

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 First Submission	09/09/2024 17:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/09/2024 14:40 (SGT)
Exact Location of Accident	Jurong West Ave 5, Singapore
Additional Location Information	JUNCTION OF WESTWOOD RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBW4158H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOR LIM HENG
NRIC No	S6975920C
Email Address	KLH933@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-9437872
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	155
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A301150704VMP

DRIVER

Name of Driver	KHOR LIM HENG
NRIC No	S6975920C
Date Of Birth	29/01/1969
Occupation	Outdoor
Driving Pass Date	28/02/1996
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-9437872
Alt. Phone Number	-
Email Address	KLH933@YAHOO.COM.SG
Address	BLK 943 JURONG WEST ST 91 #07-527
Address complement	-
Postcode	640943
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	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?	No
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20240908/2011

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	GBM2971S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	KHOR LIM HENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBW4158H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

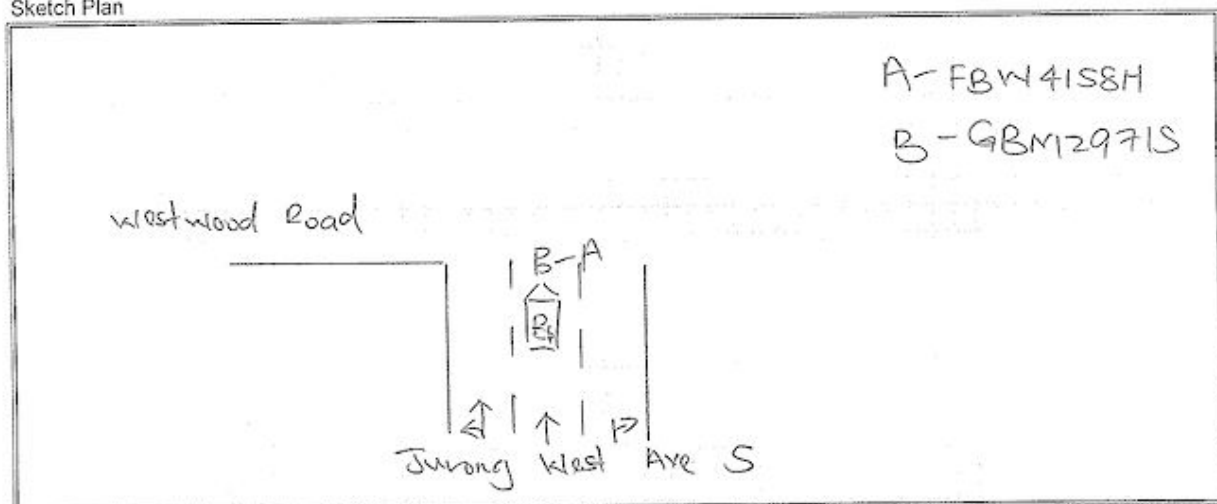
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan




vJun2022

1


Describe Circumstance of the Accident	
<p>Refer to Police Report T/20240908/2011</p>	
<div style="float: right; border: 1px solid black; padding: 5px; width: fit-content;"> <input type="checkbox"/> Claim own policy <input type="checkbox"/> Claim third party <input checked="" type="checkbox"/> Claim OD/TP at other workshop <u>Motorcraft</u> <input type="checkbox"/> For record purpose Policy No. <u>A301150704NMP</u> Insurer <u>MSIG</u> Veh. No. <u>FBW4188H</u> </div>	
<p>I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.</p>	

Declaration

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


 Policyholder's Signature / Date & Time

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


 SNG AH TEE MOTOR & PANEL SVC PTE LTD
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

















