	
RAP TO The distance of the second of the sec	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to the Police Report No. A/20200	
ECLARATION We declare the foregoing particulars are true in every respect. Driver's Signature Signature ate & Time: 1 > 10 20 20 10 10 10 10 10	Reporting Centre Personnel's Signature Name: Au Clint Gal NRIC/FIN No.: GTUS 235R

GIARMC SketchPlanForm_V3



Police Report Pg. 1





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POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20200912/7018

Date/Time Report Made	Vide Re	port No.		Station Diary No.
12/09/2020 16:18				
Name Of Informant	Address			
MADAN MOHAN SINGH	139 TAI KENG GARDENS SINGAPORE 535420			
ID Type / ID No.	Contact No.			
NRIC NO /	Home/Office: Mobile:			
	6590670127			
Nationality	Email Address			
SINGAPORE CITIZEN	tscmohan@singnet.com.sg			
Occupation	Sex	Age	Date of Birth	Race
Salesperson	Male	67	04/06/1953	Sikh
Institution/School Name	Language			
	English			
Date/Time Of Incident	Location Of Incident			
31/08/2020 19:00 - 12/09/2020 15:00	BENDE	BENDEMEER ROAD/WHAMPOA WEST		
Brief details.				

On 31st August 2020 at about 1900hrs, I was travelling along Bendeemer Road when suddenly a car driven by My Jyan NRIC S699109H HP 96950564 came abruptly into my land causing me to apply hard both my front and back brakes. Bike came to an absolute stop causing me to fall with the bocy weight on my shoulder and also my right foot coming under the scooter. Mr Jyan helped me to the side of the road and two samaritans pushing the scooter to the side of the road. Mr Jyan pleaded with me not to report the matter to the Police and said he will settle with me personally. At about 1900 hrs two Traffic Policemen arrived at the scene followed by an ambulance five minutes later. A TP approached My Jyan and me and 'advised' us to settle this incident amongst ourselves and not get the Police involved.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/09/2020 16:18
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200912/7018

Speaking to me personally the TP officer informed me that I am also at fault as I did not hit his car. Taking the ambulance would get an IO involved and thus advised me not to take the ambulance. The medical team attending to me found it necessary for me to take the ambulance as my blood pressure had shot up to 170. Feeling sympathy for Mr Jyan and TP's advise I refused to take the ambulance and had to sign an indemnity form for the refusal in taking the anbulance. The TP then requested me to move the scooter to a nearby parking lot. I told him that I was in no position to shift the scooter because of the swell of my right foot. He then asked me if I could call for a family member. I informed him that I would not wish to call as this would alarm them He then volunteered to park the scooter at Block 28 parking lot in Bendeemer Road. I then requested Mr Jyan to drop me at A&E SGH and leave after that. I reached SGH at about 8.15pm and was attended by the doctors at about 0200 hours, reaching home by taxi at around 0300hours. I have attended about four consultations to date. On 10th September the doctor informed me that I had widening of lisfanc joint and also communited displaced intra articular fractures of the base. He informed me that surgery was necessary to avoid further deterioration of the foot. The same day, 10th September I messaged to Mr Jyan regarding his promise of settling the issue personally. His reply"Pls file it with your insurer and my insurer shall take it up Thus it is transparent between both parties. I have reported the incident with my insurer" It is for this reason that I am reporting this matter late. I will be also making the report with my insurer too

I would wish to make a couple of observations that I would like the Police to look into Mr Jyan has driven his motor vehicle without regard of observing the safety rules. He came from the side road and instead of filtering slowly from the right to the left (understand he wanted to go into the MICRON building for some errands) he cut into my lane. I am a Property agent with a few properties that landlords have given me to rent. With my condition, these properties will be given to other agents as I will be immobile for at least another month and half

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/09/2020 16:18
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200912/7018

Traffic Police officer attending the accident scene should not get involved with 'advises' of parties settling the issues amongst themselves and definitely not in preventing victims from taking the ambulance as this would involve Police investigations. This medical advise should only come from the medical team attending the scene. In this instance the medical staff thought it necessary for me to take the ambulance as my BP was 170.I had to sign an indemnity for not taking the ambulance against their advise. I understand that insurance companies make it mandatory to report however minor it is. You must appreciate that in an accident there maybe internal injuries that may cost a life if not attended to by medical advise

I do sincerely wish that the Police will look into Mr Jyan's disregard for road safety and also into investigation of why TP was involved with something not qualified to.

Subjects Involve	ed of the Carlotte and the Carlotte				
Suspect					
Person Name	JYAN				
ID Type	OTHERS / PR	ID No		,091H	
Gender	Male	Age		50-60	
Race	Indian	Langu	ıage	English	
Occupation	BANK EXECUTIVE	Mobile No		96950564	
Relation To	UNRELATED				
Informant					
Victim			2377144777		
Person Name	MADAN MOHAN SINGH	NAMES OF STREET	HOLDING STATES		
ID Type	NRIC NO	ID No		420D	
Gender	Male	Age		67	
Signature Of Off	ficer Recording The Report:		Signatu	re Of Informant:	
Not applicable		ł	report h	ntity of the person making this as been authenticated by	
			SingPass. No signature is required.		
Signature Of Interpreter:			Date/Ti	me:	
Not applicable				12/09/2020 16:18	
Officer In-Charge Of Case:			Classifi	cation Of Case:	
	•				
Authentication S	stamo				

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200912/7018

Race	Sikh	Language	English
Occupation	Salesperson	Address	139 TAI KENG GARDENS
			SINGAPORE 535420
Mobile No	6590670127	Is Informant A	Yes
		Victím?	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/09/2020 16:18
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UTN: 565500006 / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MBAN 20079100 Vehicle Registration No: FOL 633L Name(as shown in NAIC): Madan Wohan Singh NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Mobile No.: 90610127 Contact (Tel) Ascmolan@Singuer. com. sg **Email Address** 1900th Time of Accident : Date of Accident Bowemer Apad Whampon West Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: Thave made a report on the above mentioned accident and would like to include additional information or make the following amendments: To Key in Third Party While DO. SMC 3248M Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Tan Charle Lost Date: NRIC/FINNO .: 677711 735R Date: 15/09/2020

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