

## 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	11/12/2017 17:52
Date Of Accident	08/12/2017 13:30
Exact Location Of Accident	JUNC OF HORNE RD & KING GEORGE'S AVE TWDS KALLANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBB1802L
Insured/Policyholder	
Name Of Registered Owner	XINZHONG AUTOPARTS LLP
Co Reg No	37571600M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62916051
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE
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/17-356532-CA
Cover Note Number	-
Driver	
Name of Driver	ONG HONG GHEE(WENG HONGYI)
NRIC No	S7240490D
Date Of Birth	30/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1997
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90127141
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 445 YISHUN AVE 11 #06-38
Postcode	760445
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	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB5115R
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	DANNY
Phone Number	98579192

Email Address

DETAILS OF INJURED PERSON 1

Name	ONG HONG GHEE(WENG HONGYI)
Approximate Age	
Injuries Sustain	BODY, SWELLING AND BRUISES ON LEFT FEET & ANKLE REGION
Injured person in which vehicle?	FBF1802L
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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

83 Tyrone Road  
Singapore 267535  
Tel: (65) 6291 6051 Fax: 0291 6052

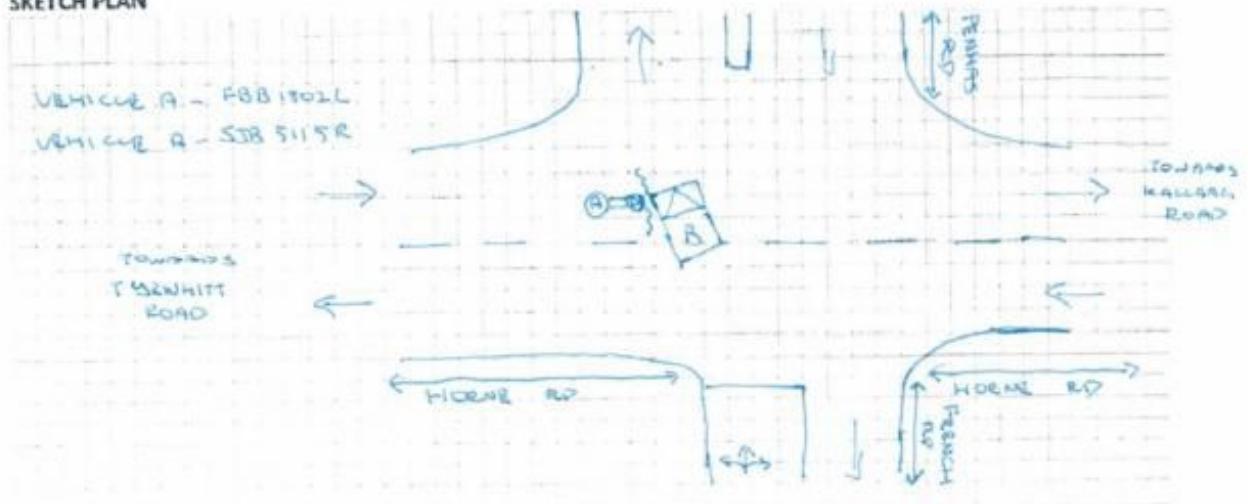
Policyholder's Signature  
Date & Time:

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




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER  
T/20171210/2038

VEHICLE A - F3B 1802 L

VEHICLE B - SS8 5115 R



## DECLARATION

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

**CHIN HONG AUTO PARTS LLP**

3 Tyersail Road  
Singapore 107533  
Tel: (65) 2342 8188 Fax: (65) 5052 1111  
E-mail: [info@chinhong.com.sg](mailto:info@chinhong.com.sg)

Vol 1 AUD  
Vol 2 SKODA  
Vol 3 SCAT  
Vol 4 PCP  
Vol 5

Driver's Signature  
(If driver is not the policyholder)

VOLVO AUD  
SKODA  
SEAT  
Porsche Drive

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/20171210/2038

1 of 3

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

Report No. T/20171210/2038

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2017 13:41		Vide Report No.:		Station Diary No.: 56	
<b>Informant's Particulars</b>					
Name of Informant: ONG HONG GHEE		Address: APT BLK 445 YISHUN AVENUE 11 #06-38 SINGAPORE 760445			
ID Type / ID No.: NRIC NO / S7240490D		Contact No.:		Mobile: 90127141	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 45	Date of Birth: 30/10/1972	Type of Informant: Rider		
Race: Chinese		Language: Mandarin		Institution / School Name:	
Occupation: DISPATCH RIDER		Driving Licence Information: Class: 2B,3,4		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/12/2017 13:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 HORNE ROAD KING GEORGE'S AVENUE At the cross-junction of Horne Road and King George's Avenue, towards Kallang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB1802L	Motorcycle	HONDA	Wave	Blue	Seriously Damaged	0
SJB5115R	Car	SUZUKI	Swift	White		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/20171210/2038

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/20171210/2038

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	ONG HONG GHEE		ID No. S7240490D
Related Vehicle	FBB1802L (Motorcycle)		Contact No. 90127141
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	08/12/2017	Date Discharge	08/12/2017
No. of Days granted Medical Leave	07	Degree of Injury	Serious
<b>Driver</b>			
Name	KOTEGAWA TOMO		ID No. G5478837T
Related Vehicle	NIL		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 08/12/2017 at about 1330hrs, I was riding my motorcycle FBB1802L (blue Honda Wave) at the cross-junction of Home Road and King George's Avenue, towards Kallang Road. When I was about to ride thru the said junction, one white colored vehicle SJB5115R (Suzuki Swift) made a right turn from Home Road to King George's Avenue and I could not stop my vehicle in time; therefore I collided onto the left portion of the said vehicle.

After the incident, the driver of SJB5115R shifted the vehicle to aside and approached me. There is another motorcyclist which was travelling behind me at that point of time and he is willing to be my witness. His name is Danny with the contact number 9857 9192 and had assisted me to call for ambulance.

I was conveyed to Raffles Hospital after the incident and was given 7 days of hospitalization leave from 08/12/2017 to 14/12/2017. I sustained pain on my whole body, swelling and bruises on my left feet & ankle region. There is no vehicle camera installed on my motorcycle.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171210/2038

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/20171210/2038

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 LAU JIXIANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2017 13:41
Officer In Charge Of Case: TP / GIT / 65470000	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	 SN 085
 Signature: Singapore Police Force	



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

