Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 05/03/2018 15:50

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 witholding 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	01/03/2018 09:15
Date Of Accident	25/02/2018 11:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT BEFORE EXIT 18
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FS5732S
Insured/Policyholder	
Name Of Registered Owner	HUANG WEI JHIN
NRIC No	S9814232J
Email Address	WJHUANG15@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81380598
Alternative Phone No	OTHERS-81380598
Vehicle Particulars	
Manufacturer	HONDA
Model	NSR150SP-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/TMT/17-371214-CA
Cover Note Number	
Driver	
Name of Driver	HUANG WEI JHIN
NRIC No	S9814232J
Date Of Birth	01/05/1998
Occupation	INDOOR
Date Of Driving Pass	30/08/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81380598
Fax Number	
Contact Number	OTHERS-81380598
EMail Address	WJHUANG15@GMAIL.COM

Address	BLK 137 PETIR ROAD #11-434
Postcode	670137
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT PANJANG SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 124 PENDING ROAD , **POSTCODE:** 670124 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7609999 - **FAX NO**: 67636614
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180226/2157

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK7834H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	HUANG WEI JHIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FS5732S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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

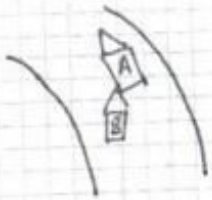
   (ii) for complying with requirements under any regulations, laws or court orders.

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.:

Sketch Plan #2

SKETCH PLAN PIE TOWARDS CHANGI AIRPORT BEFORE AYE 7 18

A : FS 5732S
B : PBK 7834H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20180226/2157

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:

01/03/2018

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

Sketch Plan #3

SINGAPORE POLICE FORCE

T/20180226/2157

Report No. T/20180226/2157

Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/02/2018 17:41		32

Informant's Particulars

Name of Informant: HUANG WEI JHIN			Address: APT BLK 137 PETIR ROAD #11-434 SINGAPORE 670137	
ID Type / ID No.: NRIC NO / S9814232J			Contact No.: Home/Office: Mobile: 81380598	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 19	Date of Birth: 01/05/1998	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name: Ngee Ann Poly
Occupation: Waiter			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/02/2018 11:30	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi airport before exit 18				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7834H	Motorcycle				Seriously Damaged	0
FS5732S	Motorcycle	HONDA	NSR150SP	Green	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS5732S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17371214	15/09/2017	14/09/2018

SINGAPORE POLICE FORCE

T/20180226/2157

Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	HUANG WEI JHIN		ID No.	S9814232J
Related Vehicle	FS5732S (Motorcycle)		Contact No.	81380598
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	25/02/2018		Date Discharge	25/02/2018
No. of Days granted Medical Leave		03	Degree of Injury	Serious

Brief Details.

On 25/02/2018 at about 1130hrs, I was riding my motorbike FS5732S along PIE towards Changi airport before exit 18 1/2km. I honked at the bike FBK7834H who was infront of me. He slowed down beside me. I gave him a hand gesture of his rear number plate was dangling. The rider acknowledged my hand gesture. After that, I moved off forward. As I was entering the bend, the bike FBK7834H who was riding behind of me collided onto my bike left rear side. We both then fell on the ground. Right after our accident, there were 2 more bikes collided onto each other beside us. There were a car SLP9140T driver namely: Ong Chee Yeow HP: 97888553 informed his in car camera might had capture the accident.

I was conveyed to Tan Tock Seng hospital and issued a 3 days MC. I suffered abrasion on my right arms, right legs, right hips, right shoulder and left ankle. I did not take down the rider of FBK7834H particulars.

