

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 28/06/2021 08:55 (SGT)
Date of Accident 20/06/2021 06:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information PAN -ISLAND EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK5629Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Company Reg No 2XXXXX882K
Email Address SallyL_ZHANG@certisgroup.com
Mobile Phone No (Phone) +65-90683451
Alternative Phone No +65-90683451

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400x
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 - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 400

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-21097290MFCE/93
Cover Note Number -

DRIVER

Name of Driver KARAM JIT SINGH S/O PHALL SINGH
NRIC No SXXXX134F

Date Of Birth	29/04/1970
Occupation	Outdoor
Date Of Driving Pass	09/10/1987
Driving experience	33 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94881479
Alt. Phone Number	-
Email Address	KARAMJITSINGH_70@YAHOO.COM.SG
Address	BLK 120 PAYA LEBAR WAY #05-2931
Address complement	-
Postcode	381120
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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP4752J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBK6029Y
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)	-

Refer to attached.

Refer to attached Police Report.
T/20210620/2024

0900 Hrs.

NRIC/FIN No. _____

SKETCH PLAN

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 re-evaluate 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. 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.
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: _____	 Driver's Signature (If driver is not the policyholder) Date & Time: 24/6/2021 0900 hrs	 Reporting Centre Personnel's Signature Name: _____ NRIC/FIN No.: _____
--	--	--

Details of Incident (Cont'd)	
Sketch	



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001675-9
 6 Raffles Quay #21-00 Singapore 048580
 Tel: (65) 6222 2311 Fax: (65) 6222 3547
 Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
 Tel: (65) 6507 3848 Fax: (65) 6507 3849
 www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : MOTOR CYCLE INSURANCE - FLEET
 Type of Cover. : Comprehensive
 Certificate No. : D-21097290MFCE/93
 Vehicle No / Chassis No : FBK5629Y / JH2NC4797EK000430
 Name of Insured : CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
 Period Of Insurance : 01.04.2021 To 31.03.2022
 Insured Estimated Value : Market Value At Time Of Loss

Excess :

AUTHORISED/ANY WORKSHOP (EXCLUDING MANUFACTURER/DEALER WORKSHOP) - OD
 - SGD1,500.00 FOR RISK 1 TO 114
 - SGD1,700.00 FOR RISK 115 TO 125
 MANUFACTURER/DEALER WORKSHOP - OD
 - SGD1,500.00 FOR RISK 1 TO 114
 - SGD1,700.00 FOR RISK 115 TO 125

Authorised Driver*

ANY AUTHORISED RIDERS

Persons or classes of persons entitled to drive*

Any person provided he is in the Insured's employ and is driving on their order or with their permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use*

- (a) Use only for the Insured's business or profession.
- (b) Use for social domestic and pleasure purposes by the Insured.

The Policy does not cover use for the carriage of passengers for hire or reward, racing, pace-making reliability trial or speed-testing.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
 (Approved Insurers)

JORDINE/B0029/MY100

Issued at Singapore on 04.03.2021

Authorised Signature








**SINGAPORE
POLICE FORCE**


T/20210620/2024

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20210620/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2021 13:31	Vide Report No.:	Station Diary No. 45
--	------------------	-------------------------

Informant's Particulars

Name of Informant: KARAM JIT SINGH S/O PHALL SINGH			Address: APT BLK 120 PAYA LEBAR WAY #05-2931 SINGAPORE 381120		
ID Type / ID No.: NRIC NO / S7016134F			Contact No.: Home/Office: Mobile: 94881479		
Nationality: SINGAPORE CITIZEN			Email: Karamjitsingh_70@yahoo.com.sg		
Sex: Male	Age: 51	Date of Birth: 29/04/1970	Type of Informant: Rider		
Race: Sikh			Language:		Institution / School Name:
Occupation: CERTIS CISCO OFFICER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2021 06:45	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
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
FBK5629Y	Motorcycle	HONDA	CB400X	White	Seriously Damaged	1
FBK6029Y	Motorcycle	HONDA	CB400X	White	Seriously Damaged	1
SJP4752J	Car	HYUNDAI	HD AVANTE 1.6 A	Grey	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210620/2024

2 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20210620/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KARAM JIT SINGH S/O PHALL SINGH	ID No.	S7016134F
Related Vehicle	FBK5629Y (Motorcycle)	Contact No.	94881479
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/06/2021, at about 0645hrs, I was on MTI duty for tuas checkpoint. I came across an accident between a car (SMU2381Y) and a motorcycle (FBB5902E). I parked my motorcycle on lane 1, 10 metres behind the car (SMU2381Y) that was involved in the initial incident.

About 2-3 mins later, I saw a car (SJP4752J) from afar who was not changing lane and was driving onto our direction at a high speed. I then shouted at my colleague and he managed to jump into the bush to evade any collision. The car rammed straight into the back of my colleague's motorcycle, then onto my motorcycle and also the left rear side of the car (SMU2381Y).

Both our motorcycles flew to lane 4. The car (SMU2381Y) suffered a dent at the left rear side and the driver of car (SJP4752J) stopped at lane 5 after the collision. Subsequently, AETOS IMT came followed by the traffic police who instructed us to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20210620/2024

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20210620/2024

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 RAIHAN BIN RAHMAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/06/2021 13:31

Officer In Charge Of Case:
TP / GIT /
Staff Sgt QHAIRIL BIN ZULKIFLI
Contact No.: 65476187

Classification Of Case:

Authentication Stamp
NP168





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: S66550020G / 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 : SC1H216Q0001 Vehicle Registration No: FBK 5629Y
Name(as shown in NRIC) : Karamjit Singh S/o Phall NRIC/FIN/Passport No : S7016134F
(*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate
Address : BK 10 Pop Lebar Way #65-2931 Singapore 881100
Contact (Tel) : NA Mobile No. : 94881479
Email Address : karamjitsingh_70@yahoo.com.sg
Date of Accident : 20.06.2021 Time of Accident : 06.45
Place of Accident : Pan-Island Expressway
Insurance Company : Me First Capital Insurance

(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:

Accred motorcycle number plate: - FBK 5629K to
FBK 5629Y

Policyholder / Driver's Signature
Date:

COMFORTDELINO ENGINEERING PTE LTD
320 UBI ROAD 3
SINGAPORE 408649

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