

## 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 ability.
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 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 Report	13/06/2015 15:54
Date Of Accident	11/06/2015 11:00
Exact Location Of Accident	ECP EXPRESSWAY LANE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF5009M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG KIM SENG
NRIC No	S2694440F
Email Address	NOEMAIL
Mobile Phone No	(FOREIGN) 6011-17110152
Alternative Phone No	Others-96279742

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135cc (A)
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
If No, Please state action to be taken	Third Party
Vehicle Category	Motorcycle

### Insurance Company

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	71679290
Cover Note Number	

### Driver

Name of Driver	YONG KIM SENG
NRIC No	S2694440F
Date Of Birth	17/12/1967
Occupation	Indoor
Date Of Driving Pass	28/12/2000
Driving Experience	14 Years And 5 Months
Gender	Male
Mobile Number	(Foreign) 6011-17110152
Fax Number	
Contact Number	Others-96279742
EEmail Address	NOEMAIL

Address	BLK 203 MARSILING DRIVE #05-176
Postcode	730203
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name [Other]	CHANGI NPC
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20150611/2116. >> ON 11/06/2015 @ 1100HRS, I WAS RIDING MY MOTORCYCLE ALONG ECP AT LANE 3. AS I WAS RIDING, SUDDENLY, A TAXI COLLIDED AT MY REAR AND I FELL TOGETHER WITH THE MOTORCYCLE. SUBSEQUENTLY, WE EXCHANGE PARTICULARS AND I WENT TO CGH TO SEEK TREATMENT. I HAD 4 DAYS MC AS RESULT. I SUSTAINED INJURY ON THE LEFT HIP AND LACERATION ON BOTH MY ELBOW.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3853A
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Name of Driver	JUMADI BIN HAMID
NRIC/Passport Number	S1569661C
Contact Number	
Address	
Postcode	
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	YONG KIM SENG
Approximate Age	47
Injuries Sustain	ABRASIONS TO LT HAND, RT FINGERS & PAIN ON LEFT HIP

Injured person in which vehicle?

FBF5009M

Were seat belts worn?

No

Was injured conveyed to hospital by ambulance?

No

Address

Postcode

## SKETCH PLAN

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  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 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")

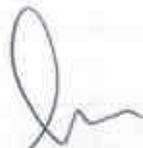
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

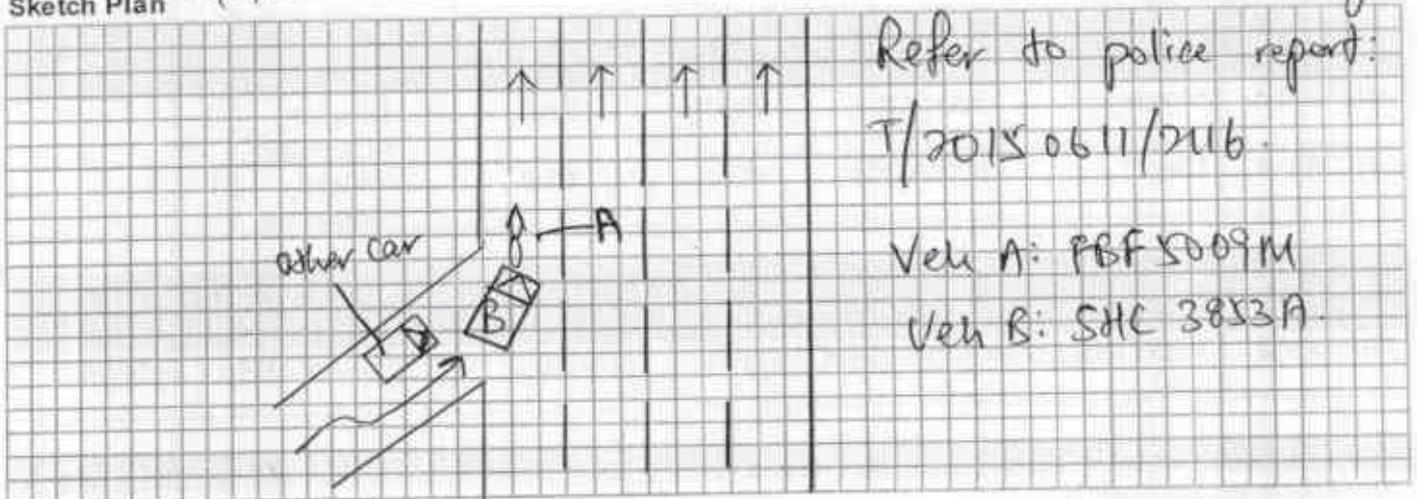
13/6/15 -

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

  
Witnessed by Reporting Centre Personnel

Seae Keng

### **Sketch Plan**





Police Station Of Origin:  
 Changi N.P.C  
 9 Simei Street 2 SINGAPORE 529914  
 Tel No: 1800-5872999



T/20150611/2116

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Report No. T/20150611/2116

CONTINUATION OF REPORT

Rider			
Name	YONG KIM SENG	ID No.	S2694440F
Related Vehicle	FBF5009M (Motorcycle)	Contact No.	96279742
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/06/2015	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight
Driver			
Name	JUMADI BIN HAMID	ID No.	S1569661C
Related Vehicle	SHC3853A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/6/2015 @ 1100hrs, I was riding my m/cycle along ECP at Lane 3. As I was riding, suddenly, a taxi collided at my rear and I fell together with the m/cycle. Subsequently, we exchange particulars and I went to CGH to seek treatment. I had 4 days MC as result. I sustained injury on the left hip and laceration on both my elbow.

Police Station Of Origin:  
Cnang N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20150611/2116

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Report No. T/20150611/2116

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 / Md Jufri B Salieh 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/06/2015 16:39
Officer In Charge Of Case: TP / AEIT / Toh Hoe Sian Jenn Contact No.: 65476185	Classification Of Case:

Authentication Stamp  
NP168

