

## 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	30/05/2018 16:46
Date Of Accident	30/05/2018 08:30
Exact Location Of Accident	ANG MO KIO ELECTRONICS PARK RD OUTSIDE UE BIZHUB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU8431E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE ZENG FENG
NRIC No	S8528263H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91838845
Alternative Phone No	OFFICE-91838845

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE125S
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	MSD/VMT/18-381507-CA
Cover Note Number	-

### Driver

Name of Driver	LEE ZENG FENG
NRIC No	S8528263H
Date Of Birth	29/08/1985
Occupation	INDOOR
Date Of Driving Pass	27/03/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91838845
Fax Number	
Contact Number	OFFICE-91838845
E-Mail Address	NOEMAIL

Address	BLK 132 BEDOK NORTH ST 2 #05-83
Postcode	460132
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 - OPENING DOOR OF VEHICLE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

I WAS RIDING ALONG ANG MO KIO ELECTRONICS PARK RD, THE TAXI WAS INFRONT OF ME. SUDDENLY THE SAY TAXI STOP ALONG THE RD (OUTSIDE OF THE UE BIZHUB CENTRAL ENTRANCE), I THEN SLOWLY OVERTAKE THE TAXI FROM THE LEFT SIDE. WHILE OVERTAKING, THE PASSENGER INSIDE THE TAXI OPEN THE LEFT BACK DOOR WITHOUT CHECKING THE BLIND SPOT AND HIT ONTO MY BIKE CAUSING I FALLEN DOWN.

### 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	SHB8301Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ADDUL RAHMAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

**DETAILS OF INJURED PERSON 1**

Name	LEE ZENG FENG
Approximate Age	
Injuries Sustain	SLIGHTLY ABRASION
Injured person in which vehicle?	FU8431E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	





Accident Photo



Accident Photo



Accident Photo



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