

## 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	14/03/2018 09:43
Date Of Accident	01/03/2018 04:00
Exact Location Of Accident	SLIP ROAD FROM KRAMAT LANE TO CTE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2878U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW AH KAU
NRIC No	S2113412J
Email Address	ALVINLOW1007@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96955851
Alternative Phone No	HOME-62718539

### Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MSS A-125CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY 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	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/17-360144-CA
Cover Note Number	

### Driver

Name of Driver	LOW AH KAU
NRIC No	S2113412J
Date Of Birth	31/10/1946
Occupation	INDOOR
Date Of Driving Pass	23/04/1977
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96955851
Fax Number	
Contact Number	HOME-62718539
EEmail Address	ALVINLOW1007@YAHOO.COM.SG

Address	BLK 32 TELOK BLANGAH DRIVE #09-259
Postcode	090032
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20180307/7004

#### 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	SHC312P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	98324112
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

**DETAILS OF INJURED PERSON 1**

Name	TAN AH KAU
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBJ2878U
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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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.:

14/03/2018  
Reda WATBAR

Accident Sketch Plan

SKETCH PLAN

REFER TO AMBUSHMAN?

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
T/20180307/9004.

DECLARATION

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

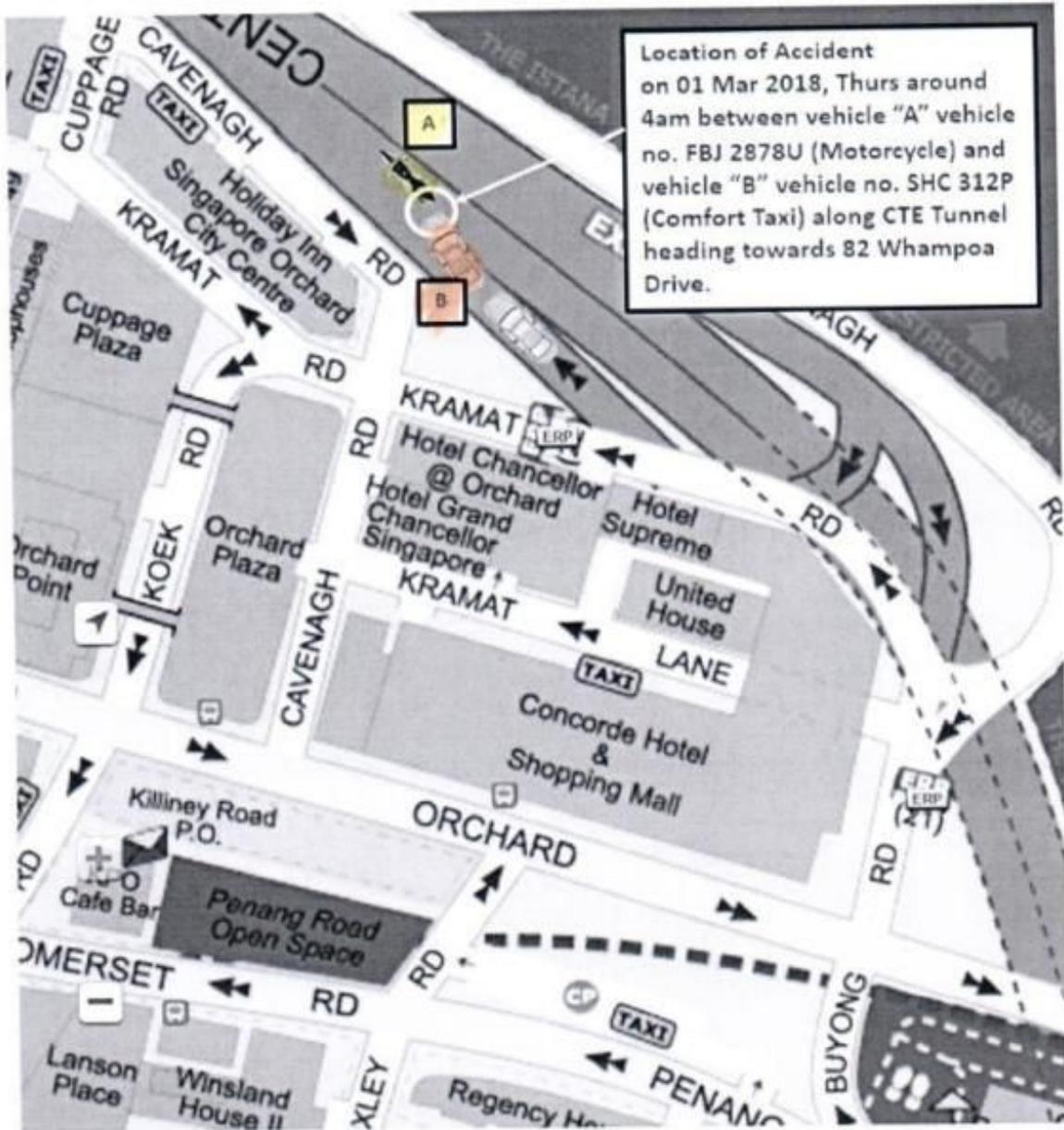


Policyholder's Signature  
Date & Time:

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

  
14/03/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

### Appendix A – Location of Accident on 01 Mar 2018



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180307/7004

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180307/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/03/2018 14:58	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LOW AH KAU		Address: APT BLK 32 TELOK BLANGAH RISE #09-259 SINGAPORE 090032	
ID Type / ID No.: NRIC NO / S2113412J		Contact No.: Home/Office:	Mobile: 83085924
Nationality: SINGAPORE CITIZEN		Email: moonchong@gmail.com	
Sex: Male	Age: 72	Date of Birth: 31/10/1945	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: FOOD/DRINK STALL ASSISTANT		Driving Licence Information: Class: 2A	Date of Expiry: 05/03/2023

