

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 Actual 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	04/08/2022 11:45 (SGT)
Reported by	Both
Date of Accident	19/07/2022 19:50 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8873H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BALDAVE SINGH S/O S JASSAH SINGH
NRIC No	S1404956H
Email Address	DAVESINGH894@GMAIL.COM
Mobile Phone No	(Phone) +65-82090641
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBF190X
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5121986977-01

DRIVER

Name of Driver	BALDAVE SINGH S/O S JASSAH SINGH
NRIC No	S1404956H
Date Of Birth	14/09/1960
Occupation	Indoor

Date Of Driving Pass	23/12/1982
Driving experience	39 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82090641
Alt. Phone Number	-
Email Address	DAVESINGH894@GMAIL.COM
Address	APT BLK 141 POTONG PASIR AVENUE 3 #03-208
Address complement	-
Postcode	350141
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	Side Swipe
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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ATTACHMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9567Y
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	BALDAVE SINGH S/O S JASSAH SINGH
Gender	Male
Phone No	(Phone) +65-82090641
Address	APT BLK 141 POTONG PASIR AVENUE 3 #03-208
Address Complement	-
Post Code	350141
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL8873H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

dickny

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

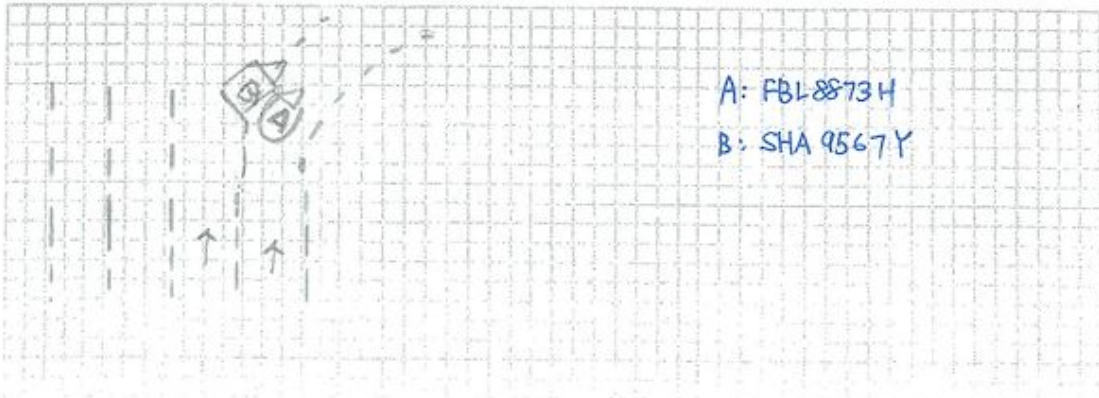


