

## 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             | 28/06/2018 17:19                                   |
| Date Of Accident           | 27/06/2018 16:00                                   |
| Exact Location Of Accident | SLIP RD JLN BUKIT MERAH TO CTE/SLE LAMPOST (93S3A) |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SLW2541D                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | LEE LIAN PENG              |
| NRIC No                     | S1768694A                  |
| Email Address               | CHOOKANGSIANG@YAHOO.COM.SG |
| Mobile Phone No             | (LOCAL) +65-82185555       |
| Alternative Phone No        | OTHERS-81185960            |

### Vehicle Particulars

|  |   |
|--|---|
| Manufacturer   | BMW   |
| Model  | 650I-4.4 ABS D/AB 2WD DSC HID HUD INT/S (A) |
| Exact Purpose for which vehicle was being used at time of accident           | FETCHING BOSS SON                           |
| 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   | PRIVATE CAR                                 |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | B 27154205 SMP                       |
| Cover Note Number         |                                      |

### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | CHOO KANG SIANG            |
| NRIC No              | S0019130B                  |
| Date Of Birth        | 28/06/1953                 |
| Occupation           | OUTDOOR                    |
| Date Of Driving Pass | 11/05/1977                 |
| Driving Experience   | 41 YEARS AND 1 MONTH       |
| Gender               | MALE                       |
| Mobile Number        | (LOCAL) +65-82185555       |
| Fax Number           |                            |
| Contact Number       | OTHERS-81185960            |
| EEmail Address       | CHOOKANGSIANG@YAHOO.COM.SG |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 65 COMMONWEALTH DRIVE<br>#05-303 |
| Postcode  | 140065                               |
| Was driver an employee of the Insured's Company     | YES                                  |
| If No, Relationship of the Driver with the Insured  |                                      |
| 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   | 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | RIVER VALLEY NEIGHBOURHOOD POLICE POST  |
| Police Station Address                    | <b>ROAD:</b> BLK 4 DELTA AVENUE , <b>POSTCODE:</b> 161004 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2789999 - <b>FAX NO:</b> 62786427                                 |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180628/2084

#### Attachment(s)

|   |                         |
|---|-------------------------|
| Are accident photos available for attachment? | YES                     |
| Was there any video captured by Car Camera?   | YES                     |
| Remarks/ Reasons:                             | WITH THE POLICE OFFICER |
| Was there any audio recorded?                 | NO                      |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |              |
|-----------------------------|--------------|
| Vehicle Registration Number | FBF8375X     |
| Vehicle Make/Model/Colour   | YAMAHA       |
| Details Of Properties       |              |
| Vehicle Category            | MOTORCYCLE   |
| Name of Driver              | LIM CHEE MIN |
| NRIC/Passport Number        | S7048535D    |
| Contact Number              | 93985868     |
| Address                     |              |
| Postcode                    |              |
| Insurance Company Name      |              |

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LIM CHEE MIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBF8375X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

### SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

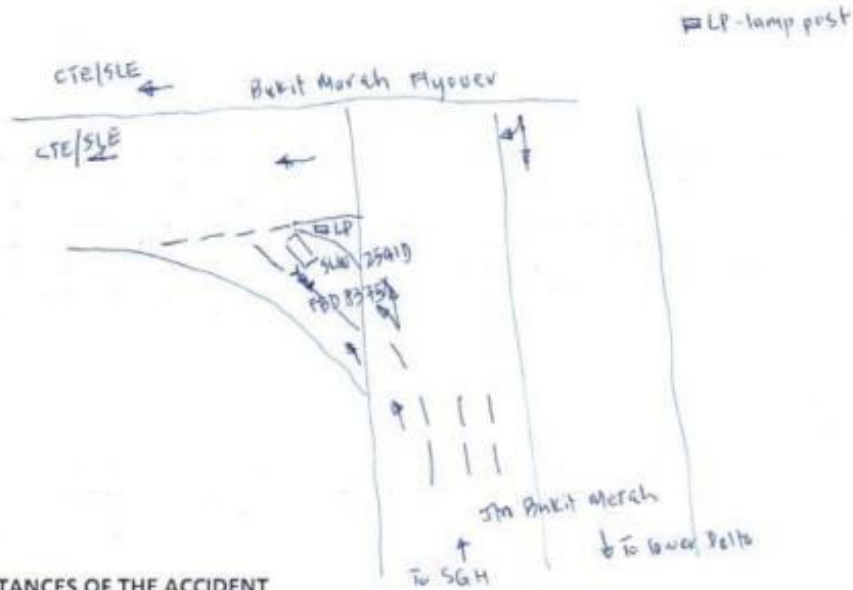
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

Reporting Centre Personnel's Signature  
Name: Paula Anthony  
NRIC/FIN No: 9201 2345 6789

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/06/2018 around 4:00pm I, Choo Kang Siang (500191308) driving SLW2501D from Kian Tian to Nanyang Polytechnic via Jln Bt Merah and CTE/SLE. On turning left from Kian Tian Rd to Jln Bt Merah, I saw a long queue of vehicles on the left side of slip road to CTE/SLE. So I used the the right lane of the slip road. Due to the continuing traffic from the opposite side of Jln Bt Merah (towards Delta Rd) turning into the slip road towards CTE/SLE. I have to slow down and stop at the given way line (lamp post 1353A) while waiting for the traffic to clear. I heard a bang on my vehicle's left rear side. I turn my head and saw motorcycle FDD 8375X losing control to balance up. Finally the motorcycle collapsed. I went off of my vehicle and saw two persons from other vehicles was helping the FDD 8375X rider.

