

## 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	25/07/2018 16:29
Date Of Accident	27/05/2018 16:15
Exact Location Of Accident	JUNCTION OF KRETA AYER ROAD/KEONG SAIK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX4302E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUM WOH MENG
NRIC No	S1050955F
Email Address	LUMGUANGYE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82225629
Alternative Phone No	OTHERS-82225629

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-S-125CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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
Fleet Policy	NO
Policy Number	MSD/VMT/17-373271-CA
Cover Note Number	

### Driver

Name of Driver	LUM WOH MENG
NRIC No	S1050955F
Date Of Birth	15/06/1948
Occupation	INDOOR
Date Of Driving Pass	07/10/1967
Driving Experience	50 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82225629
Fax Number	
Contact Number	OTHERS-82225629
Email Address	LUMGUANGYE@GMAIL.COM

Address	BLK 319 CLEMENTI AVENUE 4 #08-85
Postcode	120319
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 - CROSS JUNCTION
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE STATEMENT A/20180527/0120

#### 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	SJH6072S
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)

DETAILS OF INJURED PERSON 1	
Name	LUM WOH MENG
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FX4302E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

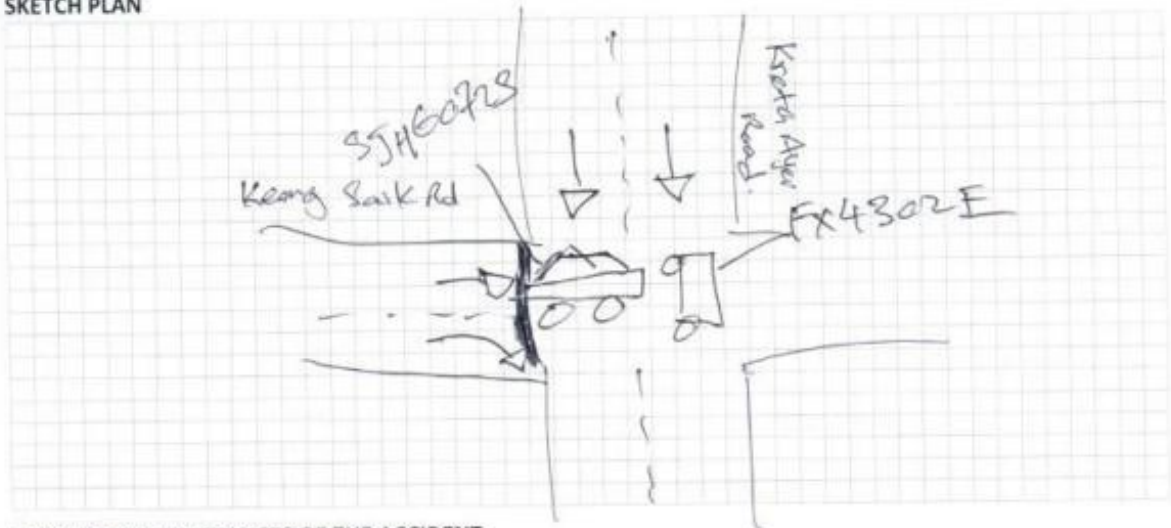
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *Kash*  
NRIC/FIN No.: *W00103*

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to A77A24MKAH*  
*A/20180527/0120*

## 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

Police Station Of Origin : *TRUFFLE POLICE*

Serial No. *P 00012*



Report No.

IP No.

IO In-charge : *IO Rashidah*

## REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: <i>11/07/2018</i>	Vide Report No.: <i>350hm</i>	Station Diary No.: <i>A/20180527/0120</i>
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<b>Informant's Particulars</b>		
Name of Informant: <i>Lum Woh Meng</i>	Address: <i>P# 408-85</i> <i>Blk 319 Clementi Ave 4 #120</i> Postal Code: <i>120319</i>	
ID Type/No: <i>S1050955F</i>	Date of Birth: <i>15/06/1948</i>	Contact No.: Home: Mobile: <i>82225629</i> Office: Driving Licence Information:- Class: Date of Expiry:
Race: <i>Chinese</i>	Age: <i>70</i>	Sex: <i>male</i>
Type of Informant: <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)		
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) <i>Part - Time Odd job worker</i>		

