

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	20/12/2017 16:08
Date Of Accident	19/12/2017 20:30
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA9124M
Insured/Policyholder	
Name Of Registered Owner	MA TIA MONG
NRIC No	S1391813I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90299984
Alternative Phone No	OTHERS-90299984

Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MSS A
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
Fleet Policy	NO
Policy Number	MSD/VMT/17-362300-CA
Cover Note Number	

Driver

Name of Driver	PHOO CHIK SAI
NRIC No	S2695977B
Date Of Birth	29/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1991
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98958587
Fax Number	
Contact Number	OTHERS-98958587
EEmail Address	NOEMAIL

Address	BLK 12 MARSILING LANE #05-45
Postcode	730012
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171220/2000

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	SLK7761R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	PHOO CHIK SAI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBA9124M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.

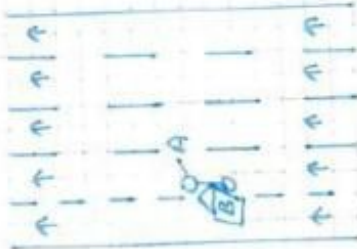
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN CTE Toward City Before Braddell Exit



A - FBA 9124M

B - SLK 7761R


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20171220/2000

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:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171220/2000

2 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20171220/2000

CONTINUATION OF REPORT

Rider			
Name	PHOO CHIK SAI	ID No.	S2695977B
Related Vehicle	FBA9124M (Motorcycle)	Contact No.	98958587
Hospital/Clinic	HISEMAINN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	19/12/2017	Date Discharge	19/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Unknown Male Malay	ID No.	NIL
Related Vehicle	NIL	Contact No.	91351171
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 19/12/2017 at about 2030hr, I was riding along CTE towards Geylang and I was riding at the extreme left lane. While I approaching Braddell Road out of sudden a black car drove out from nowhere and the car had hit onto my left arm. I tried to regain control of my motorcycle and luckily I was not fell down from my motorcycle. I waved at the driver signal him to stop at the road side and the driver who was a malay driver told me that i was in the blind spot because a bus had block his view. he also told me that he is a Uber driver. The driver told me to see doctor and he will pay for me. After i see doctor, the driver told me that he will not pay the medical fee and he told me to lodge a police report. I was given 3 day MC due to pain at the left arm and left leg.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20171220/2000

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20171220/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2017 00:29	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: PHOO CHIK SAI			Address: APT BLK 12 MARSILING LANE #05-45 SINGAPORE 730012		
ID Type / ID No.: NRIC NO / S2695977B			Contact No.: Home/Office: Mobile: 98958587		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 51	Date of Birth: 29/07/1966	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Employment agent/Labour contractor			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/12/2017 20:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE near to Braddell Road exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBA9124M	Motorcycle			Grey	No Damage	0
SLK7761R	Car			Black	No Damage	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/20171220/2000

2 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20171220/2000

CONTINUATION OF REPORT

Rider			
Name	PHOO CHIK SAI		ID No. S2695977B
Related Vehicle	FBA9124M (Motorcycle)		Contact No. 98958587
Hospital/Clinic	HISEMAINN MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	19/12/2017	Date Discharge	19/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Unknown Male Malay		ID No. NIL
Related Vehicle	NIL		Contact No. 91351171
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 19/12/2017 at about 2030hr, I was riding along CTE towards Geylang and I was riding at the extreme left lane. While I approaching Braddell Road out of sudden a black car drove out from nowhere and the car had hit onto my left arm. I tried to regain control of my motorcycle and luckily I was not fell down from my motorcycle. I waved at the driver signal him to stop at the road side and the driver who was a malay driver told me that i was in the blind spot because a bus had block his view. he also told me that he is a Uber driver. The driver told me to see doctor and he will pay for me. After i see doctor, the driver told me that he will not pay the medical fee and he told me to lodge a police report. I was given 3 day MC due to pain at the left arm and left leg.

Police Report



**SINGAPORE
POLICE FORCE**



T/20171220/2000

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20171220/2000

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 WOON WEE CHEEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/12/2017 00:29

Officer In Charge Of
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE