

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	14/12/2017 09:17
Date Of Accident	06/11/2017 18:00
Exact Location Of Accident	LOYANG AVE TWDS TAMPINES AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX2691U
Insured/Policyholder	
Name Of Registered Owner	ONG THIAN SIEW
NRIC No	S7349040E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93218665
Alternative Phone No	OFFICE-93218665

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125S M
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
Fleet Policy	NO
Policy Number	MSD/VMT/17-980218-WTT
Cover Note Number	-

Driver

Name of Driver	ONG THIAN SIEW
NRIC No	S7349040E
Date Of Birth	22/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2012
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93218665
Fax Number	
Contact Number	OFFICE-93218665
EEmail Address	NOEMAIL

Address	BLK 611 BEDOK RESERVOIR RD #13-1136
Postcode	470611
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
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	FZ6691H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHAMMAD SUWADI BIN ZAINAL
NRIC/Passport Number	S9120922E
Contact Number	90615673
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	ONG THIAN SIEW
Approximate Age	
Injuries Sustain	LEFT SHOULDER,
Injured person in which vehicle?	FX2691U
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	NO
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.


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

A = FX 2691 U
B = F2 6691 H

Loyang Ave twds Tampines Ave 7

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/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/20171107/2021

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No. T/20171107/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2017 09:35	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars				
Name of Informant: ONG THIAN SIEW		Address: APT BLK 611 BEDOK RESERVOIR ROAD #13-1136 SINGAPORE 470611		
ID Type / ID No.: NRIC NO / S7349040E		Contact No.: Home/Office: Mobile: 93218665		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 44	Date of Birth: 22/09/1973	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/11/2017 18:00	Type of Location: T-Junction
Location: Along Road 1 LOYANG AVENUE ALONG LOYANG AVENUE TOWARDS TAMPINES AVE 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX2691U	Motorcycle	HONDA	WAVE 125S M	Red	Slightly Damaged	0
FZ6691H	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX2691U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17980218	10/04/2017	09/04/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171107/2021

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Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20171107/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG THIAN SIEW	ID No.	S7349040E
Related Vehicle	FX2691U (Motorcycle)	Contact No.	93218665
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	MOHAMMAD SUWADI BIN ZAINAL	ID No.	S9120922E
Related Vehicle	FZ6691H (Motorcycle)	Contact No.	90615623
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 the 06/11/2017 at about 1800hrs, I was riding my motorcycle bearing registration number plate FX2691U along Loyang Avenue towards Tampines Ave 7 and was on the third lane and changing to the second lane of a total of four lanes. When I changed lane to lane 2, suddenly I heard a brake sound coming from behind. Suddenly, something hit my rear tyre and I lost control of my motorcycle and I fell off from my motorcycle. I was involved in an accident with motorcycle bearing registration number plate FZ6691H. Both me and the other rider pushed our bike to the side of the road as it was a heavy traffic. We then exchanged particulars and contact number. I then proceed home as I was tired. On the 07/11/2017 at about 0730hrs, I woke up and felt pain on my left shoulder. I then decided to make a traffic accident report and then have a medical check for my shoulder. I have not went for any medical check after the said accident.

I wish to state that my motorcycle sustained a little scratches on the left side faring and handle bar. The other party's motorcycle also sustained some scratches but I cannot remember which part it was.

I also wish to state that my left shoulder is currently painful it might have hit against my motorcycle's handle bar when I fell off from my motorcycle.

I also wish to state that the accident happened when the rider of FZ6691H applied hard break to prevent from collided onto me. However, the rider fell off from his motorcycle, and subsequently the FZ6691H tyre hit onto my motorcycle's rear tyre.

POLICE REPORT



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POLICE FORCE**



T/20171107/2021

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Report No. T/20171107/2021

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T/20171107/2021

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Report No. T/20171107/2021

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 /
Staff Sgt HALIMATUS SA'DIAH BINTE ARIFFIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/11/2017 09:35

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

SN 103

Authentication Stamp
NP168

Force



Changi
General Hospital

ORIGINAL

MEDICAL CERTIFICATE

EMD20172030191

Name ONG THIAN SIEW		NRIC No. S7349040E	
This is to certify that the above-named is unfit for duty for a period of <u>16</u> days from <u>07-Nov-2017</u> to <u>22-Nov-2017</u>			
Type of medical leave granted :			
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave		
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____	
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments :			
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>			
Hospital/Clinic		Ward No.	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.
Emergency Medicine		CGH Accident & Emergency	
Changi General Hospital		Date 07-Nov-2017	
		PRAVIN THIRUCHELVAM, 18283D	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

