

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	08/01/2018 19:50
Date Of Accident	08/01/2018 09:00
Exact Location Of Accident	PASIR PANJANG RD INFRONT OF NO100 PASIR PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6124E
Insured/Policyholder	
Name Of Registered Owner	NICHOLAS YAP TIAN TECK
NRIC No	S8931691Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97963298
Alternative Phone No	OFFICE-97963298

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA PRIMAVERA 150
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/VMS/17-373112-CA
Cover Note Number	-

Driver

Name of Driver	NICHOLAS YAP TIAN TECK
NRIC No	S8931691Z
Date Of Birth	16/09/1989
Occupation	INDOOR
Date Of Driving Pass	29/10/2015
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97963298
Fax Number	
Contact Number	OFFICE-97963298
EEmail Address	NOEMAIL

Address	BLK 731 CLEMENTI WEST ST 2 #08-308
Postcode	120731
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 - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	WET

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	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
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	SLD4975Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ELIZABETH ONG
NRIC/Passport Number	
Contact Number	83223655
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NICHOLAS YAP TIAN TECK
Approximate Age	
Injuries Sustain	ABRASION LEFT LIMB, SCRATCHES WITH BRUISES ON LEFT CHEEK, PAIN BOTH ARMS
Injured person in which vehicle?	FBK6124E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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 liability**.
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. 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.



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/20180108/2135

1 of 3

Report No. T/20180108/2135

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2018 16:42	Vide Report No.:	Station Diary No.: 72
--	------------------	--------------------------

Informant's Particulars

Name of Informant: NICHOLAS YAP TIAN TECK		Address: APT BLK 731 CLEMENTI WEST STREET 2 #08-308 SINGAPORE 120731	
ID Type / ID No.: NRIC NO / S8931691Z		Contact No.:	Mobile: 97963298
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 16/09/1989	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: MINDEF ADMINISTRATOR		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: 08/01/2018 09:00	Type of Location: T-Junction
Location: Along Road 1 PASIR PANJANG ROAD				
In front of No 100 Pasir Panjang Road				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBK6124E	Scooter	PIAGGIO	VESPA PRIMAVERA 150	Blue	Slightly Damaged	0
SLD4975Y	Car	HONDA		Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180108/2135

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180108/2135

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6124E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72041100	14/11/2017	13/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NICHOLAS YAP TIAN TECK		ID No.	S8931691Z
Related Vehicle	FBK6124E (Scooter)		Contact No.	97963298
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/01/2018	Date Discharge	08/01/2018	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	ELIZABETH ONG		ID No.	NIL
Related Vehicle	SLD4975Y (Car)		Contact No.	83223655
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 08.01.2018 at about 0900hrs, I was travelling alone on my scooter FBK6124E along Pasir Panjang Road at the extreme right lane. As I was moving forward, a silver colour Honda car SLD4975Y, which was on the third lane, swerved into my lane. I unable to stop in time and the front of my scooter collided against the right side of the said car. I fell down and landed on my right side. The driver, who is an elderly Chinese lady, stopped and assessed the damage. Both of us took pictures and we exchanged our particulars. Afterwhich, the driver drove away while I activated my own towing crew. The towing crew came and towed away my scooter. I sustained three abrasions on my left limb, minor scratches with bruise on my left cheek and pain on my both arms. I went to Alexandra Hospital and was given three days medical leaves.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180108/2135

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20180108/2135

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 / Sr Staff Sgt HAZLIN SURAYA BINTE RAMLEY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2018 16:42
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt LEE SOON LYE Contact No.: 65476239	Classification Of Case: SI 46
Authentication Stamp NP108 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

