

# 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 ..... 09/02/2021 12:30 (SGT)  
Date of Accident ..... 05/01/2021 17:45 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBJ2616J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... S.S. BALBIR BROS. PRIVATE LIMITED  
Company Reg No ..... -  
Email Address ..... DANGSINGH@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-63381596  
Alternative Phone No ..... +65-63381596

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Jupiter mx 135  
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 ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... MSD/VMS/20-409881-CA  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SATWANT SINGH S/O JEET SINGH  
NRIC No ..... SXXXX820B  
Date Of Birth ..... 05/06/1963  
Occupation ..... Outdoor

Date Of Driving Pass .....	22/10/1996
Driving experience .....	24 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-63381596
Alt. Phone Number .....	-
Email Address .....	DANGSINGH@HOTMAIL.COM
Address .....	21 PASIR RIS VIEW
Address complement .....	-
Postcode .....	518603
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 .....	Collision - Head to Rear
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? .....	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 .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210128/2017

#### 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 .....	SLE518E
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 ..... SATWANT SINGH S/O JEET SINGH  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... FRACTURED LEG  
Injured person in which vehicle? ..... FBJ2616J  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

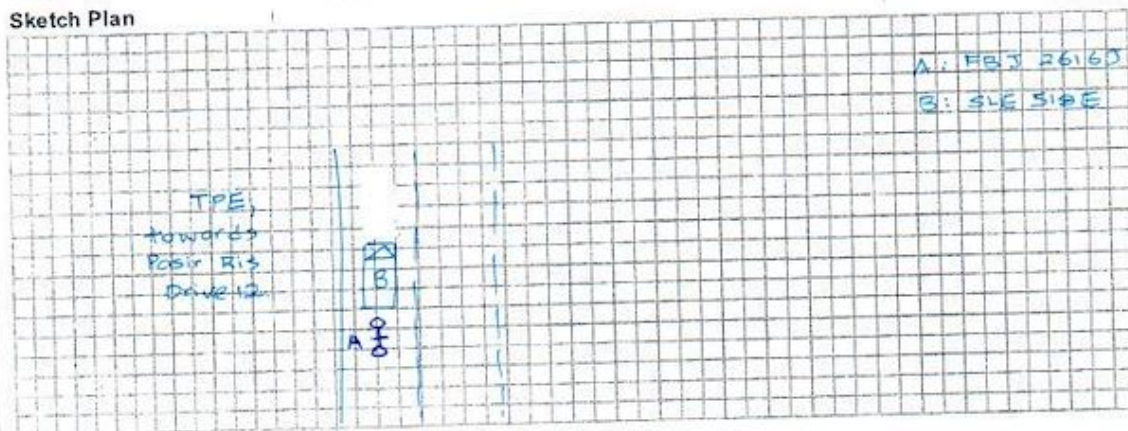
Company's  
Stamp



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

REFER TO POLICE REPORT T/2021 01 28 / 2017

**Declaration**

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

Company's  
Stamp



Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel





















**SINGAPORE  
POLICE FORCE**



T/20210128/2017

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Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20210128/2017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2021 10:13	Vide Report No.:	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: SATWANT SINGH S/O JEET SINGH			Address: 21 PASIR RIS VIEW SINGAPORE 518603	
ID Type / ID No.: NRIC NO / S1614820B			Contact No.: Home/Office: 63381596	Mobile:
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 05/06/1963	Type of Informant: Rider	
Race: Sikh			Language:	Institution / School Name:
Occupation: SHOP ASSISTANT			Driving Licence Information: Class:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/01/2021 17:45	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ2616J	Motorcycle				Seriously Damaged	0
SLE518E	Car				Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		





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Report No. T/20210128/2017

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**CONTINUATION OF REPORT**

Rider Name	SATWANT SINGH S/O JEET SINGH	ID No.	S1614820B
Related Vehicle	FBJ2616J (Motorcycle)	Contact No.	63381596
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/01/2021	Date Discharge	19/01/2021
No. of Days granted Medical Leave	90	Degree of Injury	Serious

**Brief Details.**

On the above date, time and location, I was the rider of motorcycle bearing registration number, FBJ2616J.

While I was travelling on the extreme left lane along TPE towards Pasir Ris Dr 12, I was travelling behind a car bearing, SLE518E. Out of a sudden, he applied break and come into a complete stop. Due to that, I was not able to stop in time and collided onto the rear of the vehicle. I then lost balance and fall on my left side. The impact was minor. The driver of the car then alighted and took some photos before leaving the scene. Some of the other motorist stopped and render some assistance. Shortly after, the ambulance arrived at scene and I was conveyed to Sengkang General Hospital.

I sustained a fracture on my right foot and was later discharged with 90 days hospitalization leave. I did not manage to exchange particulars with the driver. The traffic police was also at scene.



**SINGAPORE  
POLICE FORCE**



T/20210128/2017

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Report No. T/20210128/2017

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

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 2 MUHAMMAD IQBAL BIN JUNAIDI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/01/2021 10:13

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

Authentication Stamp

NP168

