Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 15/08/2018 13:39

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 witholding 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	15/08/2018 12:37
Date Of Accident	08/08/2018 15:00
Exact Location Of Accident	CARPARK OUTSIDE PASIR LABA CAMP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FZ356R
Insured/Policyholder	
Name Of Registered Owner	TAN HAI HONG
NRIC No	S9611583J
Email Address	BOI_VIGOUR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96451702
Alternative Phone No	OTHERS-96451702
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SF
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
Fleet Policy	NO
Policy Number	MSD/VMT/17-369386-CA
Cover Note Number	
Driver	
Name of Driver	TAN HAI HONG
NRIC No	S9611583J
Date Of Birth	02/04/1996
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96451702
Fax Number	
Contact Number	OTHERS-96451702
EMail Address	BOI_VIGOUR@HOTMAIL.COM

Address	BLK 475A UPPER SERANGOON CRESCENT #06-509
Postcode	531475
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	SIDE SWIPE
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?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	**ROAD**: 60 HOUGANG AVE 9 SINGAPORE 538775 , **POSTCODE:** 538775 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180808/2135

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	MID20599
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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 liability**.
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.**
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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.

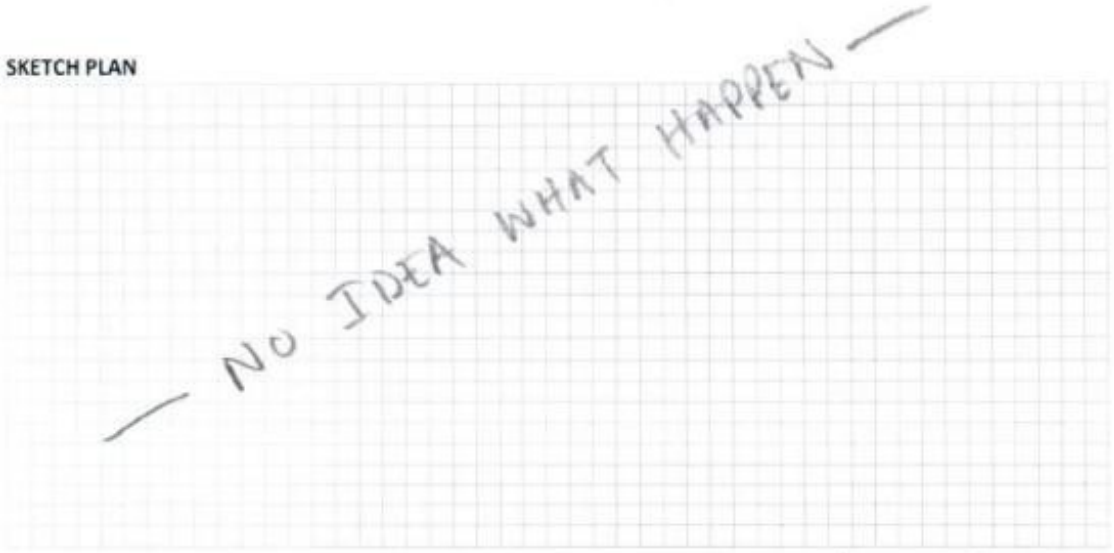
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.: 15/8/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S Refer to the Attached
T/20180808/2135

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.:
Hoy	Hoy	15/8/2018

Sketch Plan #3

SINGAPORE POLICE FORCE

T/20180808/2135

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Brief Details.

On 8/8/18 at about 1500hrs, I went to retrieve my motorcycle and I noticed that there were damages on my motorcycle. There was also a note stating he is 3WO Saravanan from Transport Hub East Bedok Node and his 5-ton military truck had collided into my parked motorcycle. I contacted the number given, 90128352 and he mentioned that I have to go through insurance claims and to lodge a police report.

No one was injured. No ambulance or police at scene.
My motorcycle parts such as, handle bar, gas tank, meter gauge, head light etc were all damaged.
I am lodging this report for my insurance claims purposes.

GOOD DAY,

THIS IS 3WO SARAVANAN FROM TRANSPORT HUB EAST BEDOK NODE.

THERE WAS A VEHICLE INCIDENT BETWEEN YOUR MOTORBIKE AND A 5-TON MILITARY TRUCK.

PLEASE CALL ME AT 90128352. THANK YOU.

