

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 Submission 22/12/2020 10:28 (SGT)
Date of Accident 04/10/2020 09:30 (SGT)
Exact Location of Accident 943 Jurong West Street 91, Block 943, Singapore 640943
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG6409E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BALASUBRAMANIAN RAJESH
NRIC No SXXXX673F
Email Address RAJESHREALTOR3@GMAIL.COM
Mobile Phone No (Phone) +65-93376480
Alternative Phone No +65-93376480

VEHICLE PARTICULARS

Manufacturer Royal Enfield
Model -
Variant -
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 - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage ThirdParty
Fleet Policy No
Policy Number MSD/VMT/20-510999-WTT
Cover Note Number -

DRIVER

Name of Driver BALASUBRAMANIAN RAJESH
NRIC No SXXXX673F
Date Of Birth 12/04/1985
Occupation Indoor

Date Of Driving Pass	20/12/2018
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93376480
Alt. Phone Number	+65-93376480
Email Address	RAJESHREALTOR3@GMAIL.COM
Address	BLK 217 BUKIT BATOK ST 21 #08-365
Address complement	-
Postcode	650217
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201004/2065

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	FBP9134E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT NOTICE**

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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)



Reporting Centre Personnel's Signature
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04th Oct 2020, When I visited my friends place at Blk 943 Jurong west st 91, around 09:30am while parking my motorcycle ~~my~~ right side saddle bag accidentally hit the motorcycle FBP 9134E to fell down. And I put back the ~~vehicle~~ motorcycle to the correct parking position afterwards

DECLARATION

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

[Signature]

[Signature]


















**SINGAPORE
POLICE FORCE**


T/20201004/2065

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Report No. T/20201004/2065

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2020 16:28		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: BALASUBRAMANIAN RAJESH			Address: APT BLK 217 BUKIT BATOK STREET 21 #08-365 SINGAPORE 650217		
ID Type / ID No.: NRIC NO / S8573673F			Contact No.: Home/Office: Mobile: 93376480		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 12/04/1985	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/10/2020 09:40	Type of Location: Car Park
Location: JURONG WEST STREET 91				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG6409E	Motorcycle	ROYAL ENFIELD	BULLET CLASSIC 350 MANUAL	Red	No Damage	0
FBP9134E	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20201004/2065

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20201004/2065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG6409E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60919590	20/09/2020	19/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BALASUBRAMANIAN RAJESH		ID No. S8573673F
Related Vehicle	FBG6409E (Motorcycle)		Contact No. 93376480
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the 04/10/2020 at about 0940hrs, I parked my motorcycle (FBG6409E) in the Carpark Vicinity of B/943 -945 Jurong West St 91.

While I was doing so, my motorcycle sidebags accidentally hit onto the stationary Motorcycle (FBP9134E) which was on the left. The impact cause the motorcycle to fell down. I then assisted to bring it up again back to where it was.

From what I could see, the rear number plate of the said motorcycle was abit dented. Thinking nothing was amiss, I just left the area.

I then received a call from a traffic police IO who advise me to lodge a police report.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



T/20201004/2065

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Report No. T/20201004/2065

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:

J/

Sgt 2 AHMAD HAIKAL BIN AHMAD FIRDAUS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 125

Authentication Stamp
NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

04/10/2020 16:28

Classification Of Case: