

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	28/12/2017 11:36
Date Of Accident	26/12/2017 13:30
Exact Location Of Accident	JUNCTION OF NORTH BUONA VISTA/AYER RAJAH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2010H
Insured/Policyholder	
Name Of Registered Owner	KOH MARC YI,MARCUS
NRIC No	S9508635G
Email Address	MARCUS.KMY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96329429
Alternative Phone No	OFFICE-96329429

Vehicle Particulars

Manufacturer	HONDA
Model	TIGER-197CC GL 200R
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/17-980076-WTT
Cover Note Number	

Driver

Name of Driver	KOH MARC YI,MARCUS
NRIC No	S9508635G
Date Of Birth	21/02/1995
Occupation	INDOOR
Date Of Driving Pass	23/01/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96329429
Fax Number	
Contact Number	OFFICE-96329429
EEmail Address	MARCUS.KMY@GMAIL.COM

Address	BLK 2 GHIM MOH ROAD #13-310
Postcode	270002
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : NG HWEE CHERN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUONA VISTA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 HOLLAND DRIVE , POSTCODE: 271013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7779999 - FAX NO: 67765857
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171226/2147

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	SHC3382S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG KWEE YONG
NRIC/Passport Number	S6946423H
Contact Number	98210576
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name KOH MARC YI,MARCUS

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE2010H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NG HWEE CHERN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE2010H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.

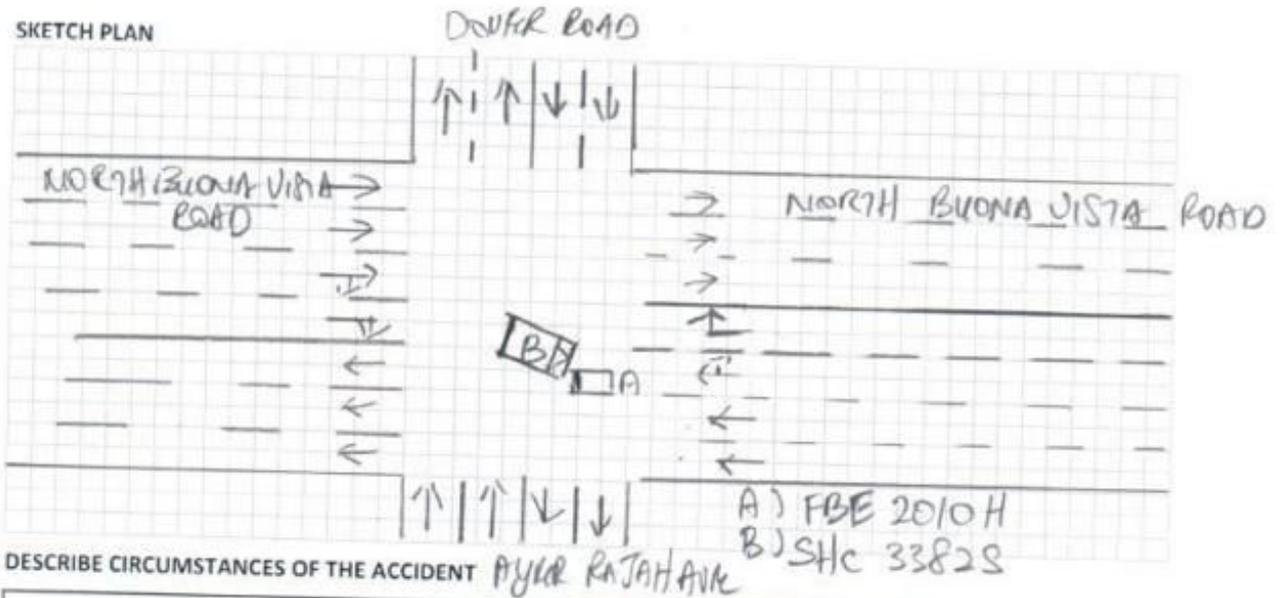

27/12/2017
Policyholder's Signature
Date & Time:

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


28/12/2017
Reporting Centre Personnel's Signature
Name: Rashmi Wadhwa
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



Large empty rectangular area for describing the accident circumstances.

DECLARATION

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

[Signature]
27/12/2017
Policyholder's Signature
Date & Time:

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

[Signature]
28/12/2017
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Sketch Plan #4



SINGAPORE POLICE FORCE



T/20171226/2147

Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

2 of 4

Report No. T/20171226/2147

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	NG HWEE CHERN	ID No.	S7004758F
Related Vehicle	FBE2010H (Motorcycle)	Contact No.	96565670
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/12/2017	Date Discharge	26/12/2017
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Rider			
Name	KOH MARC YI, MARCUS	ID No.	S9508635G
Related Vehicle	FBE2010H (Motorcycle)	Contact No.	96329429
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/12/2017	Date Discharge	26/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG KWEE YONG	ID No.	S6946423H
Related Vehicle	SHC3382S (Taxi)	Contact No.	98210576
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 26.12 2017 at about 1430hrs, I was riding my motorcycle registration number FBE2010H along North Buona vista Road towards Ayer Rajah Ave. My mother, Ng Hwee Chern was my pillion. At the Cross Junction of North Buona Vista Rd and Aye Rajah Ave, a Comfort taxi registration number SHC3382S was about to make right turn. There was a vehicle in front of the taxi that made a right turn into Ayer Rajah Ave before I reached the cross junction.

As I was in the second lane in the Cross Junction the taxi registration number SHC3382S, making inch out from the right turn box in front of my motorcycle. I tried to avoid from directly colliding head on with the taxi, however the right side of my motorcycle, graced on the front right side of the taxi. I then loss

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20171226/2147

3 of 4

Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

Report No. T/20171226/2147

CONTINUATION OF REPORT

control of my motorcycle subsequently my mother and I fell on the right side after the Pedestrian Crossing towards AYE. The taxi driver alighted from his taxi and approached us to see if we are fine. He then went back to taxi made a right turn into Ayer Rajah Ave and stopped his vehicle after the traffic Light. After which he approached me and my mother and asked us if we are ok or medical treatment. There was someone calling for Ambulance to our incident.

Traffic Police together with Ambulance came to my incident. My mother and I was conveyed to NUH for further treatment. We sustained abrasion on the right side due to the incident. I am strongly believe that I am not at fault. There were CCTV installed at the Junction for evidence.

My motorcycle has been tow to Traffic Police Department due to the incident, D/20171226/0067.

Sketch Plan #6



POLICE FORCE



T/20171226/2147

Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

4 of 4

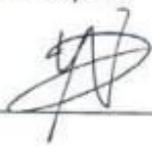
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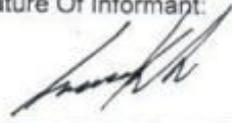
CONTINUATION OF REPORT

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: D / Sgt 2 YUSMAN BIN SURAINÉ 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213

Signature Of Informant: 
Date/Time: 26/12/2017 18:48
Classification Of Case:

Authentication Stamp NP168  SII 49
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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