

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	07/12/2017 12:50
Date Of Accident	03/12/2017 21:00
Exact Location Of Accident	PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV7363U
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Insured/Policyholder

Name Of Registered Owner	KOO NG HUAT
NRIC No	S2632048H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96348963
Alternative Phone No	OTHERS-96348963

Vehicle Particulars

Manufacturer	HONDA
Model	CBR 150R
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	MSD/VMT/17986488
Cover Note Number	

Driver

Name of Driver	KOO NG HUAT
NRIC No	S2632048H
Date Of Birth	10/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96348963
Fax Number	
Contact Number	OTHERS-96348963
Email Address	NOEMAIL

Address	BLK 101 RIVERVALE WALK #12-28
Postcode	540101
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
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20171204/2158. ATTENDED BY SITI

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	SH7498J
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 KOO NG HUAT

Approximate Age 54

Injuries Sustain

Injured person in which vehicle? FV7363U

Were seat belts worn? NO

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KOO MENG CHOON

Approximate Age

Injuries Sustain

Injured person in which vehicle? FV7363U

Were seat belts worn? NO

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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 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.

07 DEC 2017


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
KAKI BUKIT AVE 1
Reporting Centre
Singapore 415933
Name: Tel. 67416697
NRIC/FIN No. Fax: 67492305
Email: vac.kb@singnet.com.sg

SKETCH PLAN

refer to attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

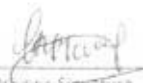
refer to police Report no : T/20171304/2158

DECLARATION

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

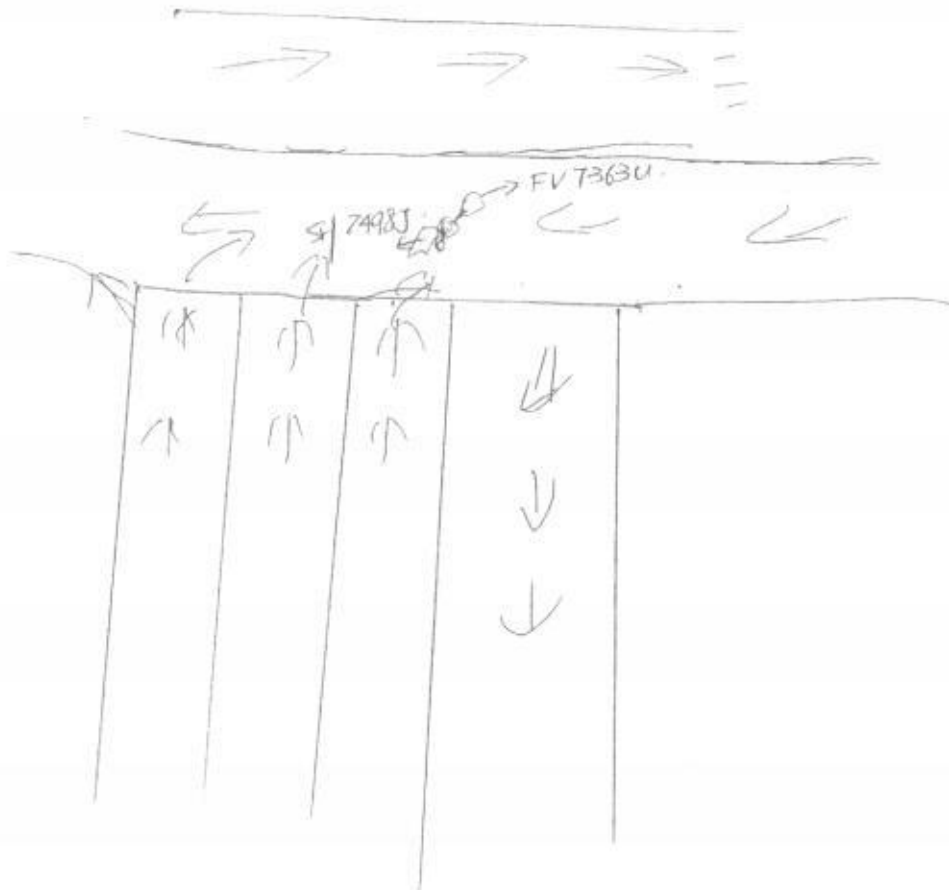
07 DEC 2017


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Reporting Centre Tel: 65116607
Name: Fax: 67492305
NRIC/FIN No: yuekb@singnet.com.sg