PLEASE MAKE A POLICE REPORT AS WELL.

THE CONTACTS OF THE CLAIMS COMPANY IS IN THE BACK PAGE. PLEASE CONTACT THEM.

THANK YOU.

Sketch Plan #5

Accident involving MINDEF and Civilian Vehicles

Dear Potential Claimant,

We refer to your vehicle no. FZ356R involved in an accident with MID 20599 on 070818 (accident date).

In order to facilitate the claims process, we would appreciate if you could follow the procedures stated **below**:

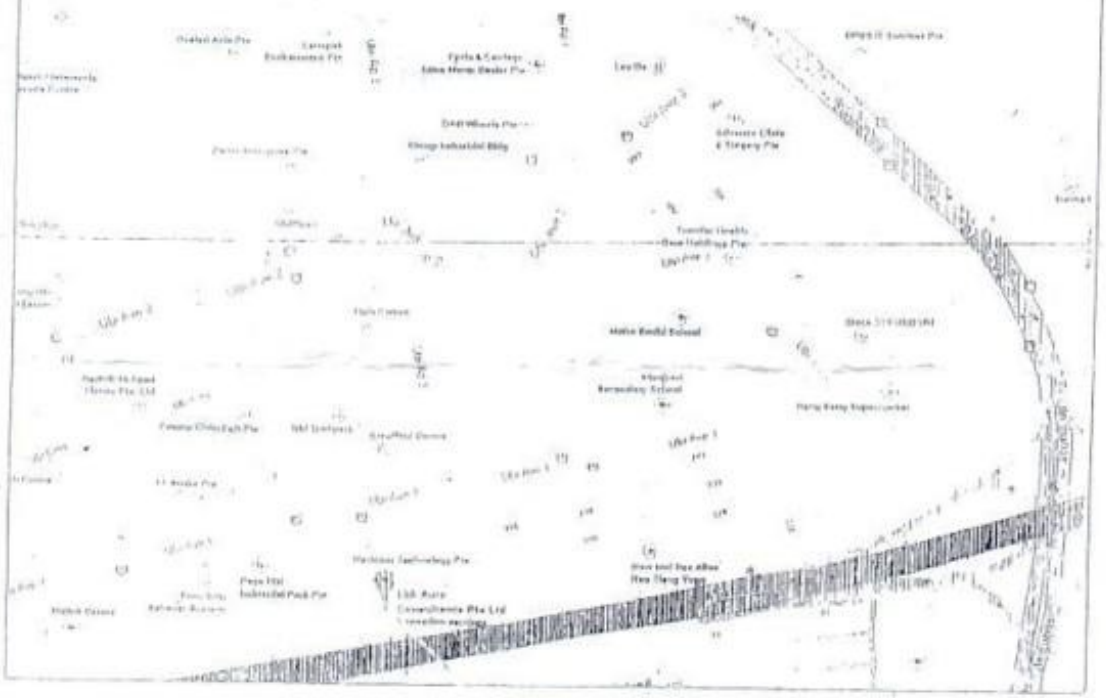
1. Contact LKK Auto Consultants Pte Ltd immediately after the accident and forward all claims documents to their office through your insurer.

2. Await contact from LKK staff for outcome of the claims.

If you have any enquiry, please contact LKK at Tel: 6256 3561, Fax: 6741 4108, Email: csig@lkkauto.com
cs1G lkkauto.com

Motor Claims Section
LKK Auto Consultants Pte Ltd
51 Ubi Avenue
#01-25 Paya Ubi Industrial Park
Singapore 408933

