

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	31/07/2018 16:57
Date Of Accident	30/07/2018 18:15
Exact Location Of Accident	LENG KEE ROAD (OPP EUROKAR SUPERSPORTS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9739B
Insured/Policyholder	
Name Of Registered Owner	CHUA YEE YIN
NRIC No	S9605238C
Email Address	Y-EEYIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98002276
Alternative Phone No	OTHERS-98002276

Vehicle Particulars

Manufacturer	HONDA
Model	FS150F-149CC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME FROM WORK
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/18-992516-WTT
Cover Note Number	

Driver

Name of Driver	CHUA YEE YIN
NRIC No	S9605238C
Date Of Birth	12/02/1996
Occupation	INDOOR
Date Of Driving Pass	05/07/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98002276
Fax Number	
Contact Number	OTHERS-98002276
Email Address	Y-EEYIN@HOTMAIL.COM

Address	BLK 451 CHOA CHU KANG AVENUE 4 #16-153
Postcode	680451
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 ON 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	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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180731/2005 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK2911G
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SIEW MUI
NRIC/Passport Number	S7101433I
Contact Number	81001013
Address	
Postcode	
Insurance Company Name	

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

DETAILS OF INJURED PERSON 1

Name CHUE YEE YIN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBM9739B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN


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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.

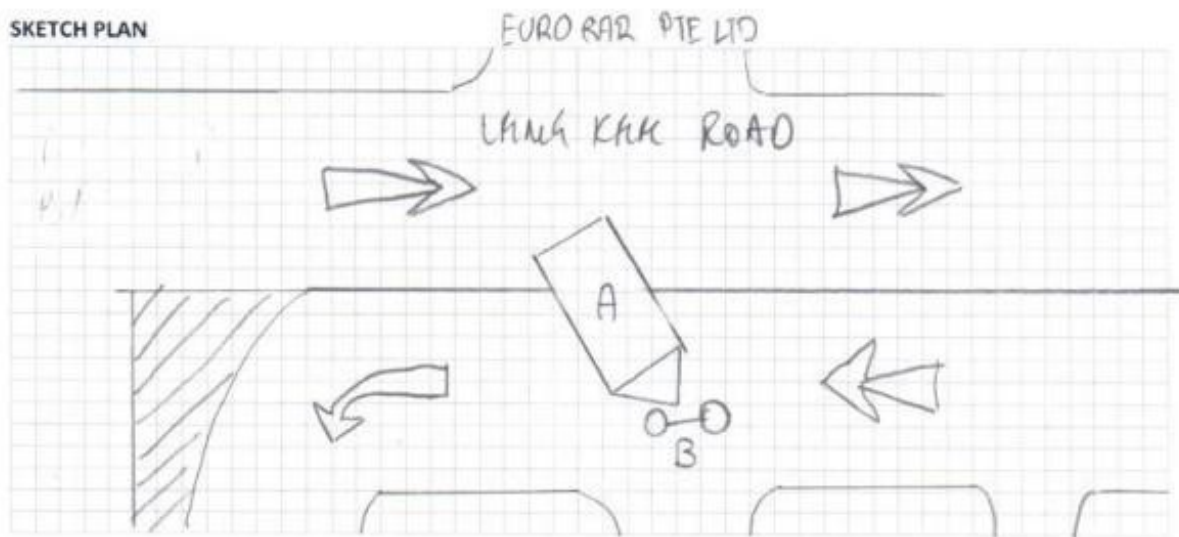

Policyholder's Signature
Date & Time:

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

THYE HONG

A - SJK2911G

B - FRM9739B

Handwritten note across the section: PLS REFER TO POLICE REPORT 7/20180731/2015

DECLARATION

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

Signature
Policyholder's Signature
Date & Time:

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

Signature 31/07/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

COMME SketchPlanForm_V03

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180731/2005

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180731/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2018 01:01		Vide Report No.: D/20180730/0107		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: CHUA YEE YIN			Address: APT BLK 451 CHOA CHU KANG AVENUE 4 #16-153 SINGAPORE 680451		
ID Type / ID No.: NRIC NO / S9605238C			Contact No.: Home/Office: Mobile: 98002276		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 22	Date of Birth: 12/02/1996	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OFFICE ADMIN			Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/07/2018 18:15	Type of Location: Straight Road
Location: Along Road 1 LENG KEE ROAD				
Along Leng Kee Road towards Tanlin in front of Thye Hong Centre.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9739B	Motorcycle	HONDA	FS150F	White	Seriously Damaged	0
SJK2911G	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9739B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18992516	05/06/2018	04/06/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180731/2005

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180731/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHUA YEE YIN	ID No.	S9605238C
Related Vehicle	FBM9739B (Motorcycle)	Contact No.	98002276
Hospital/Clinic	NUH	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	30/07/2018	Date Discharge	30/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Witness			
Name	Tan Siew Mui	ID No.	S7101433I
Related Vehicle	NIL	Contact No.	81001013
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 30th July 2018 at about 1815 hrs, I was riding my m/cycle along Leng Kee Road heading towards Tanglin Road. As I was about to pass the entrance to Thye Hong Centre, a car SJK 2911 G (Mazda / Black) travelling from the opposite directions, make as sudden right turn, attempting to enter into Thye Hong Center. The car hit on the right side of my m/cycles causing injuries to my right leg and left knee. My m/cycles was badly damage due to the impact.

I was conveyed to NUH via ambulance for medical attentions and was discharge with 7 days of MC.

