

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	16/11/2017 14:06
Date Of Accident	15/11/2017 10:40
Exact Location Of Accident	JUNC OF HORNE RD & FRENCH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FX8556M
Insured/Policyholder	
Name Of Registered Owner	XINZHONG AUTOPARTS LLP
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62916051
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
Fleet Policy	NO
Policy Number	MSD/VMT/17-369726-CA
Cover Note Number	-
Driver	
Name of Driver	LIM YONG THONG TOMMY(LIN YONGTONG TOMMY)
NRIC No	S8327365H
Date Of Birth	10/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96708383
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 749 YISHUN ST 72 #07-122
Postcode	760749
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA3438Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAY CHOON MIANG
NRIC/Passport Number	S1497391E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	LIM YONG THONG TOMMY(LIN YONGTONG TOMMY)
Approximate Age	
Injuries Sustain	LEFT ELBOW ABRASION, LEFT KNEE, SWELLING LEFT HIPS
Injured person in which vehicle?	FX8556M
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

新中汽配有限公司
XINZHONG AUTOPARTS LLP

33 Tyrannist Road
Singapore 207535
Tel: (65) 6291 6031 Fax: 6291 6032
E-mail: xzautoparts@xzhong.com.sg

Policyholder's Signature

Date & Time:

VOUCHER
AID
SKODA
STAT
FOR THE
VOCAL

Driver's Signature

(If driver is not the policyholder)

Date & Time:

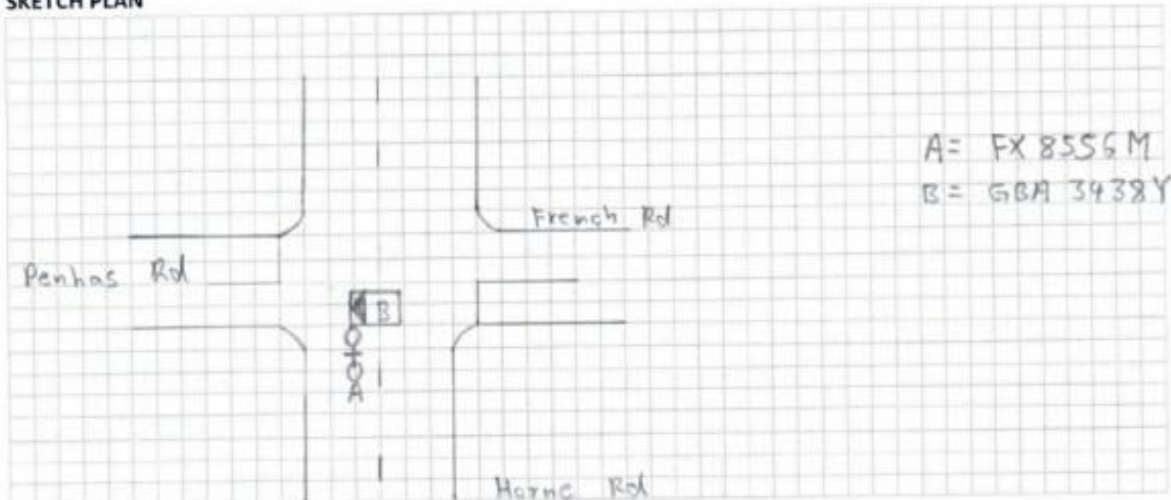
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

DECLARATION

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

XINZHONG AUTOPARTS LLP
33 Tyrwhitt Road
Singapore 207535
Tel: 6311 6281, Fax: 6291 6052
E-mail: xzauto@singnet.com.sg

DRIVER'S SIGNATURE
(If driver is not the policyholder)
Date & Time:

REPORTING CENTRE PERSONNEL'S SIGNATURE
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171116/2052

Origin:
P.C
Central SINGAPORE 768827
J0-8529999

1 of 3

Report No. T/20171116/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2017 12:37	Vide Report No.: A/20171115/0037	Station Diary No.: 61
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Informant's Particulars			
Name of Informant: LIM YONG THONG, TOMMY		Address: APT BLK 749 YISHUN STREET 72 #07-122 SINGAPORE 760749	
ID Type / ID No.: NRIC NO / S8327365H		Contact No.: Home/Office: Mobile: 96708383	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 10/09/1983	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: DISPATCH RIDER		Driving Licence Information: Class: 2B,3,3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/11/2017 10:40	Type of Location: X-Junction
Location: Along Road 1 HORNE ROAD JUNCTION OF FRENCH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX8556M	Motorcycle	HONDA	WAVE	Red	Seriously Damaged	0
GBA3438Y	Van	CITROEN		Black	Slightly Damaged	0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171116/2052

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171116/2052

CONTINUATION OF REPORT

Rider			
Name	LIM YONG THONG, TOMMY		ID No. S8327365H
Related Vehicle	FX8556M (Motorcycle)		Contact No. 96708383
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3,3A Date of Expiry: NIL
Date Treatment	15/11/2017	Date Discharge	15/11/2017
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	TAY CHOON MIANG		ID No. S1497391E
Related Vehicle	GBA3438Y (Van)		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	NIL	Degree of Injury	NIL

Brief Details.

On 15.11.17 at about 1040hrs, I was riding my company motorcycle registration no. FX8556M (Honda Wave Red) along Horne Road. As I was approaching junction of French Road, a vehicle GBA3438Y (Citroen Black) suddenly appeared and I do not have much time and space to avoid a collision. I jumped off from my motorbike on colliding with the said vehicle and I landed about 10 meter at the side my motorbike and my motorbike landed onto the left side after the collision. The driver of vehicle Tay Choon Miang S1497391E came off from his vehicle and assisted me. We wanted to settle privately in the beginning but the driver later asked me to call for police to scene. I called my colleague Andrew Lim, to assist me and he came down to assist.

About 30minutes later, ambulance and police came to scene and I was conveyed to Raffles Hospital. I sustained injuries on my left elbow abrasion, left knee abrasion, swelling on left hips. I was given 4 days of medical leaves from Raffles Hospital (Nearest Hospital to the scene). The hospital medical staff took my X-rays whilst receiving treatments. My colleague Andrew assisted me to get driver's particulars and TPIO Christopher instruction vide A/20171115/0037 for me to lodge this police report. The damages to my motorbike is on its left and front side. I also believe that the mechanism of the gear levers and clutch were faulty. The observed that the van has minimal damages on its front left side.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171116/2052

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20171116/2052

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:

F /
Staff Sgt GHAZALI BIN IBRAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/11/2017 12:37

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

