

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	21/04/2018 10:22
Date Of Accident	18/04/2018 22:30
Exact Location Of Accident	CAR PARK ENTRANCE OF BLK 467A ADMIRALTY DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF8306K
Insured/Policyholder	
Name Of Registered Owner	LIU SHIJIE
NRIC No	S8781897G
Email Address	LIUSHIJIE7758521@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96702190
Alternative Phone No	OFFICE-96702190

Vehicle Particulars

Manufacturer	HONDA
Model	CBR 150R
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LIU SHIJIE
NRIC No	S8781897G
Date Of Birth	02/11/1987
Occupation	INDOOR
Date Of Driving Pass	14/11/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96702190
Fax Number	
Contact Number	OFFICE-96702190
Email Address	LIUSHIJIE7758521@YAHOO.COM

Address	BLK 467A ADMIRALTY DRIVE #12-175
Postcode	751467
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

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 INJURED PERSON 1

Name	LIU SHIJIE
Approximate Age	30
Injuries Sustain	CUT ON NECK, PAIN IN ARMS, LEGS AND LOWER JAW
Injured person in which vehicle?	FBF8306K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

21 APR 2018

Driver's Signature

(If driver is not the policyholder)

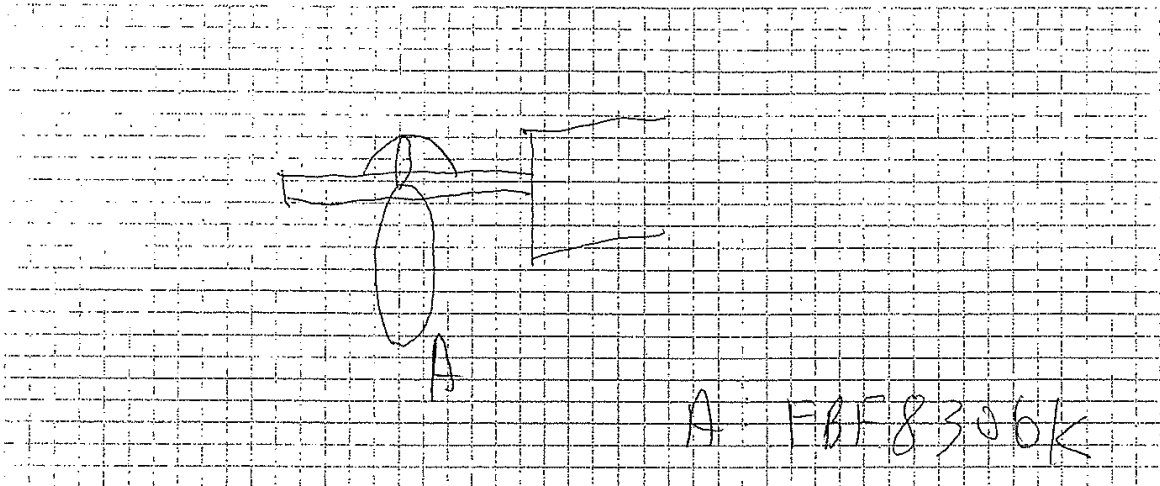
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: **NG WING KIN JAMES**
S7927881E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
Police
Report.

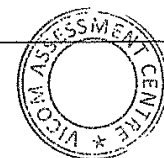
DECLARATION

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


Policyholder's Signature

Date & Time: 21 APR 2018

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



Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

NG WING KIN JAMES
S7927881E



**SINGAPORE
POLICE FORCE**



T/20180419/2148

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20180419/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2018 19:44	Vide Report No.:	Station Diary No.: 87
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Informant's Particulars			
Name of Informant: LIU SHIJIE		Address: APT BLK 468D ADMIRALTY DRIVE #11-223 SINGAPORE 754468	
ID Type / ID No.: NRIC NO / S8781897G		Contact No.: Home/Office: Mobile: 96702190	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 02/11/1987	Type of Informant: Cyclist
Race: Chinese		Language:	Institution / School Name:
Occupation: STAFF NURSE		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: 18/04/2018 22:30	Type of Location: Car Park
Location: Along Road 1 ADMIRALTY DRIVE Carpark of Blk 467A Admiralty Drive				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF8306K	Motorcycle					0

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



**SINGAPORE
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T/20180419/2148

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Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20180419/2148

CONTINUATION OF REPORT

Cyclist			
Name	LIU SHIJIE	ID No.	S8781897G
Related Vehicle	FBF8306K (Motorcycle)	Contact No.	96702190
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 18/04/2018 at about 2230hrs, when I was heading home after work, I rode my bike back from KTPH. At the carpark entrance of Blk 467A Admiralty Drive, I stopped before the barrier of the gantry. The barrier arm then went up and I proceeded into the carpark. As I was going in, the barrier arm suddenly came down and hit me on my chest and I fell off from my bike. I then spoke to the operator of the carpark, P-parking, contact no: 63291139, through the intercom and inform him of the incident. I then pushed my bike back to the carpark. On 19/04/2018 at about 1900hrs, as I felt some pain in my arms, legs and lower jaw, I went to the doctor and was given 3 days MC. I was told by my insurance company to lodge a report for recording purpose.



SINGAPORE
POLICE FORCE



T/20180419/2148

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20180419/2148

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:

F /

ASP LAM WEI LUN, WILFRED

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

SN 085



Authentication Stamp

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

19/04/2018 19:44

Classification Of Case:

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212C)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE**DATE OF ISSUE:** 17/01/2018

AGENCY: A0074-001-10223
 COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/18-376820-CA**INSURED:**

NAME: LIU SHIJIE
ADDRESS: 468D ADMIRALTY DRIVE
 #11-223
 SE 754468

NRIC NO: S8781897G
DATE OF BIRTH: 02/11/1987 (30 yrs)
DRIVING EXP: 14/11/2016 (1 yr)
CONTACT NO: 96702190

BUSINESS OR PROFESSION: NURSE

PERIOD OF INSURANCE FROM: 07/01/2018 **TO** 06/01/2019
 12:01AM

REGISTRATION NUMBER: FBF8306K**CUBIC CAPACITY:** 150**MAKE OF VEHICLE:** HONDA**YEAR OF REGISTRATION:** 2011

INSURED ESTIMATE OF VALUE: PMV
 PREVAILING MARKET VALUE

SEATING CAPACITY: 2**AUTHORISED DRIVERS:**

THE INSURED
 FAIRUZ BIN JAMBARI ONLY

NRIC: S8912765C **DOB:** 17/04/1989 **EXP:** 14/07/2011 **OCCP:** DRIVER**ENDORSEMENTS APPLICABLE:** 2C 2K 3Q 15 M23 94 97 - INSURED**PREMIUM:** 234.00**EXCESS:** \$300(FIRE&THEFT) \$600(ENDT 2K)**GST @ 7%** 16.38**TOTAL:** 250.38

NO CLAIM BONUS OF 10% IS ALLOWED

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: A S PHOON PTE LTD

REPLACING POLICY NO: MSD/VMS/17-358376-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

