

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	13/11/2020 16:08
Date Of Accident	15/07/2020 08:30
Exact Location Of Accident	CROSS JUNCTION OF MACPERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW9323S
Insured/Policyholder	
Name Of Registered Owner	SATNAM SINGH S/O GURBACHAN SINGH
NRIC No	SXXXX626F
Email Address	SATNAM62@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88574577
Alternative Phone No	OTHERS-88574577

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M-197CC (M)
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/19-404158-CA
Cover Note Number	

Driver

Name of Driver	SATNAM SINGH S/O GURBACHAN SINGH
NRIC No	SXXXX626F
Date Of Birth	02/10/1962
Occupation	INDOOR
Date Of Driving Pass	27/02/2009
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-88574577
Fax Number	
Contact Number	OTHERS-88574577
Email Address	SATNAM62@HOTMAIL.COM

Address	BLK 28C DOVER CRESCENT #02-51
Postcode	133028
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	COLLISION - CROSS JUNCTION
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?	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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200723/7006

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	UNKNOWN
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	SATNAM SINGH S/O GURBACHAN SINGH
------	----------------------------------

Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FW9323S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

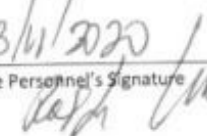
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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: 13/08/2020

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

IMPORTANT NOTICE

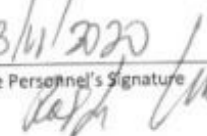
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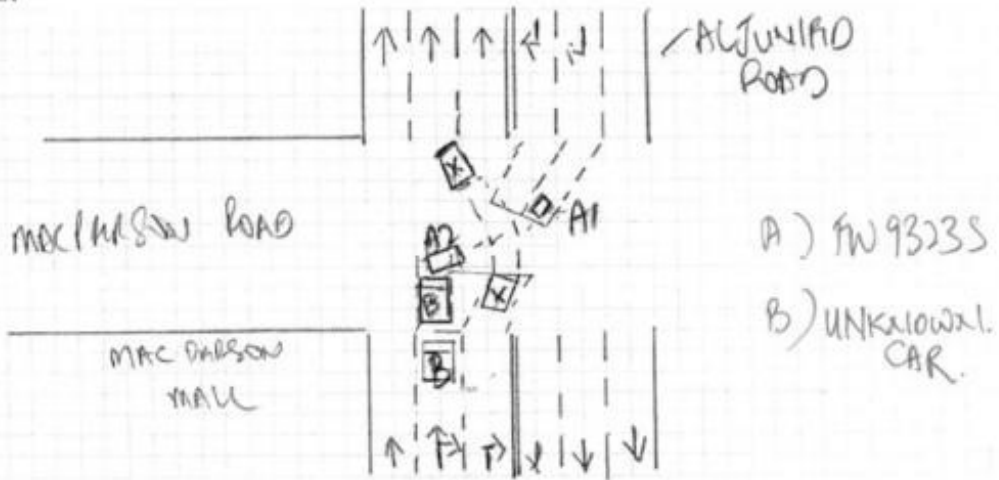
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
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- (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: 13/08/2020

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


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

1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Referral to Police Report T/20200723/7006

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time:
 13/8/2020

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200723/7006

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

1 of 3

Report No. T/20200723/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2020 09:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SATNAM SINGH S/O GURBACHAN SINGH			Address: APT BLK 28C DOVER CRESCENT #02-51 SINGAPORE 133028		
ID Type / ID No.: NRIC NO / S1516626F			Contact No.: Home/Office: Mobile: 83995480		
Nationality: SINGAPORE CITIZEN			Email: satnam62@hotmail.com		
Sex: Male	Age: 57	Date of Birth: 02/10/1962	Type of Informant: Rider		
Race: Sikh		Language: English		Institution / School Name:	
Occupation: SECURITY OFFICER		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: 15/07/2020 08:30	Type of Location: X-Junction
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 55 Km/h
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW9323S	Motorcycle	HONDA	PHANTOM2 00	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW9323S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19404158	15/09/2019	14/09/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200723/7006

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

2 of 3

Report No. T/20200723/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SATNAM SINGH S/O GURBACHAN SINGH	ID No.	S1516626F
Related Vehicle	FW9323S (Motorcycle)	Contact No.	83995480
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/07/2020	Date Discharge	21/07/2020
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

I was making a right turn from Aljunied Road to Macpherson Road in front of Macpherson Mall when I was hit by a car coming from my left. I do not know the details of the vehicle/driver that hit me. I was conveyed by ambulance to Raffles Hospital. I broke my left leg in 3 places and my collar bone. There were 2 men (one Malay and one Indian) at the accident scene who assisted me by calling for the ambulance. They also directed traffic and helped to comfort me until the ambulance arrived. My motorbike was definitely damaged and I am not sure where it is now.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200723/7006

