

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	18/05/2018 16:53
Date Of Accident	18/05/2018 08:45
Exact Location Of Accident	ALONG PAYA LEBAR RD 01 GEYLANG EAST CENTRAL JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4555U
Insured/Policyholder	
Name Of Registered Owner	CHAN TECK HUAT
NRIC No	S6826711J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96656716
Alternative Phone No	OTHERS-96656716

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R
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/18-379467-CA
Cover Note Number	

Driver

Name of Driver	CHAN TECK HUAT
NRIC No	S6826711J
Date Of Birth	16/07/1968
Occupation	INDOOR
Date Of Driving Pass	31/10/1987
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96656716
Fax Number	
Contact Number	OTHERS-96656716
Email Address	NOEMAIL

Address	BLK 316B ANCHORVALE LINK #12-191
Postcode	542316
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180518/2047

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	SDP3208S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO CHOON WEE
NRIC/Passport Number	S7344278H
Contact Number	94508810
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHAN TECK HUAT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD4555U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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)**

(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.

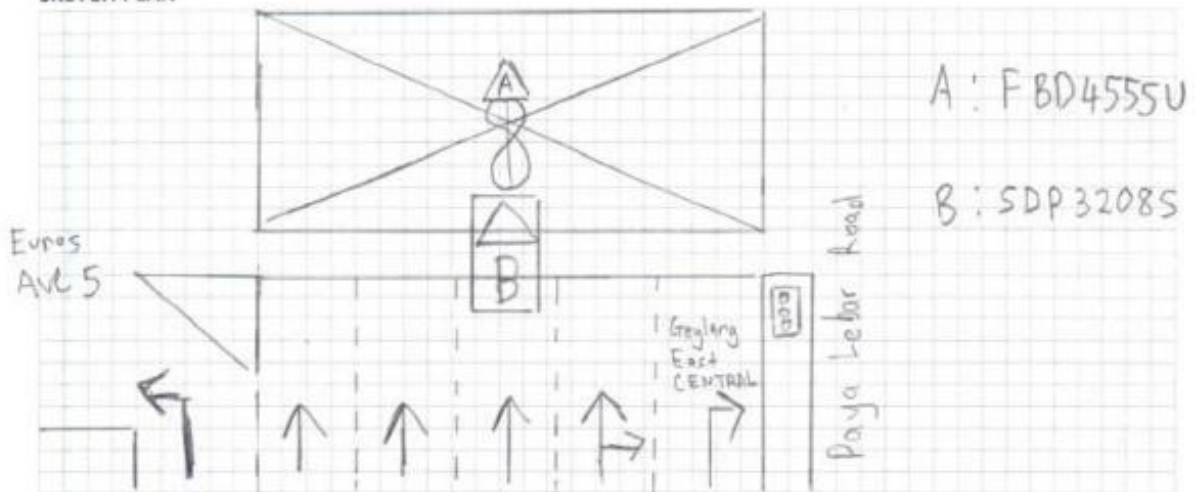
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

 18/05/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REFER TO POLICE REPORT.

DECLARATION

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

 10/5/2018 13:45
 Policyholder's Signature
 Date & Time:

Driver's Signature 12/5/2018
(If driver is not the policyholder) 1345 hr
Date & Time:

 18/05/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180518/2047

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20180518/2047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAN TECK HUAT	ID No.	S6826711J
Related Vehicle	FBD4555U (Motorcycle)	Contact No.	96656716
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/05/2018	Date Discharge	18/05/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	YEO CHOON WEE	ID No.	S7344278H
Related Vehicle	SDP3208S (Car)	Contact No.	94508810
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 18 May 2018 at about 8.40am, I was riding along Paya Lebar Road of 5 lane road. I was on the 3rd lane (center of the road) and going straight. As I was approaching the junction, the traffic was green and I am moving at an acceptable speed. When suddenly, I heard a screeching sound coming from my rear. I turned to look and the next moment, a vehicle from my rear hit on to my motorcycle. I then flew out of my bike.

A while later, Ambulance and traffic police came to scene. I was advised by the Traffic Police to lodge a Traffic accident report.

I did not followed the Ambulance to hospital and signed on the refusal convey form. I had went to seek medical assistance and was issued 5 days MC.

Both, me and the driver had exchange particulars.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180518/2047

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20180518/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2018 12:28		Vide Report No.:		Station Diary No.: 47	
Informant's Particulars					
Name of Informant: CHAN TECK HUAT			Address: APT BLK 316B ANCHORVALE LINK #12-191 SINGAPORE 542318		
ID Type / ID No.: NRIC NO / S8828711J			Contact No.: Home/Office: Mobile: 98656716		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 16/07/1968	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SENIOR TRAFFIC OFFICER			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: 18/05/2018 08:45	Type of Location: X-Junction
Location: Along Road 1 PAYA LEBAR ROAD GEYLANG EAST CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4555U	Motorcycle	YAMAHA	X-1R	Black	Slightly Damaged	0
SDP3208S	Car	TOYOTA	ESQUIRE 2.0 GI CVT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD4555U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18379467	05/03/2018	04/03/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180518/2047

Police Station Of Origin
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3
Report No. T/20180518/2047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAN TECK HUAT	ID No.	S6826711J
Related Vehicle	FBD4555U (Motorcycle)	Contact No.	96656716
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/05/2018	Date Discharge	18/05/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	YEO CHOON WEE	ID No.	S7344278H
Related Vehicle	SDP3208S (Car)	Contact No.	94508810
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

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POLICE FORCE**



1/20180518/2047

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20180518/2047

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:

E /

Sgt 2 SITI NUR AFINA BINTE ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/05/2018 12:28

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING



Contact No.: 65476430

Classification Of Case:

5N/361

Authentication Stamp

NP168



SIGNATURE