

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	03/07/2018 18:36
Date Of Accident	01/07/2018 12:00
Exact Location Of Accident	ALONG CTE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT1209H
Insured/Policyholder	
Name Of Registered Owner	TOH CHENG SENG
NRIC No	S2653532H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91318892
Alternative Phone No	OFFICE-91318892

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFYJ
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/18-377232-CA
Cover Note Number	

Driver

Name of Driver	TOH CHENG SENG
NRIC No	S2653532H
Date Of Birth	07/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1977
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91318892
Fax Number	
Contact Number	OFFICE-91318892
Email Address	NOEMAIL

Address	BLK 129 MARSILING RISE #06-302
Postcode	730129
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180702/2087.

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	SHB4150T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY CHENG NGUENG
NRIC/Passport Number	S1157534Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3
Passenger 1	NAME: :
	GENDER: :
Passenger 2	NAME: :
	GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL4706P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJM6422P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TOH CHENG SENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FT1209H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

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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)**

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:

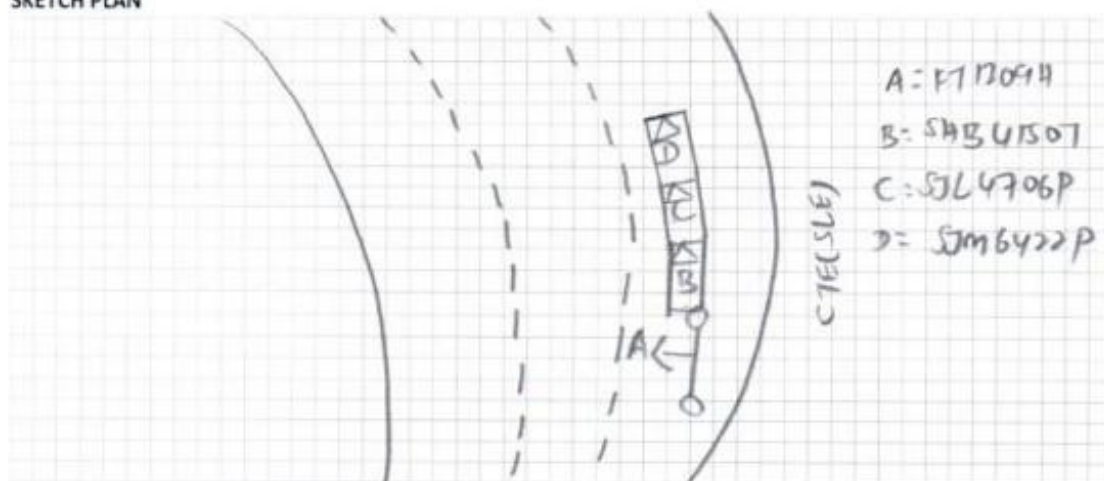
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180702/2087.

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/20180702/2087

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20180702/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2018 16:09	Vide Report No.:	Station Diary No.: 108
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Informant's Particulars

Name of Informant: TOH CHENG SENG			Address: APT BLK 129 MARSILING RISE #06-302 SINGAPORE 730129		
ID Type / ID No.: NRIC NO / S2653532H			Contact No.: Home/Office: Mobile: 91318892		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 62	Date of Birth: 07/07/1955	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Hawker/Stall holder (excluding prepared food or drinks)			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/07/2018 12:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE (Central Expressway) heading towards SLE (Seletar Expressway)				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Multi-Vehicle collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT1209H	Motorcycle	HONDA	CB400SFYJ	Blue	Seriously Damaged	0
SHB4150T	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	2
SJL4706P	Car	CHEVROLET	CHEVY AVEO 1.4AT 4DR	Blue	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180702/2087

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20180702/2087

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM6422P	Car	MITSUBISHI	LANCER 1.6 M	Black	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT1209H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18377232	15/01/2018	14/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	TOH CHENG SENG		ID No.	S2653532H
Related Vehicle	FT1209H (Motorcycle)		Contact No.	91318892
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	Tay Cheng Ngueng		ID No.	S1157534Z
Related Vehicle	SHB4150T (Car)		Contact No.	NIL
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 the 01/07/2018 at about 12:00 am, I was riding my motorcycle a blue color Honda CB400 along the high way of CTE heading towards SLE and was travelling along lane 1. I wish to inform that at the point of time, the road was rather dirty due to grass trimming works along the side of the expressway. Suddenly I noticed that a blue Hyundai Taxi bearing license number SHB4150T had applied its brakes out of a sudden and I followed suit. However I was not able to stop in time and also due to the sudden braking, I fell and my motorcycle skidded onto the floor. After which I got up and found out that the taxi in front of me had collided into a Blue Chevrolet Chevy bearing license number SJL4706P and that blue Chevrolet had collided into a black color Mitsubishi lancer bearing license number SJM6422P. The front part of my motorcycle was excessively damaged and my headlights had went out of placed. Traffic police arrived

Police Report



**SINGAPORE
POLICE FORCE**



T/20180702/2087

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20180702/2087

CONTINUATION OF REPORT

shortly at scene and informed each and everyone of us to lodge a police report of this matter.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180702/2087

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20180702/2087

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 TOO YONG FOOK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/07/2018 16:09

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365



Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Medical Cert



OneDoctors Family Clinic
Blk 710 Ang Mo Kio Ave 8 #01-2613
Singapore 560710 Tel: 6554 2915

OneDoctors Family Clinic
83 Ponggol Central 02-11 Joochay Road
Singapore 628761 Tel: 6781 8078

OneDoctors Family Clinic
Blk 445 Nether Ring Road #01-2-11
Singapore 760446 Tel: 6257 8080

OneDoctors Family Clinic
253 Holland Avenue #01-01
Singapore 278962 Tel: 6461 1136

OneDoctors Medical Centre
23 Singapore Central #01-03 131 New
Singapore 200062 Tel: 6346 1136

www.onedoctors.com.sg

Medical Certificate

No: AMK718654

TOH CHENG SENG (S2653532H)

Unfit for work/school for a period of **3** day(s), from **1 Jul 2018** to **3 Jul 2018** inclusive.


OneDoctors Family Clinic
Blk 710 Ang Mo Kio Ave 8
Singapore 560710
Tel: 6554 2915

Attended by Dr DAI CHAO

1 Jul 2018

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

ONEDOCTORS FAMILY CLINIC
Blk 710 Ang Mo Kio Ave 8 #01-2613
S'pore 560710
Tel: 65542918

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

