

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 | 25/06/2018 15:08 |
| Date Of Accident | 16/06/2018 22:20 |
| Exact Location Of Accident | ALONG BEDOK RESERVOIR RD B/F TELOK KURAU PRI SCH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBH2120H |
| Insured/Policyholder | |
| Name Of Registered Owner | NICHOLAS LEE NAM AIK |
| NRIC No | S9600175D |
| Email Address | NICNAMAIAK@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-82186868 |
| Alternative Phone No | OTHERS-82186868 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | YAMAHA |
| Model | FZ16-153CC (M) |
| 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/18-380422-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | NICHOLAS LEE NAM AIK |
| NRIC No | S9600175D |
| Date Of Birth | 06/01/1996 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/12/2016 |
| Driving Experience | 1 YEAR AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82186868 |
| Fax Number | |
| Contact Number | OTHERS-82186868 |
| Email Address | NICNAMAIAK@GMAIL.COM |

| | |
|---|--|
| Address | BLK 614 BEDOK RESERVOIR ROAD #06-1200 |
| Postcode | 470614 |
| 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 | NO COLLISION |
| 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? | 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: : LIZ CHEW (GIRLFRIEND) GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | EUNOS NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4439999 - FAX NO: 62444376 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 | SKD8267T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ATI |
| NRIC/Passport Number | |
| Contact Number | 83850387 |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NICHOLAS LEE NAM AIK

Approximate Age

Injuries Sustain SERIOUS INJURIES

Injured person in which vehicle? FBH2120H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIZ CHEW

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH2120H

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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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: 25/6/18
1300hrs

Driver's Signature

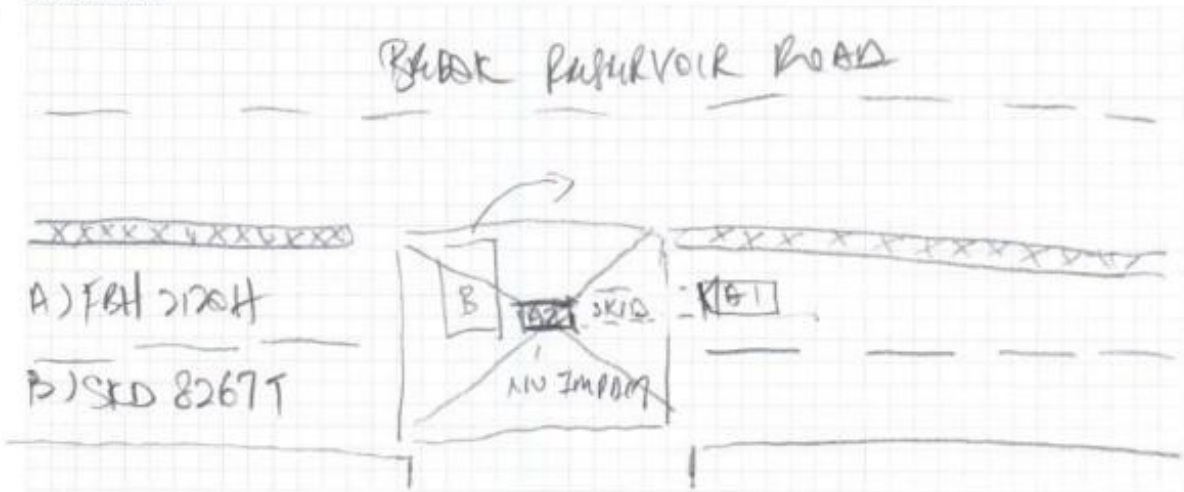
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No. [Signature]

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S Report to Police Report
 7/20180623/2059

DECLARATION

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


 Policyholder's Signature
 Date & Time: 25/6/18 13:05hrs

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


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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180623/2059

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180623/2059

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 23/06/2018 12:48 | Vide Report No.: | Station Diary No.: 11 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: NICHOLAS LEE NAM AIK | | | Address: APT BLK 614 BEDOK RESERVOIR ROAD #06-1200 SINGAPORE 470614 | | |
| ID Type / ID No.: NRIC NO / S9600175D | | | Contact No.: Home/Office: Mobile: 82186868 | | |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Male | Age: 22 | Date of Birth: 06/01/1996 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Police officer | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 16/06/2018 22:20 | Type of Location: Straight Road |
| Location: Along Road 1 BEDOK RESERVOIR ROAD ALONG BEDOK RESERVOIR ROAD BEFORE TELOK KURAU PRIMARY SCHOOL | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: SELF-SKID | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-------------------|--------|----------------------|-----------------|
| FBH2120H | Motorcycle | YAMAHA | FZ 16 | Black | Seriously Damaged | 2 |
| SKD8267T | Car | HONDA | AIRWAVE 1.5M A | Purple | No Damage | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|----------------|------------|-------------|
| FBH2120H | MSIG INSURANCE (SINGAPORE) PTE. LTD. | MSDSMT18380422 | 30/03/2018 | 29/03/2019 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180623/2059

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180623/2059

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | NICHOLAS LEE NAM AIK | ID No. | S9600175D |
| Related Vehicle | FBH2120H (Motorcycle) | Contact No. | 82186868 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 16/06/2018 | Date Discharge | 22/06/2018 |
| No. of Days granted Medical Leave | 34 | Degree of Injury | Serious |
| Pillion | | | |
| Name | LIZ CHEW | ID No. | S9601146F |
| Related Vehicle | FBH2120H (Motorcycle) | Contact No. | 93663241 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 16/06/2018 | Date Discharge | 17/06/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 16/06/2018 at about 2220hrs, I was riding on the first lane along Bedok Reservoir Road headed towards Eunos Link. Upon approaching one minor road, a car suddenly turned out and wanted to make a right turn into the opposite side of the road. As such, I had to do a evasive action to prevent myself from colliding into his vehicle. I then dropped my bike causing myself to self-skid. The driver of the said vehicle then stopped at the opposite side of the road and came out to render assistance. My pillion and I was then conveyed by ambulance to Changi General Hospital. I wish to inform that I sustained a fractured right elbow and some abrasions on my right knee and right arm. My pillion also suffered abrasions on her right knee and right arm. I do not have any camera on my motorcycle.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180623/2059

3 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180623/2059

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:

G /

Sgt 2 CHOO YOU CHENG, EUGENE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/06/2018 12:48

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665506200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: M4468081663 Vehicle Registration No: FBH 2120H
Name (as shown in NRIC): NICOLAS Luke NAM Oik NRIC/FIN/Passport No: S9600175D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 87186968
Email Address: _____
Date of Accident: 16/06/2018 Time of Accident: 22:20
Place of Accident: ALONG BRIDGE ROAD B/F TRUCK KURU PERI SGT.
Insurance Company: MSU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① To insert T/P vehicle number SKD 8267T
- ② Injury parties

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No: [Signature]
Date: 25/06/2018