

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 24/12/2020 10:04 (SGT)
Date of Accident 18/12/2020 13:20 (SGT)
Exact Location of Accident Braddell Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP5556Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ITALIAN FABRICS PTE LTD
Company Reg No -
Email Address NEETU@ITAFAB.COM
Mobile Phone No (Phone) +65-98553901
Alternative Phone No +65-98553901

VEHICLE PARTICULARS

Manufacturer Honda
Model CGF 190X
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
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 Comprehensive
Fleet Policy No
Policy Number A 300338881 VMC
Cover Note Number -

DRIVER

Name of Driver BALU HARIHARAN
Work Permit No GXXXX995N
Date Of Birth 21/01/1989
Occupation Indoor

Date Of Driving Pass	17/06/2020
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82496043
Alt. Phone Number	-
Email Address	NEETU@ITAFAB.COM
Address	BLK 148 POTONG PASIR AVE 1 #04-37
Address complement	-
Postcode	350148
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201218/2137

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	SLL9762U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person BALU HARIHARAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? FBP5556Y
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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.
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.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan diagram showing a road layout with lanes marked by dashed lines. A vehicle labeled 'A' is positioned in the second lane from the bottom, moving towards the right. A vehicle labeled 'B' is positioned in the third lane from the bottom, moving towards the left. The vehicles are facing each other, suggesting a potential collision point. To the right of the diagram, the following information is handwritten:

A = FBP 5556 Y
B = SLL 9762 U

Braddell Rd

Refer to Police Report T/20201218 / 2137

We declare the foregoing particulars are true in every respect.



Signature / Date

Henry

































**SINGAPORE
POLICE FORCE**



T/20201218/2137

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

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Report No. T/20201218/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2020 20:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: BALU HARIHARAN			Address: APT BLK 148 POTONG PASIR AVENUE 1 #4-37 SINGAPORE 350148	
ID Type / ID No.: FIN NO / G5061995N			Contact No.: Home/Office: Mobile: 82496043	
Nationality: INDIAN			Email:	
Sex: Male	Age: 31	Date of Birth: 21/01/1989	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: ACCOUNT DEVELOPMENT EXECUTIVE			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/12/2020 13:20	Type of Location:
Location: BRADDELL ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP5556Y	Motorcycle	HONDA	CBF190X MANUAL	Black		0
SLL9762U	Car	HONDA	VEZEL 1.5X HYBRID AT ABS D/AIRBAG 2WD	Black		0



**SINGAPORE
POLICE FORCE**



T/20201218/2137

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

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Report No. T/20201218/2137

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BALU HARIHARAN	ID No.	G5061995N
Related Vehicle	FBP5556Y (Motorcycle)	Contact No.	82496043
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/12/2020	Date Discharge	18/12/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE, TIME AND LOCATION,
I WAS RIDING ALONG BRADDELL ROAD IN FRONT OF BLK 220. IT WAS A FIVE LANE ROAD AND I WAS ON THE FOURTH LANE AND WANTED TO CHANGE INTO THE THIRD LANE. ALL OF A SUDDEN, ALL THE CARS ON THE THIRD LANE CAME TO A STOP. AS A RESULT, I ALSO HAD TO JAM BRAKE WHILE MAKING THE LANE CHANGE. AS THE ROAD WAS SLIPPERY DUE TO THE RAIN, I WAS UNABLE TO CONTROL MY BRAKING. HENCE, I LOST CONTROL OF MY VEHICLE AND FELL TO THE GROUND. THE POLICE AND AMBULANCE WAS CONTACTED BY THE DRIVER OF THE VEHICLE I COLLIDED WITH. THE DAMAGES WERE BETWEEN THE LEFT SIDE OF MY BIKE AND THE RIGHT SIDE OF THE CAR (SLL9762U). I WAS CONVEYED TO TTSH. THAT'S ALL.
IO IN-CHARGE: KEN LEE



**SINGAPORE
POLICE FORCE**



T/20201218/2137

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

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Report No. T/20201218/2137

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 /
MUHAMMAD AMIRUL M

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476178

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/12/2020 20:32

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____