<b>General Information on the Accident</b>		
Type of Accident:	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	Date of Accident: <i>27/05/18</i>
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: <i>1612 hrs</i>
Type of Location: <input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input checked="" type="checkbox"/> X-junction <input checked="" type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input checked="" type="checkbox"/> Others (specify)		

Location of Accident (state road name and specify landmark (if any). If accident occurred at junction, state all road names that form the junction)  
*Kreta Ayer Rd x Keong Saik Rd*

<b>Type of Collision:</b>		<b>Weather:</b>	
(i) Between moving vehicles <input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input checked="" type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)		(ii) Moving Vehicle Against: <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)	
<b>Traffic Flow:</b> <input checked="" type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	<b>Traffic Control:</b> <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input checked="" type="checkbox"/> Uncontrolled	<b>Traffic Volume:</b> <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No traffic	<b>Road Surface:</b> <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):
<b>Road Speed Limit:</b> <i>50</i> km/h		<b>Drink Drive:</b> Yes/No Anyone conveyed by ambulance <input checked="" type="checkbox"/> Yes/No	

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
<i>FX4302E</i>									
<i>SJH6072S</i>									

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic
<i>Lum Woh Meng</i>	<i>S1050955F</i>	<i>FX4302E</i>					

# POLICE REPORT




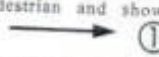
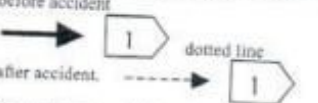
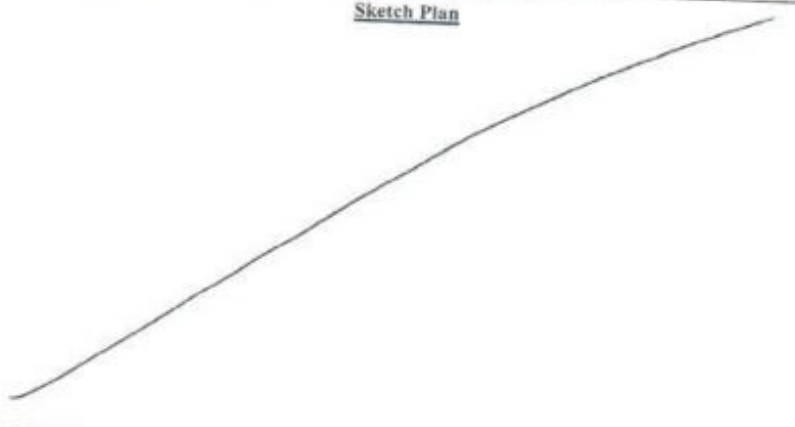
Report No. -  
IP No. TP/IP/31271/2018  
IO In-charge: Rashidah

## CONTINUATION OF REPORT

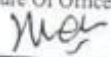
<b>Information on Pedestrian(s) Involved</b>		
Any Pedestrian Involved: Yes / <u>No</u>		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used: <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury: <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured
<b>Information on Eyewitness</b>		
Any eyewitness available: Yes / No	Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)	


**Brief Details.** This report shall be signed by the informant.

On the date and time stated, I was coming from Kreta Ayer market. After buying some groceries, I wanted to go home. I was riding on left lane of 2 lanes along Kreta Ayer Rd towards Eu Tong Seng St. At the junction of Keong Sait St, a motorcar came out from Keong Sait Street and hit into the right side of my body. The impact of the hit from the car caused me to be thrown off from my bike. After I was thrown off from my bike, I could not move my body. I then went to hospital at Singapore General Hospital. I sustained a broken right thigh bone and some injuries to my right leg, to my left elbow and the left side of my body swollen. I am currently admitted in Jurong Community Hospital and will be discharged on Friday, 13/07/2018.