Driver's Signature (if driver is not the policyholder) / Date & Time

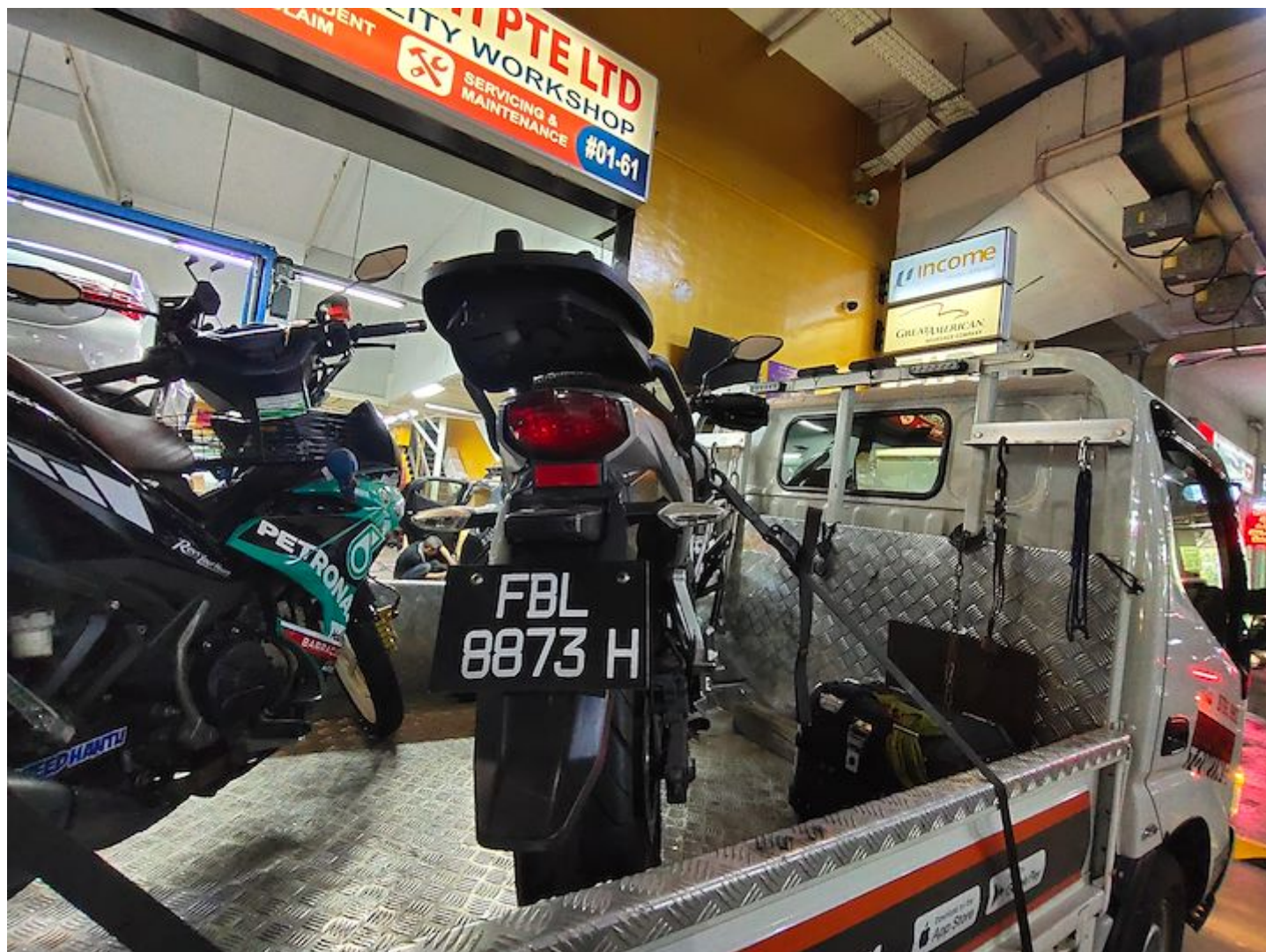


Witnessed by Reporting Centre Personnel

Sketch Plan





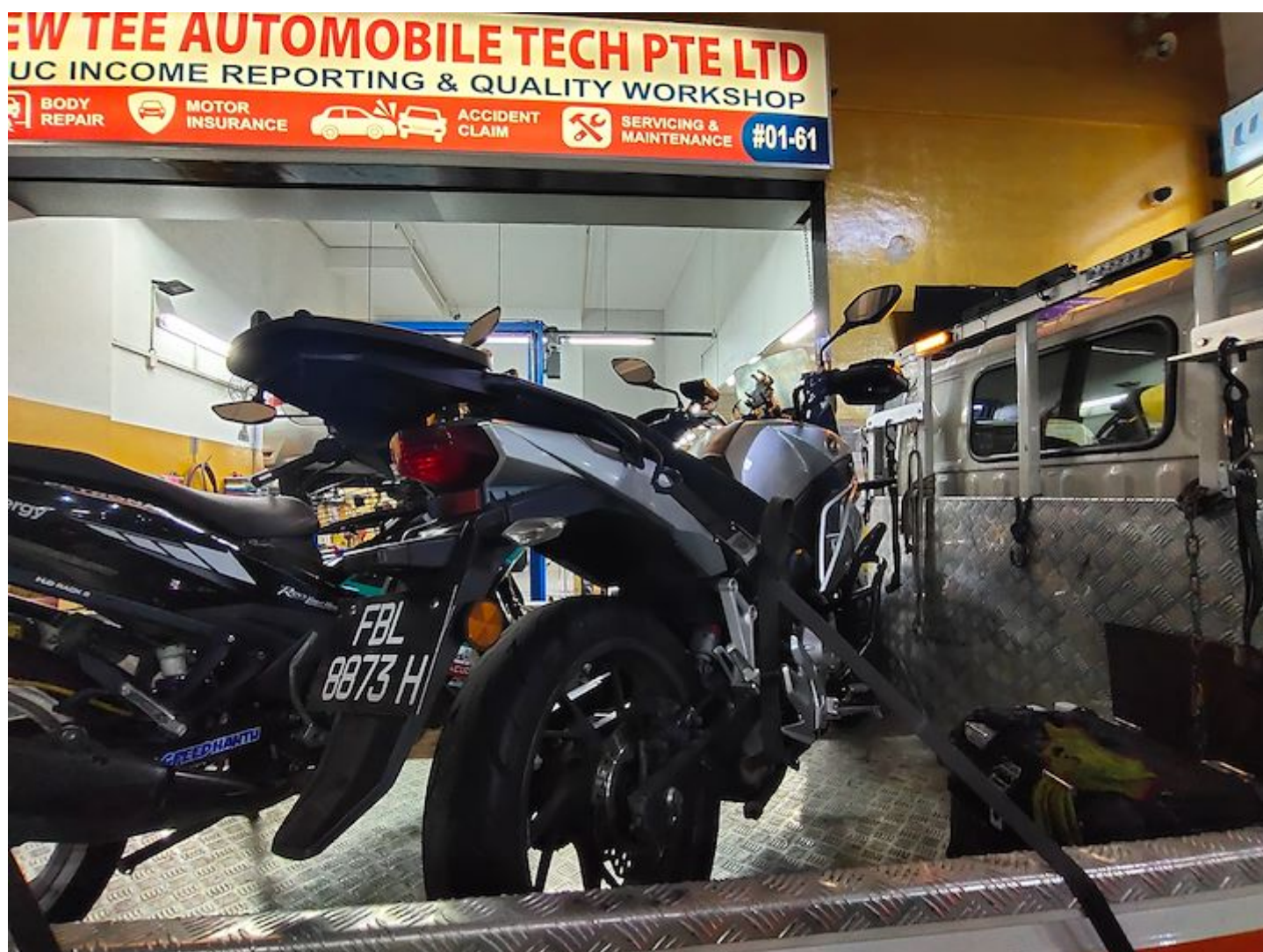


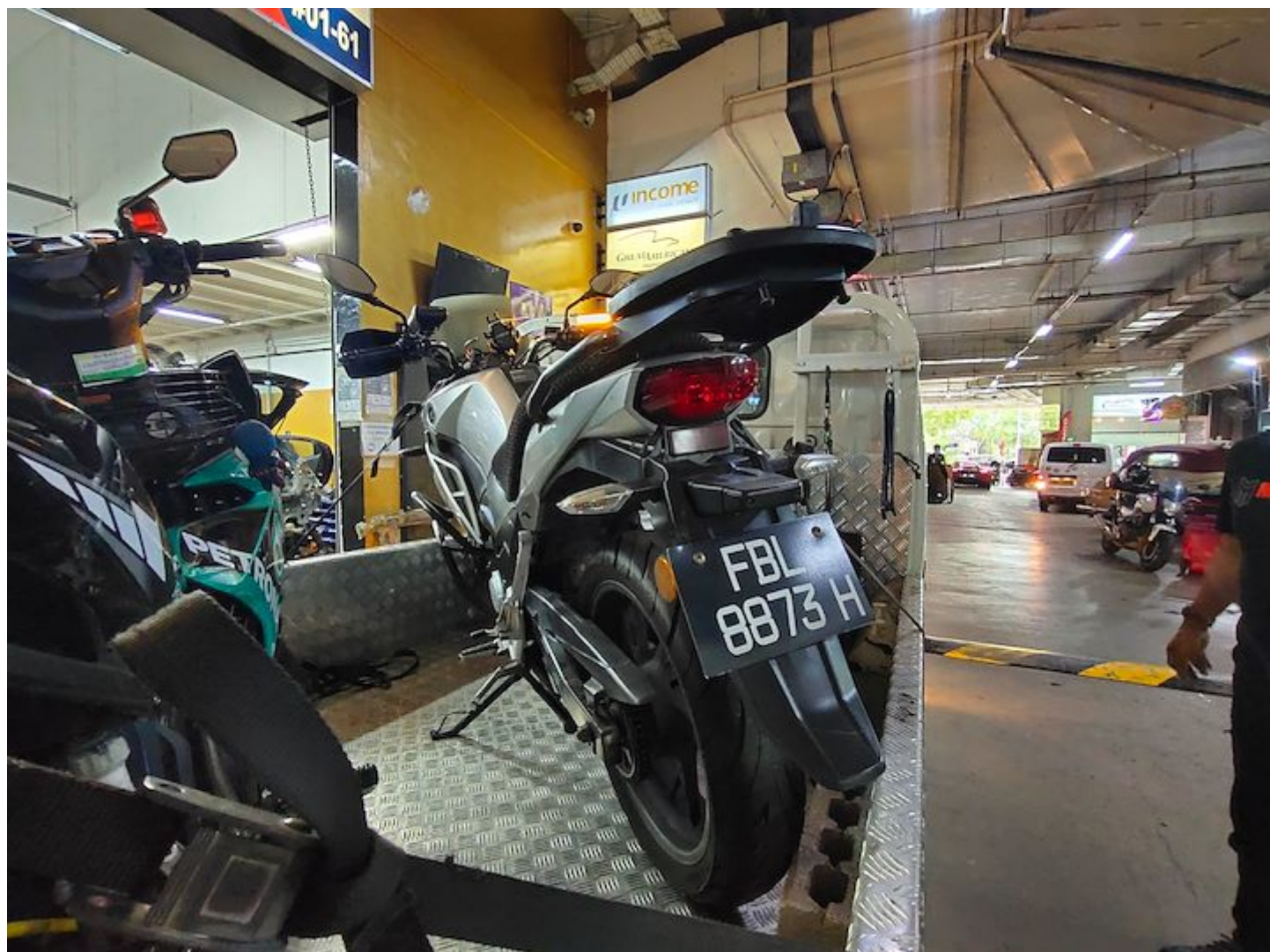


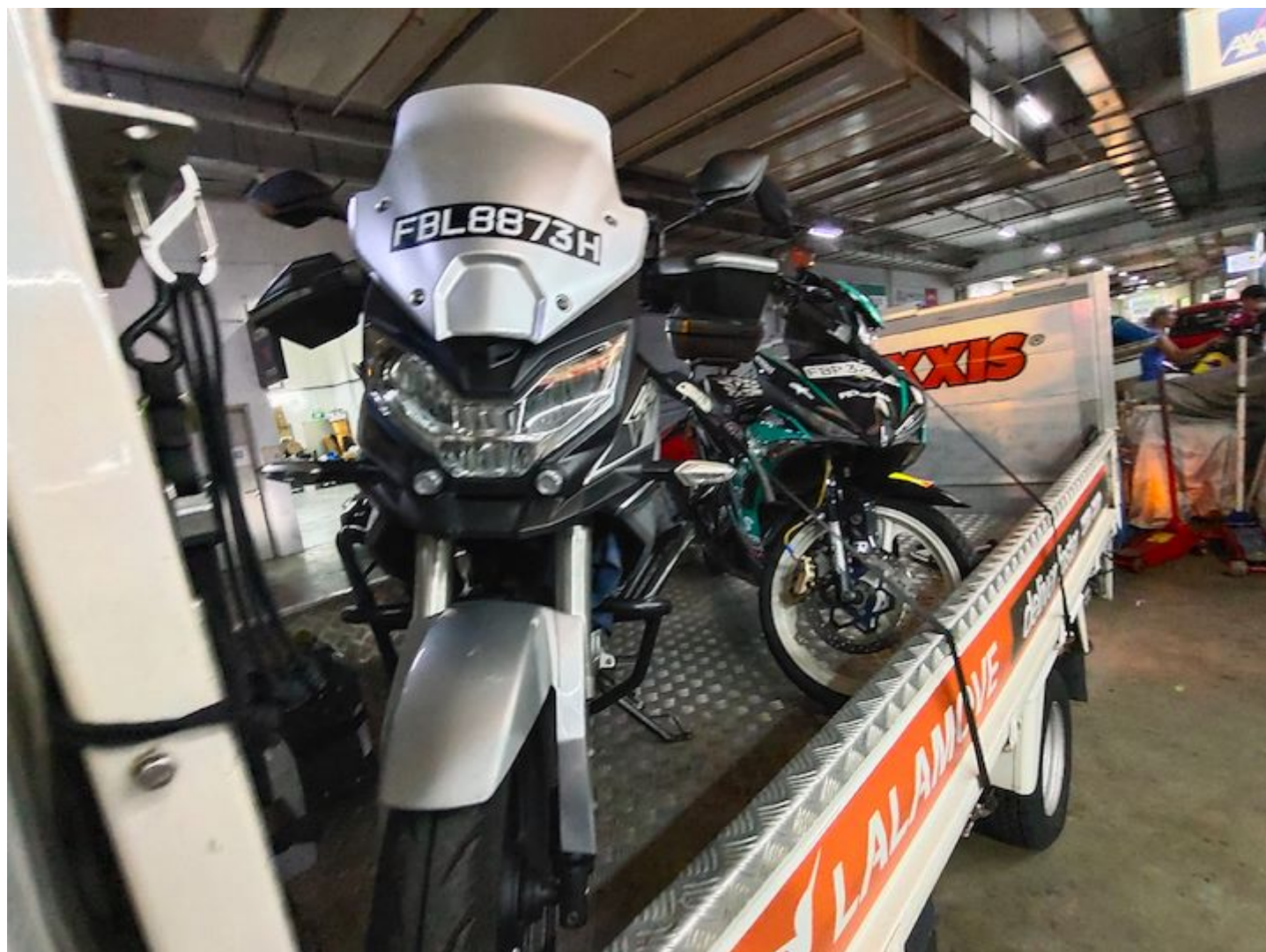














**SINGAPORE
POLICE FORCE**



T/20220720/7046

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

1 of 3

Report No. T/20220720/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2022 18:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BALDAVE SINGH S/O S JASSA SINGH			Address: 141 POTONG PASIR AVENUE 3 #03-208 SINGAPORE 350141		
ID Type / ID No.: NRIC NO / S1404956H			Contact No.: Home/Office: Mobile: 82090641		
Nationality: SINGAPORE CITIZEN			Email: DAVESINGH894@GMAIL.COM		