Accident Sketch Plan Pg. 1





SINGAPORE POLICE FORCE



T/20171209/2015

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20171209/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2017 09:17	Vide Report No.: T/20171204/2158	Station Diary No.: 33
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Informant's Particulars

Name of Informant: KOO NG HUAT			Address: APT BLK 101 RIVERVALE WALK #12-28 SINGAPORE 540101		
ID Type / ID No.: NRIC NO / S2632048H			Contact No.: Home/Office: Mobile: 96348963		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 10/11/1963	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PAINTER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2017 21:00	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL CENTRAL PUNGGOL EAST From Punggol Central turning right to Punggol East				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV7363U	Motorcycle	HONDA	CBR150R	Blue	Slightly Damaged	1
SH7498J	Car				No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV7363U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17986488	31/10/2017	30/10/2018



**SINGAPORE
POLICE FORCE**



T/20171209/2015

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20171209/2015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KOO NG HUAT	ID No.	S2632048H
Related Vehicle	FV7363U (Motorcycle)	Contact No.	96348963
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/12/2017	Date Discharge	04/12/2017
No. of Days granted Medical Leave	20	Degree of Injury	Serious
Pillion			
Name	IVAN KOO MENG	ID No.	S922791I
Related Vehicle	FV7363U (Motorcycle)	Contact No.	96474342
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/12/2017	Date Discharge	04/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 03/12/2017 at about 2100hrs, I was riding my motorcycle vehicle registration number FV7363U together with my pillion rider, who is my son namely Ivan Koo Meng Choon along Punggol Central turning right to Punggol East. Suddenly one blue colour taxi bearing SH7498J, hit me from behind causing me and my son to fall down from the motorcycle. Ambulance came to scene but I am unsure if police had came to scene. We were then conveyed to the ambulance to Changi General Hospital. Doctor gave me 20 days MC where else my son received 3 days of MC. Doctor informed me that I had sustained left toe fracture and left waist pain. I am required to have another check up on 21/12/2017 for further checks on my fractured bone. I am unsure of my current location of my motorcycle.

On the 03/12/2017 the taxi driver manage to call my son and disclose his plate number to us



**SINGAPORE
POLICE FORCE**



T/20171209/2015

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Report No. T/20171209/2015

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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 MUHAMMAD FADHLULLAH BIN
SHARIFFUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

SN 085



Signature: _____

Singapore Police Force

Signature Of Informant:

Date/Time:
09/12/2017 09:17

Classification Of Case:



SINGAPORE POLICE FORCE



T/20171204/2158

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20171204/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2017 20:21	Vide Report No.:	Station Diary No.: 140
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Informant's Particulars

Name of Informant: KOO NG HUAT			Address: APT BLK 101 RIVERVALE WALK #12-28 SINGAPORE 540101		
ID Type / ID No.: NRIC NO / S2632048H			Contact No.: Home/Office: Mobile: 96348963		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 10/11/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Painter			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/12/2017 21:00	Type of Location:
Location: Along Road 1 PUNGGOL CENTRAL PUNGGOL EAST From punggol central turning right to punggol east				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV7363U		HONDA	CBR150R	Blue		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV7363U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17986488	31/10/2017	30/10/2018

SH 7498J



Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KOO NG HUAT	ID No.	S2632048H
Related Vehicle	FV7363U	Contact No.	96348963
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/12/2017	Date Discharge	04/12/2017
No. of Days granted Medical Leave	20	Degree of Injury	Serious
Pillion			
Name	ivan koo meng choon	ID No.	S9227921I
Related Vehicle	FV7363U	Contact No.	96474342
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/12/2017	Date Discharge	04/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 03/12/2017 at about 2100hrs, I was riding my motorcycle vehicle registration number FV7363U together with my pillion rider, who is my son namely Ivan Koo Meng Choon along Punggol Central turning right to Punggol East. Suddenly one blue in color taxi unknown registration number, hit me from behind causing me and my son to fall down from the motorcycle. Ambulance came to scene but I am unsure if police had came to scene. I did not manage to get the registration number of the taxi as me and my son had been conveyed to Changi General Hospital. Doctor gave me MC for 20 days and my son 3 days. Doctor informed me that I had sustained left toe fracture and left waist pain. I am required to have another checkup on 21/12/2017 for further checks on my fractured bone. I am unsure of my current location of my motorbike.



**SINGAPORE
POLICE FORCE**



T/20171204/2158

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20171204/2158

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 /

Sgt 2 TEO JIA HAO, KENNETH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/12/2017 20:21

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

SM 085

Authentication Stamp

NP168



Signature:

Singapore Police Force