<b>Instructions</b> 1. Number each vehicle and show direction of travel by arrow.  2. Number each pedestrian and show direction by arrow.  3. Use solid line to show path of vehicle before accident.  4. Show distance and direction to landmarks, identify by name. 5. Include road signs and any other important physical features.	<b>Sketch Plan</b> 
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**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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report: 
Name/Signature Of Interpreter:
Investigation Officer In-Charge Of Case: IO Rashidah

Signature Of Informant: 
Date: 11/07/2018
Classification Of Case:

Authentication Stamp



Accident Photo





Accident Photo



Accident Photo

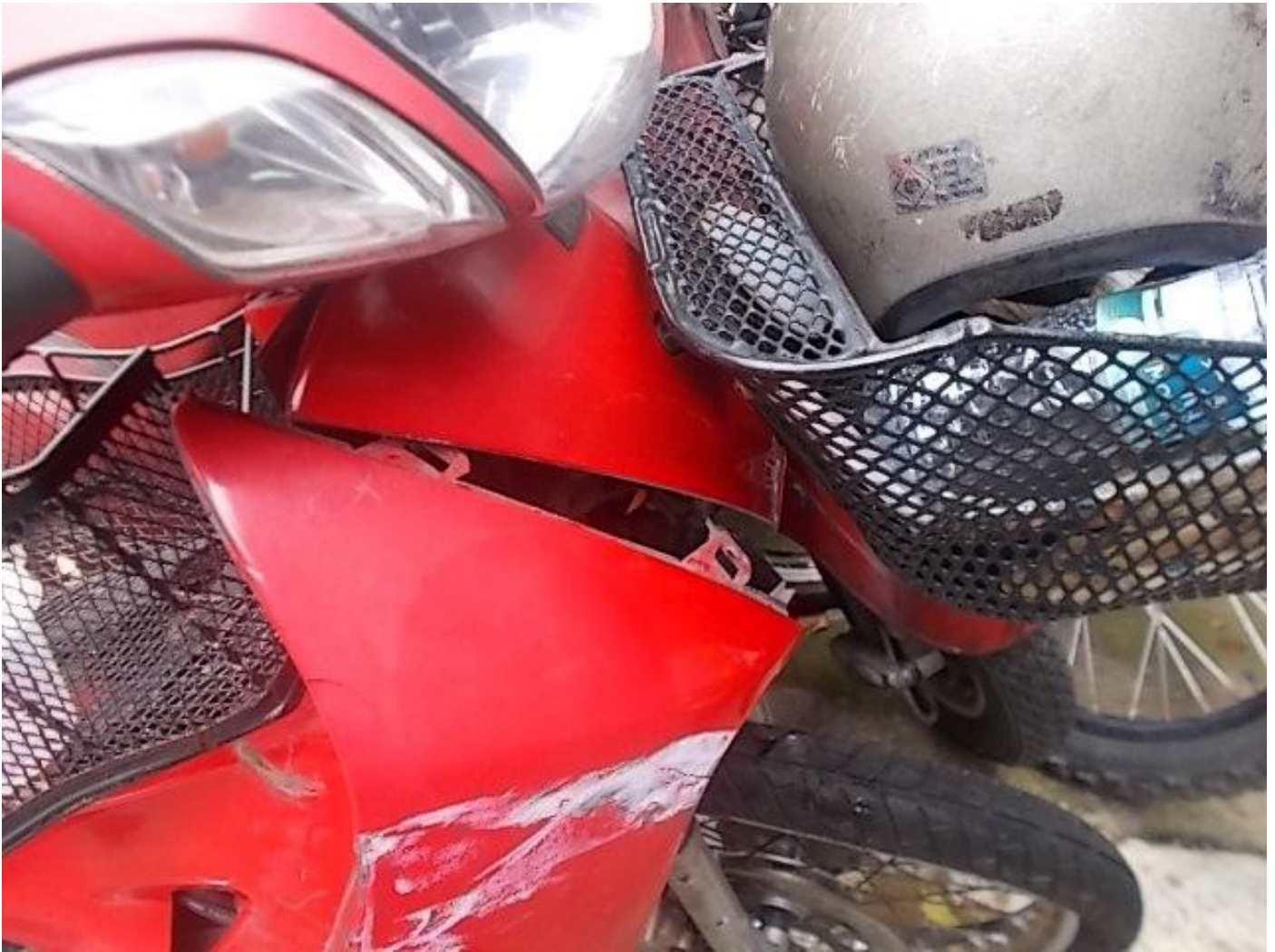




Accident Photo



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