To NOTE : I was able to view an in-car camera from a witness, driving behind me during the accidents. (I will be providing the footage to the Traffic Police.)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180731/2005

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20180731/2005

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:

D /

SI FADIL BIN MASIRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Signature Of Informant:

Date/Time:

31/07/2018 01:01

Classification Of Case:

Authentication Stamp

NP168

MC

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No.198500843R



MEDICAL CERTIFICATE

ORIGINAL

NUH18195851

NAME: CHUA YEE YIN

NRIC: S9605238C

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **7** day(s) from **30-Jul-2018** to **05-Aug-2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **30-Jul-2018 19:03** to **30-Jul-2018 22:47**

30-Jul-2018

Date

A member of the NUHS

GAURESH GIRISH INDULKAR
(16842D)

Issued by

A&E

Location

A handwritten signature in black ink, appearing to be 'G. Indulkar', written over a horizontal line.

Signature

TAX INVOICE



TO:

MISS CHUA YEE YIN
BLK 451 #16-153
CHOA CHU KANG AVE 4
SINGAPORE - 680451

MRN/NRIC : S9605238C
CASE NO : 1518793281B-00001
VISIT DATE : 30.07.2018 19:03
LOCATION : NCA&E
INVOICE DATE : 30.07.2018
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0069889-4

PATIENT NAME : CHUA YEE YIN
LOCATION : EMERGENCY

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT
A&E Facility/Service Fee	230.00
XR, TOE, RIGHT	25.00
Diclofenac Sod 75mg SR Tab	1.68
Total Charges	256.68
Government Subsidy	140.00-
Total Amount Payable	116.68
ADJUSTMENT: ROUND DOWN FOR AMOUNT PAYABLE BY PATIENT	0.03-
PAYMENT: CHUA YEE YIN (CASH - 30.07.2018 , RECEIPT #: N012431010)	116.65
TOTAL DUE AFTER PAYMENT	0.00
DUE FROM: CHUA YEE YIN	0.00

FOR INFORMATION

Total amount payable after GST is \$124.85.
Total GST for this bill at 7% is \$8.17 which is absorbed by the Government.

The amount payable by patient has been rounded down to the nearest 5 cents.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



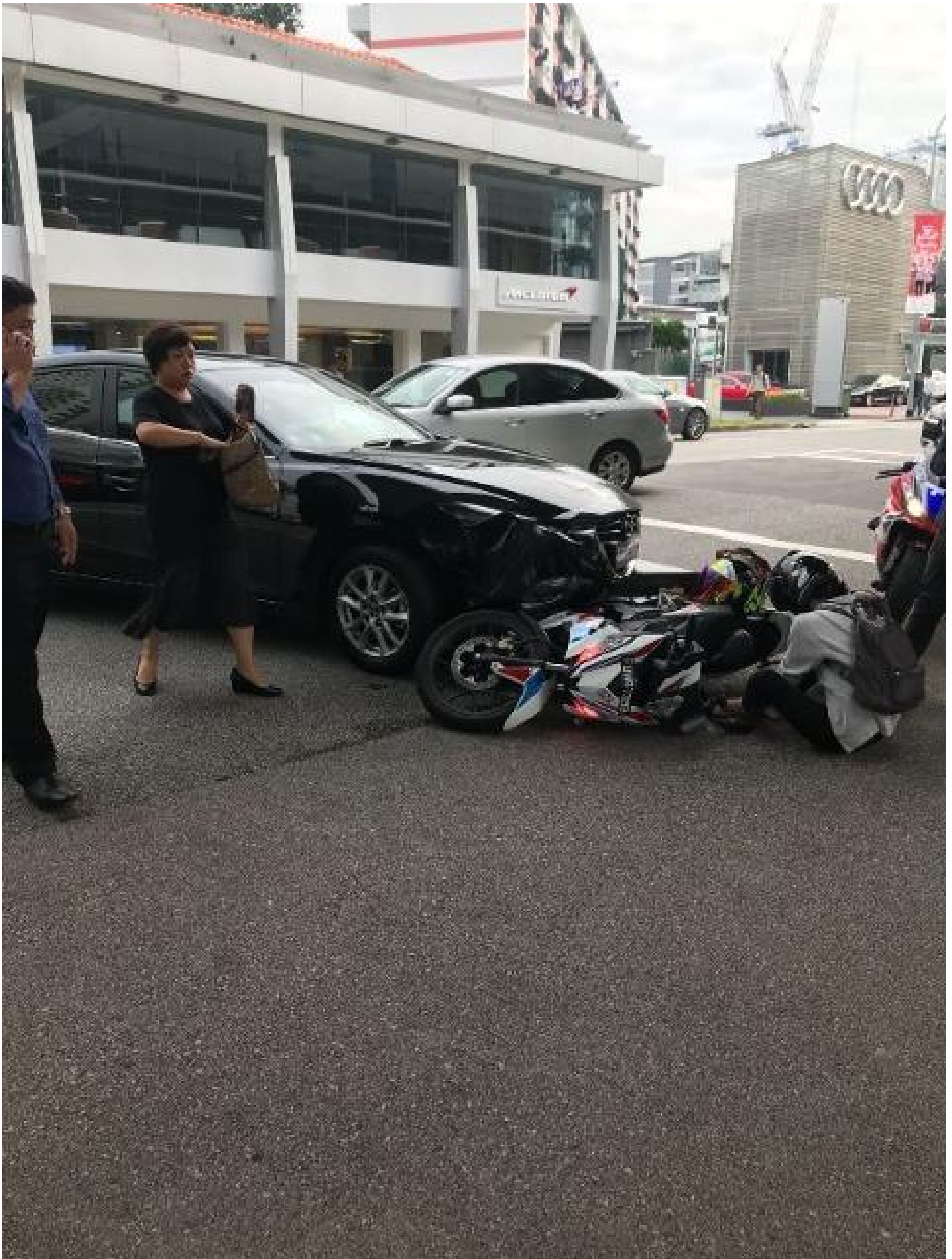
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