Sex: Male	Age: 61	Date of Birth: 14/09/1960	Type of Informant: Rider		
Race: Sikh			Language: English		Institution / School Name:
Occupation: Senior security officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2022 19:50	Type of Location: X-Junction
Location: OPHIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBL8873H	Motorcycle	HONDA	CBF190X MANUAL	Silver	Slightly Damaged	0
SHA9567Y	Car			Yellow	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220720/7046

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

2 of 3

Report No. T/20220720/7046

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8873H	NTUC Income Insurance Co-Operative Limited	5121986977-01	03/05/2022	02/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BALDAVE SINGH S/O S JASSA SINGH	ID No.	S1404956H
Related Vehicle	FBL8873H (Motorcycle)	Contact No.	82090641
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/07/2022	Date	20/07/2022
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

I was travelling on Ophir road, lane 1 of the 4 lane road (both right lanes permitted to Turn Right") turning right into north bridge when a car from my left (lane 2) encroached into my lane and knocked my handlebar and mirrors, I was conveyed TTSH and was awarded 7 days of medical leave for my injuries. I was advised to lodge an accident report on this said matter.



**SINGAPORE
POLICE FORCE**

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



T/20220720/7046

3 of 3

Report No. T/20220720/7046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
20/07/2022 18:28

Classification Of Case: