

## 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	29/11/2017 16:47
Date Of Accident	06/11/2017 07:15
Exact Location Of Accident	PIE TWDS TOH GUAN RD EXIT NEAR IMM BUILDING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF6893U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOO GEOK LEONG
NRIC No	S1622449I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96509717
Alternative Phone No	OFFICE-96509717

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
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	REPORTING ONLY
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	MSD/VMS/17-372659-CA
Cover Note Number	

### Driver

Name of Driver	CHOO GEOK LEONG
NRIC No	S1622449I
Date Of Birth	03/08/1963
Occupation	INDOOR
Date Of Driving Pass	27/10/1982
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96509717
Fax Number	
Contact Number	OFFICE-96509717
Email Address	NOEMAIL

Address	BLK 144 PASIR RIS STREET 11 #06-85
Postcode	510144
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171106/2111.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA4449T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
------	--

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name CHOO GEOK LEONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBF6893U

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan

### 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.
- (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:

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

# Accident Sketch Plan

## SKETCH PLAN

Vehicle A: FBF6893U  
Vehicle B: PAU449T

P/E (change) heads 7th from  
pd exit near 1mm.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2017106/2111.

## DECLARATION

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:

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171106/2111

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

*Lee Ming-kan @ SP7 Juv sg*

1 of 3

Report No. T/20171106/2111

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2017 14:33		Vide Report No.:		Station Diary No.: 57	
<b>Informant's Particulars</b>					
Name of Informant: CHOO GEOK LEONG			Address: APT BLK 144 PASIR RIS STREET 11 #06-85 SINGAPORE 510144		
ID Type / ID No.: NRIC NO / S1622449I			Contact No.: Home/Office:		Mobile: 96509717
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 03/08/1963	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: CORDINATOR			Driving Licence Information: Class: 2B,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/11/2017 07:15	Type of Location: Straight Road
Location: Along Road 1 PASIR ISLAND EXPRESSWAY  Along PIE towards Toh Guan exit near IMM.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF6893U	Motorcycle	HONDA	CBF150	Black	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF6893U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72037210	22/10/2017	21/10/2018

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171106/2111

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Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20171106/2111

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHOO GEOK LEONG	ID No.	S1622449I
Related Vehicle	FBF6893U (Motorcycle)	Contact No.	96509717
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	NIL

### Brief Details.

On 06/11/2017 at about 0715hrs, I was riding my motorcycle FBF6893U along PIE towards Toh Guan exit near IMM shopping mall. As I was riding, there was a motorcycle one car length in front of me skidded. The car in front of me then applied the brake. To avoid colliding with the car in front of me, I moved toward my left to move forward. However, there was a mini bus on the left lane beside me and I hit on to the rear end of the mini bus. I fall on my left and I sustain a fracture left collar bone I also suffered scratches on my left palm, my left elbow and left knee. Traffic police and ambulance was also at scene. I was conveyed to Ng Teng Fong General Hospital by the ambulance. I was also unable to recall the license plate number of the vehicles that was involved in the accident.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171106/2111

3 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20171106/2111

## 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 JEREMY CHUNG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/11/2017 14:33

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Classification Of Case:

SN 163

Authentication Stamp  
NP168



Signature: \_\_\_\_\_

Singapore Police Force



Accident Photo





Accident Photo

