

## 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	17/05/2018 16:08
Date Of Accident	14/05/2018 06:40
Exact Location Of Accident	PIE TWDS LORNIE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6365X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO LIN KAI
NRIC No	S82367171
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90071243
Alternative Phone No	OFFICE-90071243

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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/18-989767-WTT
Cover Note Number	

### Driver

Name of Driver	YEO LIN KAI
NRIC No	S82367171
Date Of Birth	25/10/1982
Occupation	INDOOR
Date Of Driving Pass	16/01/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90071243
Fax Number	
Contact Number	OFFICE-90071243
Email Address	NOEMAIL

Address	BLK 561A JURONG WEST STREET 42 #03-1135
Postcode	641561
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : ANG MEI YU GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180515/2144.

#### 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	SLX1423M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DEXTER ANG
NRIC/Passport Number	
Contact Number	97852109
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name YEO LIN KAI

Approximate Age

Injuries Sustain LEFT LEGS & LEFT SHOULDER

Injured person in which vehicle? FBL6365X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name ANG MEI YU

Approximate Age

Injuries Sustain LEFT KNEELS & LEGS

Injured person in which vehicle? FBL6365X

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.

  
\_\_\_\_\_  
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.:

## Accident Sketch Plan

### SKETCH PLAN

Sketch of car



A = FBL 6365X  
B = SLX 1423 M

PIE finds Lennie Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to ~~Sta~~ Police Report

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180515/2144

1 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180515/2144

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2018 18:58	Vide Report No.:	Station Diary No.: 188
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### Informant's Particulars

Name of Informant: YEO LIN KAI	Address: APT BLK 561A JURONG WEST STREET 42 #03-1135 SINGAPORE 641561		
ID Type / ID No.: NRIC NO / S82367171	Contact No.:	Mobile: 90071243	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 35	Date of Birth: 25/10/1982	Type of Informant: Rider
Race: Chinese	Language:	Institution / School Name:	
Occupation: ASSISTANT HOTEL MANAGER	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: 14/05/2018 06:40	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY  Towards Lornie Road.				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6365X	Motorcycle	HONDA	CBF190WH	Red	Slightly Damaged	1
SLX1423M	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	Grey	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180515/2144

2 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180515/2144

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL6365X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60783590	17/01/2018	16/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	YEO LIN KAI		ID No.	S82367171
Related Vehicle	FBL6365X (Motorcycle)		Contact No.	90071243
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Witness				
Name	DEXTER ANG		ID No.	NIL
Related Vehicle	SLX1423M (Car)		Contact No.	97852109
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

### Brief Details.

On 14/5/2018 at about 0640hrs, I was riding my bike(FBL6365X) together with my wife namely: Ang Mei Yu, S8234624D along PIE towards Lorine Road on the right most lane. During the ride, I spotted an accident which have occurred at ahead of the road. Thus, I then make a lane change to the left after that then notice that there was a car(SLX1423M) approaching on my right lane. Suddenly, the car then make a lane change without signaling and checking his blind spot. As a result, I was being hit by the car on his left side which resulted me to collapse towards my left side along at the high way.. At the same time my bike landed onto my left leg during the fall.

Traffic police and Ambulance came to assist me due from the accident and I was conveyed to Tan Tock Seng Hospital and was given 07 days of medical leave from 14/5/2018 to 20/5/2018 ref: TTSH18109973. I wish to informed that I sustained injuries on my left legs and left shoulder. As for my wife she sustain injuries on her left knees and also both of her legs. nd was given 07 days of medical leave from 14/5/2018 to 20/5/2018 ref: TTSH18110211.

**Police report**



**SINGAPORE  
POLICE FORCE**



T/20180515/2144

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**CONTINUATION OF REPORT**

Police report



**SINGAPORE  
POLICE FORCE**



T/20180515/2144

4 of 4

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700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180515/2144

**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 NIGEL LIM NIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:

15/05/2018 18:58

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