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

3 of 3

Report No. T/20200723/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:

23/07/2020 09:23

Classification Of Case:

RH

RIZWAN
65476185

RafflesHospital**MEDICAL CERTIFICATE**

NRIC : S1516626F
NAME : SATNAM SINGH S/O GURBACHAN SINGH
VISIT DATE : 13 Aug 2020 (12:11)
VISIT NO : S01120012073

This is to certify that the above mentioned has been given:

HOSPITALIZATION / POST HOSPITALIZATION LEAVE for 34 days from 16 Aug 2020 to 18 Sep 2020

DOCTOR : LIN KUO HUNG BERNARD (M09485D)

CLINIC : Raffles Orthopaedic Centre

ADDRESS : 585 NORTH BRIDGE ROAD LEVEL -12-00 RAFFLES SPECIALIST CENTRE 188770

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.
 *This certificate is electronically generated. No signature is required.

Printed: 13 Aug 2020, 12:32PM



Raffles Connect

Download RafflesConnect to:

- Teleconsult with our GP Doctor
- Request eQueue before coming to GP clinic
- Book an appointment for GP phone consult
- More features ...



Medicine Delivery

Medicine Delivery Service:

- Scan QR Code to request online.

Raffles Specialist Centre
 585 North Bridge Road
 Level -12-00 Raffles Specialist Centre
 Singapore 188770
 Tel: (65) 6311 2333 Fax: (65) 6311 2337
 Appointment Hotline: (65) 6311 1222

RafflesHospital**MEDICAL CERTIFICATE**No: 456086Name: SATNAM SINGH S/O GURBACHAN SINGH NRIC/Passport/FIN*: S1516626FThis is to certify that the abovementioned is unfit for duty for _____ day(s)
from 15-07-2020 (dd/mm/yy) to 15-08-2020 (dd/mm/yy).Type of leave Granted: ☐ Outpatient Sick Leave
☐ Post Surgery Leave
☐ Maternity Leave
☒ Hospitalisation / Post Hospitalisation* LeaveAdmission Date: 15-07-2020 Discharge Date: 21-07-2020

This certificate is not valid for absence from court or other judicial proceedings.

DR RAVINDRA KUMAR KARUTURI
Resident Physician
MBBS (India)
MCR No. M14550E
RafflesHospital

Signature and Name of Medical Practitioner

21-07-2020

Date of Issue

RH/M/MEA/005/01



Your Trusted Partner for Health

Inpatient Discharge Medical Summary

Patient Information	Admission Information
Name: SATNAM SINGH S/O GURBACHAN SINGH ID No.: S1516626F Gender/DoB: MALE / 02.10.1962 Age: 57 Y 9 M Address: 28C DOVER CRESCENT #02-51 SG 133028	Admission Date/Time: 15.07.2020 12:14:00 Discharge Date/Time: 21.07.2020 16:12:00 Discharge Type: To RH SOC Duration of Stay: 7 Principal Dr.: LIN KUO HUNG (RD) Dept / Location: W1321

Abd soft, non tender

No scalp haematoma
Neck full ROM
No neck/thoracic/lumbar spine tenderness
Chest wall compression : tender right upper chest region
Pelvic compression negative
Right clavicle region tender , right shoulder ROM limited by pain
Bilateral elbow /wrist /hand joints full ROM
Right hip/knee/ankle full ROM
Left distal tib/fib deformed , left ankle/foot reduce sensation

2 cm laceration over left distal tibia/fibula region medially
Complex laceration on left big toe involving nail
Multiple abrasion on left knee, ankle, foot region

TW 10.44 Hb14.1 Ptt 327
Glucose 8.3
RP normal
INR 1.08

x-ray /CT :
Comminuted mildly displaced fractures of the left distal tibial and fibular shafts, and a undisplaced fracture of the left proximal fibular shaft.
Comminuted fracture of the right clavicle shaft. No dislocation.

Inpatient Management and Progress:
1. Displaced fractures of the left distal tibial and fibular shafts. undisplaced fracture of the left proximal fibular shaft
2. Comminuted fracture of the right clavicle shaft

Referred to Dr Bernard Lin (Ortho)
ORIF left Tib/fib, right clavicle , left big toe laceration surgery done on 15th July 2020
left lower limb extensive backslab

NWB Left LL x 6/52
Wheelchair mobilization , walking frame only during transfer
Right shoulder arm sling

TCU Dr Bernard Lin x 25/7/20
Wound nurse review on 25/7/20

Name: SATNAM SINGH S/O GURBACHAN SINGH ID No.: S1516626F Admission Date: 15.07.2020 12:14:00
 *This is a computer generated copy. No signature is required.
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Raffles Hospital | 585 North Bridge Road | Singapore 188770 Tel: 6311 1111 | Fax: 6338 1318 Website: www.raffleshospital.com Registration No. 1993032580