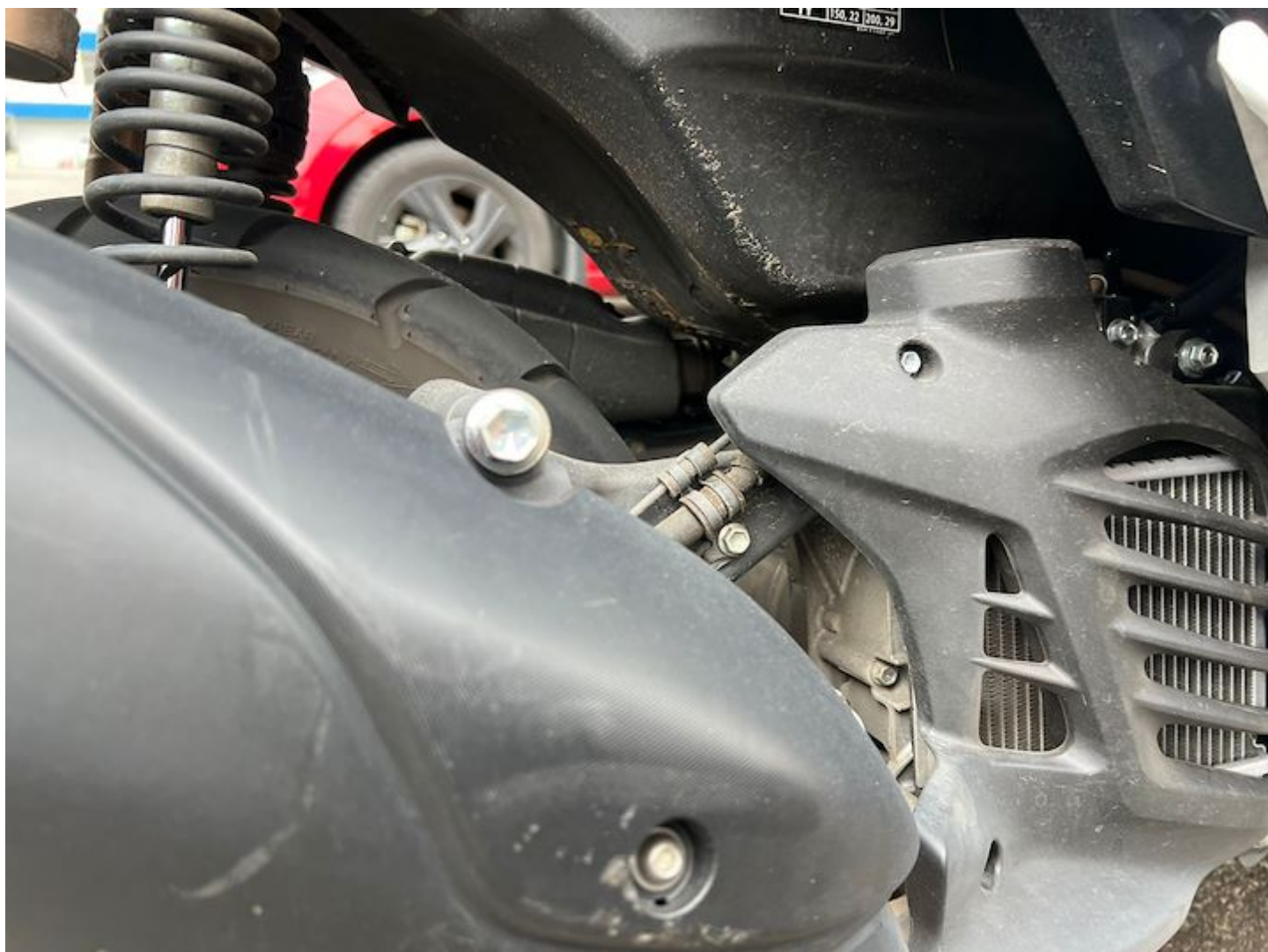








































**SINGAPORE
POLICE FORCE**



T/20240908/2011

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20240908/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2024 09:13		Vide Report No.:		Station Diary No.: 44
Informant's Particulars				
Name of Informant: KHOR LIM HENG		Address: APT BLK 943 JURONG WEST STREET 91 #07-527 SINGAPORE 640943		
ID Type / ID No.: NRIC NO / S6975920C		Contact No.: Home/Office: Mobile: 96437872		
Nationality: SINGAPORE CITIZEN		Email: klh933@yahoo.com.sg		
Sex: Male	Age: 55	Date of Birth: 29/01/1969	Type of Informant: Rider	
Race: Chinese		Language: Chinese		
Occupation: DELIVERY RIDER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2024 14:40	Type of Location: Straight Road
Location: JURONG WEST AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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	Conditio	No of Passenger
FBW4158H	Motorcycle	YAMAHA		Green	Slightly Damaged	0
GBM2971S	Motor van	NISSAN		Silver	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20240908/2011

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20240908/2011

CONTINUATION OF REPORT

Rider			
Name	KHOR LIM HENG		ID No. S6975920C
Related Vehicle	FBW4158H (Motorcycle)		Contact No. 96437872
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	07/09/2024	Date Discharge	07/09/2024
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	Mohammad Faizal Bin Rosdi		ID No. T0113718I
Related Vehicle	GBM2971S (Motor van)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 07/09/2024 at about 1440hrs, I was riding my bike (FBW4158H) along Jurong West Ave 5 towards Jalan Bahar. I was at the traffic junction of Jurong West Ave 5 and Westwood Road. As it was red light, I stopped my bike on the 2nd lane (middle lane). After about 5 seconds after I stopped, I felt an impact on the rear of my bike. My bike jerk forward and I lost balance and fell.

I realised that a van (GBM2971S) had collided into my bike. The driver alighted and checked on me. We then exchanged particulars. My bike had some damages on left side.

I felt pain of my neck and left shoulder area. I seek medical treatment at Ng Teng Fong General Hospital on 07/09/2024 and was given 3 days MC from 07/08/2024 to 09/09/2024.

**SINGAPORE
POLICE FORCE**

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Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20240908/2011

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Report No. T/20240908/2011

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SI YEO CHANG LONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SUPT (1A) CHUA SOON KEONG
Contact No.: 65476030

Signature Of Informant:

Date/Time:
08/09/2024 09:13

Classification Of Case:

NP168