Map of LKK Auto Consultants



Accident Photo

Accident Photo

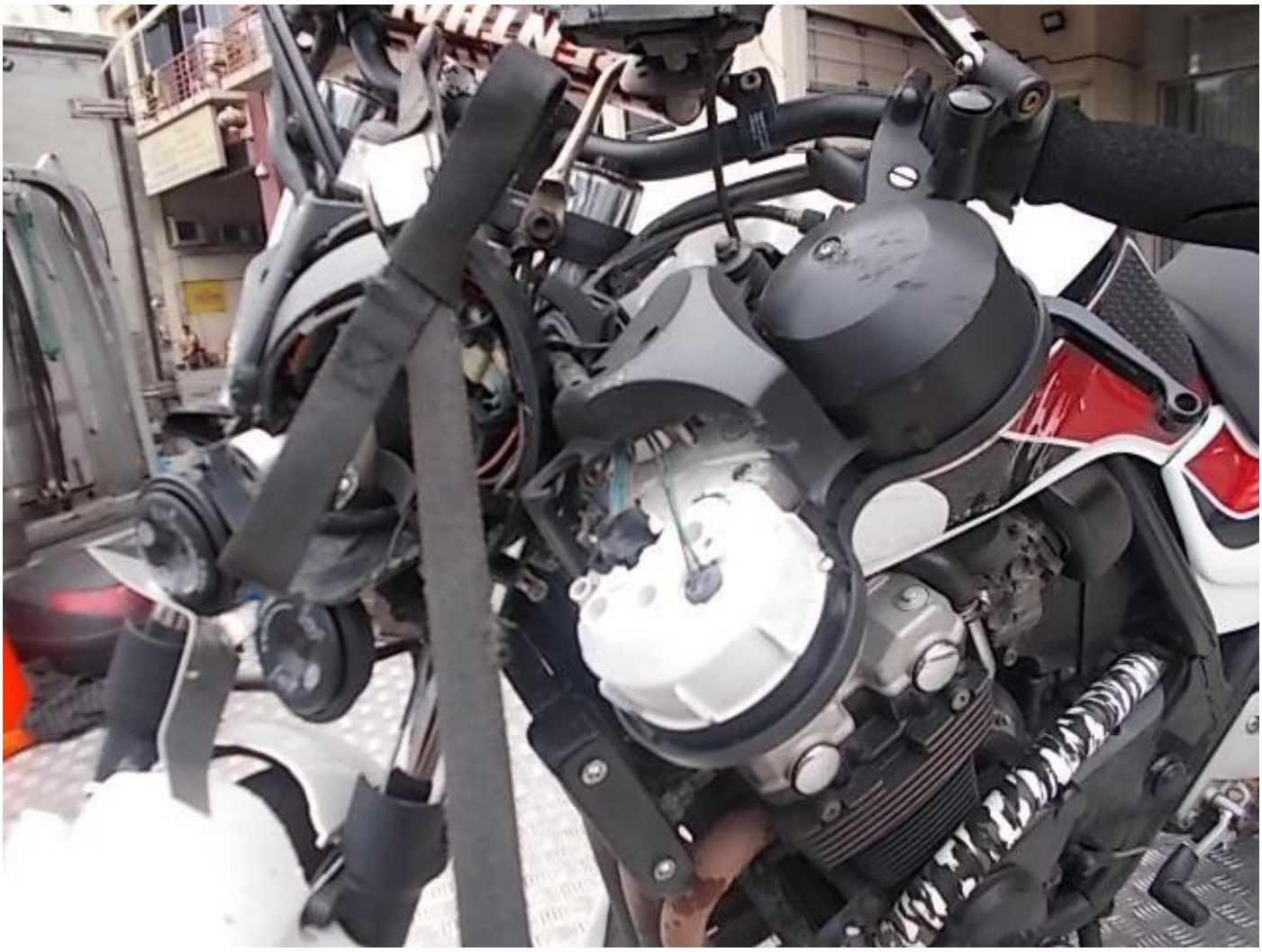
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

SINGAPORE POLICE FORCE

T/20180808/2135

Report No: T/20180808/2135

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
08/08/2018 18:04		126

Informant's Particulars

Name of Informant: TAN HAI HONG			Address: APT BLK 475A UPPER SERANGOON CRESCENT #06-509 SINGAPORE 531475	
ID Type / ID No: NRIC NO / S9611583J			Contact No.: Home/Office:	Mobile: 96451702
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 22	Date of Birth: 02/04/1996	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 08/08/2018 15:00	Type of Location: Car Park
Location: Along Road 1 PASIR LABA ROAD carpark outside Pasir Laba camp				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FZ356R	Motorcycle	HONDA	CB400SF	Red	Seriously Damaged	0
MID20599	SAF Vehicle				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ356R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17369386	13/07/2018	18/09/2018

SINGAPORE POLICE FORCE

T/20180808/2135

Report No. T/20180808/2135

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Brief Details.

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SINGAPORE POLICE FORCE

T/20180808/2135

Report No. T/20180808/2135

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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: F / Sgt 3 ALICIA NG YU SHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2018 18:04
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168