## 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 <u>truthful and accurate</u> 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

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	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
D	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

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?

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 0

Number of Passengers (Including Driver)

### **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?

If Yes, against whom?

NO

## **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** 

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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.
- B. 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 the purpose(s).
  - 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:
  - 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.

Livy older's Signature

Policyholder's Signature Date & Time: Driver's Signature

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2

SKETCH PLAN		HUBBEN
	JOEA WHAT	×.
1	0 7	
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
		Hacker
	N-0	25
	Jay 10 808	12
0/5	120/80°	
_		
DECLARATION /We declare the foregoing part	iculars are true in every respect.	
Hoy	Nex	12/8/2018
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.:

## Sketch Plan #3





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

Report No. T/20180808/2135

### 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.

## Sketch Plan #4

(FUND DAY,
THIS IS 3NO SARAVANAN FROM TRANSPORT
HUB EAST BEDOK NODE.

THERE WAS A VEHICLE INCIDENT BETWEEN YOUR MOTURBINE 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.

# 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:

- Contact LKK Auto Consultants Pte Ltd immediately after the accident and forward all claims documents to their office through your insurer
- 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: csing/lkkauto com

4516 INHAUTO. COM

Motor Claims Section

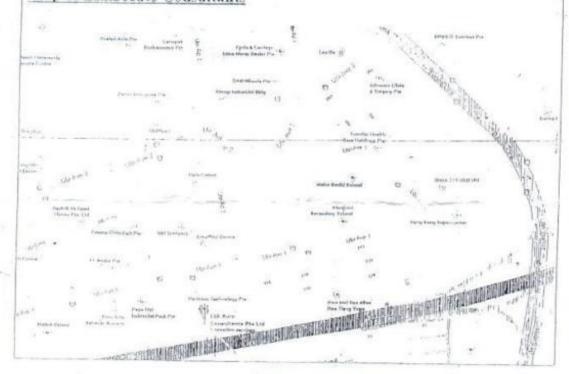
LKK Auto Consultants Pte Ltd

51 Ubi Avenue

#01-25 Paya Ubi Industrial Park

Singapore 408933

## Map of LKK Auto Consultants

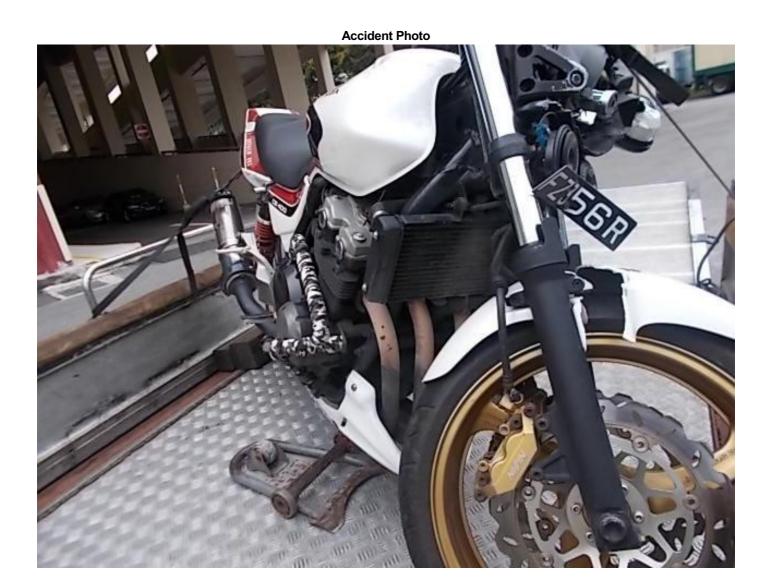




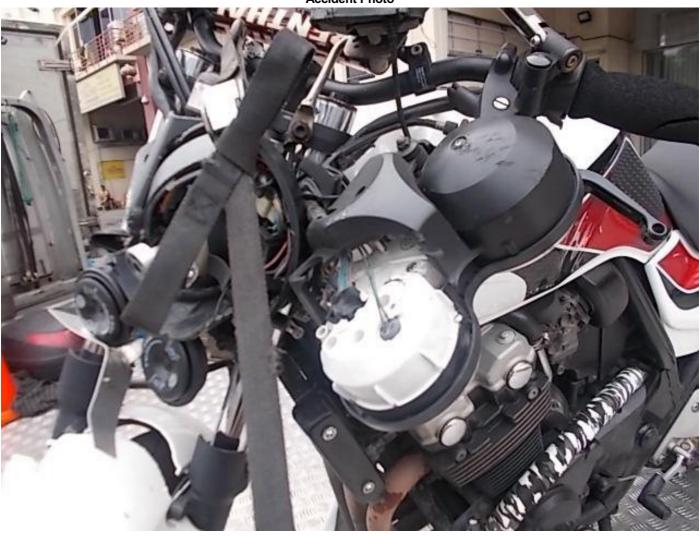
























## Police Report





Police Station Of Origin Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No. 1800–4890999 1 of 3 Report No. T/20180808/2135

REPORT	OF A TRAFFI	C ACCIDENT		Station Diary No.:
Date/Time Report Made 08/08/2018 18:04		Made:	Vide Report No.:	126
	nt's Partic	ulars	<b>公益的利务经济。</b> 40	
DESCRIPTION OF THE PARTY	f Informant II HONG		Address APT BLK 475A UPPER SE SINGAPORE 531475	ERANGOON CRESCENT #06-509
ID Type / ID No. NRIC NO / S9611583J		83J	Contact No: Home/Office:	Mobile: 96451702
National	ore CITIZ	EN	Email:	
Sex Male	Age:	Date of Birth: 02/04/1996	Rider	
Race Chinese Occupation: National Service Full Time			Language:	Institution / School Name:
		ıll Time	Driving Licence Information Class: 2B,2A,2,3	Date of Expiry:

Type of Accident	Non-Injury Government Vehic	Drink	Date/Time of Accident: 08/08/2018 15:0	Type of Location Car Park	
Location: Along Road 1 PASIR LABA carpark outsid	ROAD te Pasir Laba çamp	10.10.6		Road Speed Limit	
Weather:		Road Surface:		Road Speed Limit.	
		Dry		Teeff a Maluma	
Clear				Tanks a Makaman	
Clear Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic	

Details of V	ehicle Involved	d	GOOD STATE		I a more	
Vehicle No.	Type	Make.	Model	Color	Condition	No of Passenger
FZ356R	Motorcycle	HONDA	CB400SF	Red	Seriously Damaged	
MID20599	SAF Vehicle				No Damage	0

Details of V	ehicle insurance		The same of the sa	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ356R	MSIG INSURANCE (SINGAPORE)	MSDTMT17369386	13/07/2018	18/09/2018

### **Police Report**





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

Report No. T/20180808/2135

## Brief Details.

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## Police Report





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

3 of 3 Report No. T/20180808/2135

Sketch Plan

Informant is not able to provide sketch plan

MPORTANT	Please attach a copy of your vehicle's Insurance Certificate to this report.	f you don't have
he 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	1100