

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	03/04/2018 19:15
Date Of Accident	30/06/2017 22:20
Exact Location Of Accident	SELETAR WEST LINK TOWARDS TPE LAMPOST NUMBER 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL4101D
Insured/Policyholder	
Name Of Registered Owner	CHIA KIM CHOY
NRIC No	S2510075A
Email Address	ADRIANLIM2911@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97687218
Alternative Phone No	OTHERS-91216975

Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE 200 A-171CC (A)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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/16-352589-CA
Cover Note Number	

Driver

Name of Driver	LIM CHEE SIONG ADRIAN (LIN ZHIXIONG ADRIAN)
NRIC No	S7246441I
Date Of Birth	29/11/1972
Occupation	INDOOR
Date Of Driving Pass	25/03/2004
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97687218
Fax Number	
Contact Number	OTHERS-91216975
EEmail Address	ADRIANLIM2911@GMAIL.COM

Address	BLK 710 PASIR RIS STREET 72 #02-67
Postcode	510710
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	NO
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN(NOTE: THE RIDER SAY THAT THE BIKE TAKEN BY THE OWNER)

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 INJURED PERSON 1

Name	LIM CHEE SIONG ADRIAN (LIN ZHIXIONG ADRIAN)
Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FBL4101D
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:

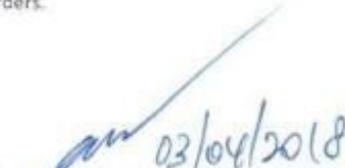
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature
Date & Time:



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


03/04/2018

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

Sketch Plan #2

SKETCH PLAN

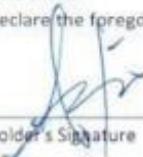
~~INSURED CAN'T DESCRIBE WHAT
HE WALK W/ AT ICU.~~

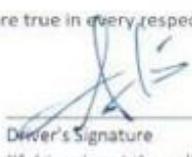
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~PLS REFER TO POLICE REPORT
7/20/2013/2080~~

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:


Reporting Centre Personnel's Signature
Name: Resli WAHAB
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180113/2080

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20180113/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2018 14:12		Vide Report No.: F/20170630/0262	Station Diary No.: 43
Informant's Particulars			
Name of Informant: LIM CHEE SIONG ADRIAN		Address: APT BLK 710 PASIR RIS STREET 72 #02-67 SINGAPORE 510710	
ID Type / ID No.: NRIC NO / S72464411		Contact No.:	Mobile: 93432188
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 29/11/1972	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/06/2017 22:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SELETAR WEST LINK TAMPINES EXPRESSWAY Lamp Post Number: 41				
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 Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4101D (Not Accurate)	Motorcycle					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180113/2080

2 of 3

Report No. T/20180113/2080

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Rider			
Name	LIM CHEE SIONG ADRIAN	ID No.	S72464411
Related Vehicle	FBL4101D (Motorcycle)	Contact No.	93432188
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	30/06/2017	Date Discharge	13/09/2017
No. of Days granted Medical Leave	90	Degree of Injury	Serious

Brief Details.

On 30/6/2017 at about 2217hrs, I was exiting from Seletar West Link towards TPE when all of a sudden, a vehicle hit my from behind. I had passed out from the incident and when I woke up, I was at the Khoo Teck Puat hospital. I had sustained multiple fractures and abrasions and I was given 90 days of hospitalization leave. I was then informed by the traffic police to lodge an accident report regarding the matter when I am able and as such, I am now lodging this accident report. I am also lodging this accident report for insurance claims.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180113/2080

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

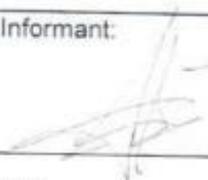
Report No. T/20180113/2080

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 YAO MING YANG, CASIMIR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2018 14:12
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:  	

Authentication Stamp
NP168

Singapore Police Force