Sketch Plan #5

SINGAPORE POLICE FORCE

T/20180226/2157

Report No. T/20180226/2157

Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

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: J / Sgt 2 QUEK JUN CAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2018 17:41
Officer In Charge Of Case: TP / GIT / SI TAN LEE HWANG DAWN Contact No.: 65476215	Classification Of Case:

Authentication Stamp
NP168

Accident Photo

Accident Photo

Accident Photo

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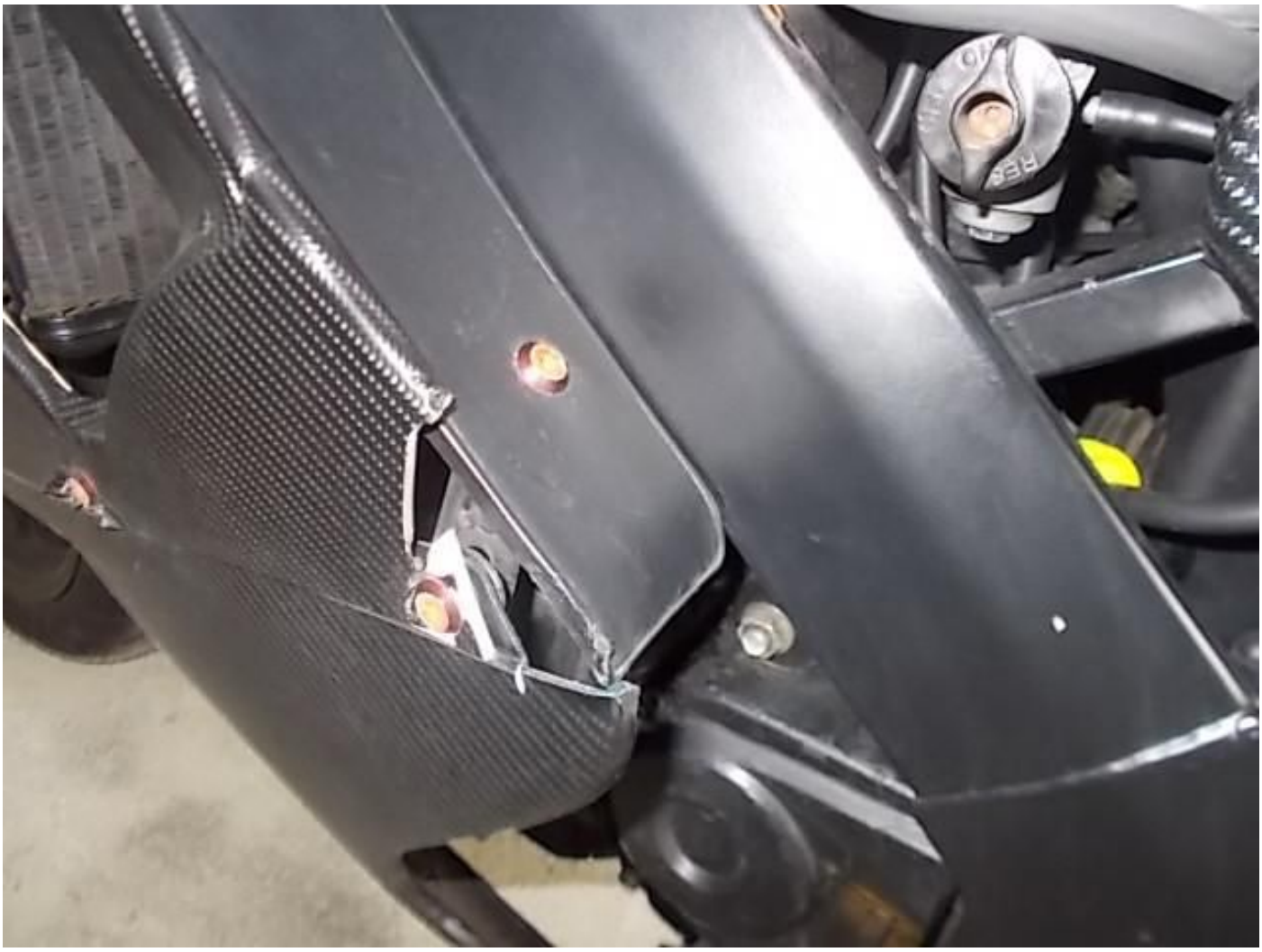

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