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/03/2018 04:00	Type of Location: Slip road to main road
Location:  CENTRAL EXPRESSWAY  Slip road from Kramat Road to CTE Tunnel.				
Weather: Dark		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ2878U	Motorcycle	HONDA		Black	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2878U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSD/VMS/18- 379330-CA	05/03/2018	04/03/2019

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180307/7004

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180307/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOW AH KAU	ID No.	S2113412J
Related Vehicle	FBJ2878U (Motorcycle)	Contact No.	83085924
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: 05/03/2023
Date Treatment	01/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 01 Mar 2018, Thursday around 4.00am, I was riding my motorbike from home located at Block 32 Telok Blangah Rise, #09-259 to my workplace located at 82 Whampoa Drive.

While I was riding along CTE Tunnel towards Moulmein road, a taxi (SHC312P) entering into CTE Tunnel from Kramat Road from my left, hit my motorbike from the rear. I fell off from my motorbike. My hands and legs was injured from the fall. (Please refer to Appendix 1 - Location of Accident on 01 Mar 2018.)

The taxi stopped and helped me up. There were 2 passengers inside the taxi. The driver asked if I need an ambulance. Thinking that I was alright I informed him that there is no need to.

He wrote down his contact no. and vehicle no. on a piece of paper for me and soon drove off.

I continue my journey to my workplace. Upon reaching my workplace, my colleague saw that my hands and legs was bleeding profusely as such they helped to call for an ambulance.

The ambulance arrived around 4.30am and I was admitted to Tan Tock Seng Hospital A&E Department.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180307/7004

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180307/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 07/03/2018 14:58
Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



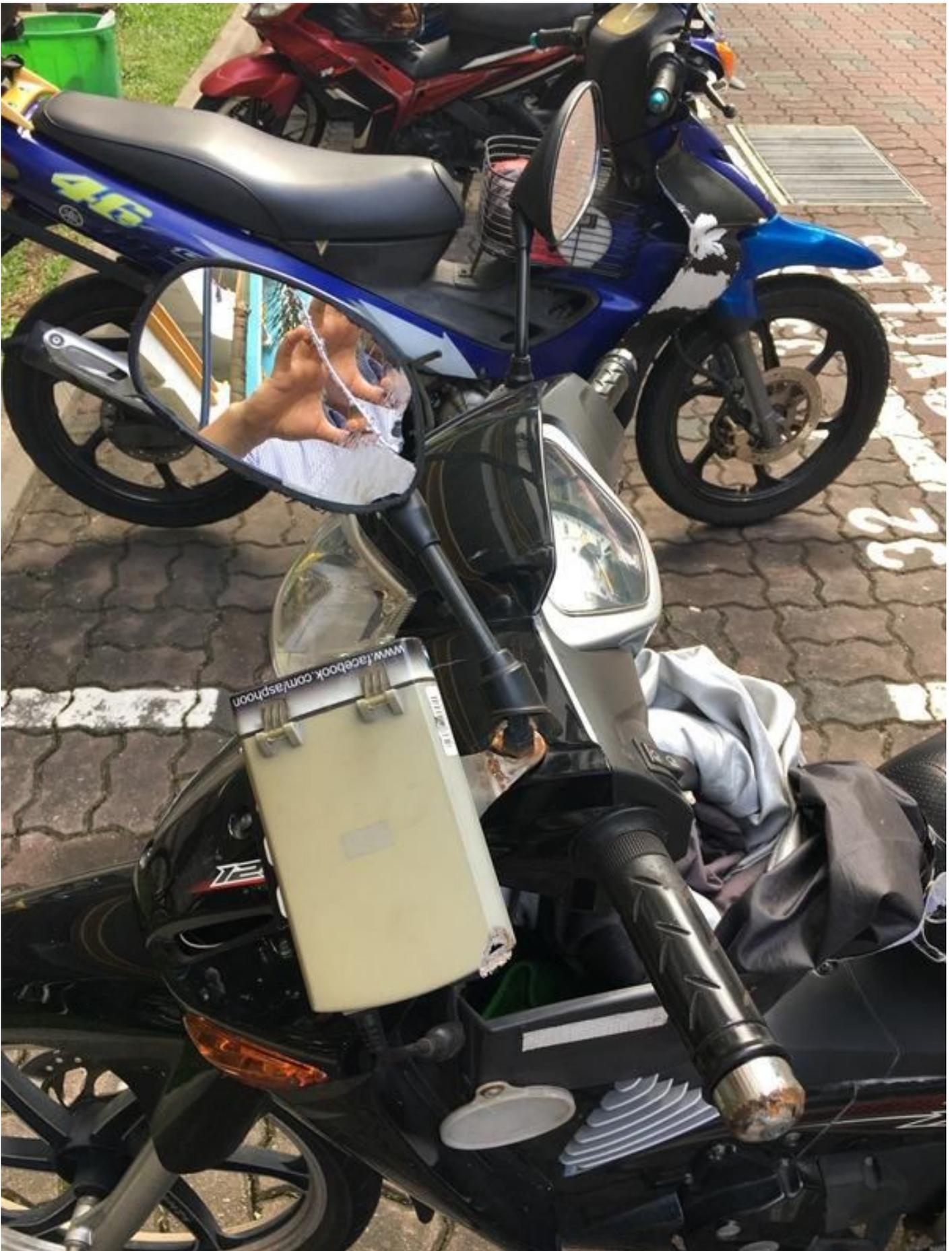
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