I call 999 to request for ambulance services because the ride was in pain.

SS Haidil Osman from Traffic Police arrived around 1630hrs and collected my ~~onboard~~ dash camera SD card Report A/20180627/0078

The ambulance convey the rider to hospital

Traffic condition at the time was moderate, road was dry, weather clear.

POLICE REPORT T/20180628/2084

## DECLARATION

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

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:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180628/2084

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

1 of 3

Report No: T/20180628/2084

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |  |                          |                            |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>28/06/2018 13:41 |            | Vide Report No.:             |  | Station Diary No.:<br>19 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                          |                            |
| Name of Informant:<br>CHOO KANG SIANG      |            |                              | Address:<br>APT BLK 65 COMMONWEALTH DRIVE #05-303 SINGAPORE 140065 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S0019130B   |            |                              | Contact No.:<br>Home/Office: Mobile: 81185960                      |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>65 | Date of Birth:<br>28/06/1953 | Type of Informant:<br>Driver                                       |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |                          | Institution / School Name: |
| Occupation:<br>PERSONAL DRIVER             |            |                              | Driving Licence Information:<br>Class: Date of Expiry:             |                          |                            |

## General Information of the Accident

|  |                                 |                                    |  |                                      |
|--|---------------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                 | Date/Time of Accident:<br>27/06/2018 16:00 | Type of Location:<br>Flyover         |
| Location:<br>Along Road 1 Traveling Toward Road 2<br>JALAN BUKIT MERAH<br>CENTRAL EXPRESSWAY<br>Turning to the slip road |                                 |                                    |  |                                      |
| Weather:<br>Clear  |                                 | Road Surface:<br>Dry               |  | Road Speed Limit:                    |
| Traffic Flow:<br>One Way   |                                 | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate          |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |                                 |                                    |  | Anyone conveyed by ambulance:<br>Yes |

## Details of Vehicle Involved

| Vehicle No. | Type       | Make   | Model                            | Color | Condition        | No of Passenger |
|-------------|------------|--------|----------------------------------|-------|------------------|-----------------|
| FBD8375X    | Motorcycle | YAMAHA | SPARK 135 A                      | Red   | Slightly Damaged | 0               |
| SLW2541D    | Car        | BMW    | 650i AT ABS D/AB 2WD DSC HID HUD | Brown | Slightly Damaged | 0               |

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180628/2084

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

2 of 3

Report No. T/20180628/2084

## CONTINUATION OF REPORT

| Details of Person Involved        |                       |  |                                   |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                       |  |                                   |
| No. of Pedestrians Injured: NIL   |                       | Use of Pedestrian Crossing: NA         |                                   |
| <b>Rider</b>                      |                       |  |                                   |
| Name                              | LIM CHEE MIN          | ID No.                                 | S7048535D                         |
| Related Vehicle                   | FBD8375X (Motorcycle) | Contact No.                            | 93985868                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                       |  |                                   |
| Name                              | CHOO KANG SIANG       | ID No.                                 | S0019130B                         |
| Related Vehicle                   | SLW2541D (Car)        | Contact No.                            | 81185960                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |

### Brief Details.

On 27/06/18 at about 1600hrs I was driving my Brown BMW Vehicle(SLW2541D) along Jalan Bukit Merah turning to the slip road to CTE/SLE(jalan bukit merah Flyover). At the slip road I brake and stop at the slow down line. To see if there is any in-coming traffic from the right side. I then heard a bang on my rear left side of my bumper and came down to check I saw a Yamaha motorcycle(FBD8375X) hit my vehicle. I then called 999 for an ambulance as he was in pain. The police also came down to the scene. The ambulance came and conveyed the motorcyclist to the hospital. I was then given a report number. (A/20180627/0078). The IO-In charge of this case is IO Mariah Ctt:65476433

My car suffer scratches to the left rear bumper. I have a in-car camera in my vehicle.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180628/2084

3 of 3

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20180628/2084

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 TEE PENG SHENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

SINGAPORE  
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:

28/06/2018 13:41

Classification Of Case:

SN 069

Authentication Stamp  
NP168



POLICE REPORT



SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

10 manah  
65476433  
Lodge Police report

accident

J. Bukitmerah CTE (SLE)

Ref: Report No: A/20180629 / 0070

C/P  
935305

1. SS HAIDIL Osman T09193

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One black 16 GB micro SD card (San Disk)

2

3

4

5

6

7

8

9

10

from Choo Kang Siang S0019130B

(Name, NRIC or Passport No. / Rank and No.)

of 15/65 Commonwealth DR # 05-303 C 140065

(Address / Police Station / NPC / NPP)

on 27/6/18

(Date)

at

1630

(Time)

Witnessed by / \* Handed over by:

(\* Delete if applicable)

(Signature)

(Signature)

S0019130B

81185960

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

(Signature)

SS HAIDIL

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





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