Raffles Hospital | Raffles Medical | Raffles Dental | Raffles Japanese Clinic | Raffles Chinese Medicine | Raffles Medical International | Raffles Health | Raffles Health Insurance | Raffles Healthcare Institute

HOSPITAL DOCS

RafflesHospital

Your Trusted Partner for Health

Inpatient Discharge Medical Summary

Patient Information		Admission Information	
Name:	SATNAM SINGH S/O GURBACHAN SINGH	Admission Date/Time:	15.07.2020 12:14:00
ID No.:	S1516626F	Discharge Date/Time:	21.07.2020 16:12:00
Gender/DoB:	MALE / 02.10.1962	Discharge Type:	To RH SOC
Age:	57 Y 9 M	Duration of Stay:	7
Address:	28C DOVER CRESCENT #02-51 SG 133028	Principal Dr.:	LIN KUO HUNG (RD)
		Dept / Location:	W1321

Treatments and Investigations	
<u>Radiological Investigations</u>	
LOWER EXTREMITIES	
16.07.20 ANKLE X-RAY	
16.07.20 TIBIA/ FIBULA X-RAY	
THORAX	
16.07.20 CLAVICLE X-RAY	
CT SCANS	
15.07.20 CT EXTREMITY (PLAIN)	
3D CT	
15.07.20 CT 3D RECONSTRUCTION (ONE REGION)	
15.07.20 CT 3D RECONSTRUCTION (TWO REGIONS)	

Condition at Discharge:	Stable
Follow up appointment Date:	
Discharge Advice:	To follow up at SOC. If unwell, return to A&E.
For continuity of care:	Please review and manage.
Completed by:	LIN KUO HUNG (RD)
Printed on:	21.07.2020 04:17 PM

Name: SATNAM SINGH S/O GURBACHAN SINGH ID No.: S1516626F

Admission Date: 15.07.2020 12:14:00

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Raffles Hospital | Raffles Medical | Raffles Dental | Raffles Japanese Clinic | Raffles Clinical Medicine | Raffles Medical International | Raffles Health | Raffles Health Insurance | Raffles Healthcare Institute

Inpatient Discharge Medical Summary

Patient Information		Admission Information	
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ID No.:	S1516626F	Discharge Date/Time:	21.07.2020 16:12:00
Gender/DoB:	MALE / 02.10.1962	Discharge Type:	To RH SOC
Age:	57 Y 9 M	Duration of Stay:	7
Address:	26C DOVER CRESCENT #02-51 SG 133028	Principal Dr.:	LIN KUO HUNG (RD)
		Dept / Location:	W1321

Diagnosis	ICD10 Code
Primary: Fracture of shaft of tibia with fracture of fibula (any part)	S8221
Secondary: Fracture of shaft of clavicle	S4202
Diagnosis Remarks: -	

Procedure	Surgery Date	Surgical Code
CLAVICLE, CLAVICLE FRACTURE, COMMINUTED PLATING WITH OR WITHOUT BONE GRAFT IN		SB701C
G		
BONE (LOWER LIMB), DEFORMITIES, CORRECTIVE SURGERY WITH INTERNAL FIXATION WIT		SB801B
HO		
SKIN AND SUBCUTANEOUS TISSUE, LACERATIONS (DEEP > 3CM/MULTIPLE) LACERATIONS, REP		SA8425

Allergies & Medical Alerts	
Drug Allergy:	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) - ASPIRIN, OTHERS -
	Propyphenazone/paracetamol/caffeine
Medical Alert:	NKDA

Clinical Summary
Chief Complaint / Reason for Admission: Brought in by SCDF on 15th July 2020 w/o: HTN HLD Anxiety Retinal detachment Glaucoma c/o: Involved in RTA on 15th July 2020 Motorbike rider, no helmet but had turban on Hit by car from behind and flung over no LOC no vomiting + right clavicle and shoulder pain + left LL pain and deformed no SOB/chest pain Clinical Findings: On admission: Alert, in pain 6/10 T 37 BP 144/80 HR 74 SPO2 99% Lungs clear HS1S2

Name: SATNAM SINGH S/O GURBACHAN SINGH ID No.: S1516626F

Admission Date: 15.07.2020 12:14:00

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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
UEN: S665500206 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : X149420100728 Vehicle Registration No: FW 93238
Name (as shown in NRIC) : SEAH NAM SINGH s/o GUERATION SINGH NRIC/FIN/Passport No : SXXX 626 F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 88574577
Email Address : _____
Date of Accident : 15/07/2020 Time of Accident : 18:30
Place of Accident : CROSS JUNCTION OF MERTHUR ROAD
Insurance Company : M816

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To CORRECT VEHICLE NUMBER ON REPORT -

Policyholder / Driver's Signature
Date:

24/11/2020
Reporting Centre Personnel's Signature
Name: