

## 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 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	02/03/2018 17:11
Date Of Accident	19/02/2018 15:55
Exact Location Of Accident	ALONG JURONG WEST AVENUE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1749K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WAN BOK YAN
NRIC No	S0220561J
Email Address	WANKERLYN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-86707533
Alternative Phone No	OTHERS-86707533

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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/17-362448-CA
Cover Note Number	

### Driver

Name of Driver	WAN BOK YAN
NRIC No	S0220561J
Date Of Birth	01/11/1951
Occupation	INDOOR
Date Of Driving Pass	13/01/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86707533
Fax Number	
Contact Number	OTHERS-86707533
Email Address	WANKERLYN@YAHOO.COM.SG

Address	BLK 345 KANG CHING ROAD #10-99
Postcode	610345
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
Number of vehicles involved in the accident	
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 158 YUNG LOH ROAD , <b>POSTCODE:</b> 610158 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2659999 - <b>FAX NO:</b> 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO PHOTOS AND POLICE REPORT T/20180228/2058 (INSURED IS IN COMA AND STILL IN HOSPITAL BIKE AT TRAFFIC COMPOUND, SON COME AND MAKE REPORT)

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8899K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	WAN BOK YAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBK1749K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

*Wan Bok Jan*

Policyholder's Signature  
Date & Time:

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

*02/03/2018*  
Reporting Centre Personnel's Signature  
Name: *David Wintan*  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Can't Recall How Accident Happened

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/2/2018 at about 1555 hrs, I was riding my motorcycle FBK1749K along Jurong West Ave 4 after filtering from Jalan Boon Lay. I had checked before making a lane change however, upon changing to the middle lane. A taxi SAC8899K collided onto my motorcycle after I had changed my lane. I did not know what happens subsequently as I had passed out after the fall.

## DECLARATION

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

Won Bak Yan

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

Reporting Centre Personnel Signature  
Name: *P. J. L. M.*

NPIC/FIN No. 1

# POLIUCE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180225/2058

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

1 of 3  
Report No. T/20180225/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2018 16:15	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars				
Name of Informant: WAN BOK YAN		Address: APT BLK 345 KANG CHING ROAD #10-99 SINGAPORE 610345		
ID Type / ID No.: NRIC NO / S0220561J		Contact No.: Home/Office: Mobile: 86707533		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 66	Date of Birth: 01/11/1951	Type of Informant: Rider	
Race: Chinese		Language:		Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 2B,3,5 Date of Expiry:		

Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/02/2018 15:55	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST AVENUE 4				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1749K	Motorcycle	YAMAHA	JUPITER MX (HC)	White		0
SH08899K	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



# POLIUCE REPORT



SINGAPORE  
POLICE FORCE



T/20180225/2058

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659099

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Report No: T/20180225/2058

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Exp. Date
FBK1749K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT17362448	21/04/2017	30/04/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WAN BOK YAN	ID No.	S0220561J
Related Vehicle	FBK1749K (Motorcycle)	Contact No.	86707533
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/02/2018	Date Discharge	24/02/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

### Brief Details.

On 19/02/2018 at about 1555rs, I was riding my motorcycle; FBK1749K along Jurong West Ave 4 after filtering from Jalan Boon Lay. I had checked before making a lane change however, upon changing to the middle lane. A taxi; SHC8899K collided onto my motorcycle after I had changed my lane however I did not know what happen subsequently, as I had passed out after the fall.

POLIUCE REPORT



SINGAPORE  
POLICE FORCE



T/20180225/2058

3 of 3

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

Report No. T/20180225/2058

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



2. (Sent)

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:

Sgt 1 TOH SENG SZE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

SN 124

Authentication Stamp  
NP168

Singapore Police Force

Signature Of Informant:

Wan Bok Yan

Date/Time:  
25/02/2018 16:15

Classification Of Case:



ACCIDENT PHOTO



## ACCIDENT PHOTO

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ACCIDENT PHOTO



## ACCIDENT PHOTO



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MA9418029870 Vehicle Registration No: FBK1749K  
Name (as shown in NRIC): Wan Bok Yau NRIC/FIN/Passport No: S0220561J  
(\*Vehicle Driver (Vehicle Owner) (\*)) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 86707533  
Email Address: \_\_\_\_\_  
Date of Accident: 19/02/2018 Time of Accident: 15:55  
Place of Accident: Alone's Jurong West Avenue 4  
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy number to M&O/VMS/17-362448-CA

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rishi Varma  
NRIC/FIN No.:  
Date: 26/03/2018