

## 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	17/08/2018 12:38
Date Of Accident	16/08/2018 17:50
Exact Location Of Accident	YISHUN AVE 1(OUTSIDE ESTUARY CONDOMINIUM)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6804R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG HUAT KOK
NRIC No	S1614649H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92987500
Alternative Phone No	OTHERS-82283479

### Vehicle Particulars

Manufacturer	YAMAHA
Model	R15
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-378376-CA
Cover Note Number	

### Driver

Name of Driver	ONG YU HUI
NRIC No	S9404683A
Date Of Birth	07/02/1994
Occupation	INDOOR
Date Of Driving Pass	15/06/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82283479
Fax Number	
Contact Number	
EEmail Address	ONGYUHUI3@GMAIL.COM

Address	BLK 836 YISHUN ST 81 #04-356
Postcode	760836
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NEPHEW
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?	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 32 YISHUN ST 81 , <b>POSTCODE:</b> 768456 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8522999 - <b>FAX NO:</b> 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180817/2007

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FROM OTHER VEH GBG2323U
Was there any audio recorded?	NO

#### Details of Witness 1

Name	YUSRI
Phone Number	91441926
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR6652D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HONG
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ONG YU HUI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM6804R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


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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. 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.

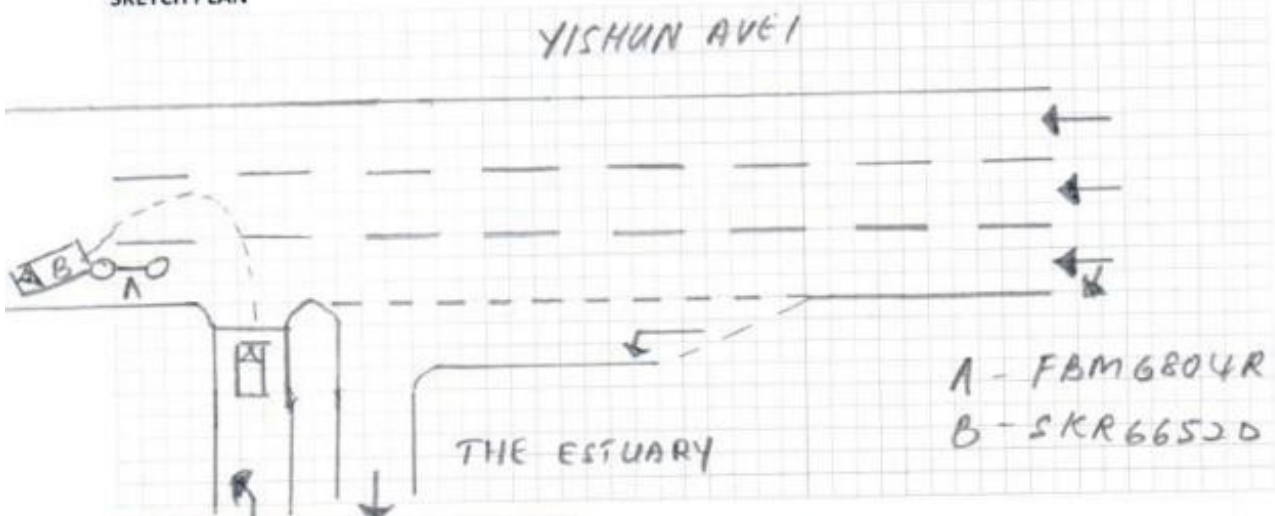
Policyholder's Signature  
Date & Time:

 17/8/18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 17/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 1/20180817/2007

## 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.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180817/2007

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 3

Report No. T/20180817/2007

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	ONG YU HUI		ID No. S9404683A
Related Vehicle	FBM6804R (Motorcycle)		Contact No. 82283479
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	HONG		ID No. NIL
Related Vehicle	SKR6652D (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 16/08/2018 at about 5.50pm, while I was riding alone Lane 3 of Yishun Ave 1 near to Estuary Condominium, a car (SKR6652D) came out from the carpark of the said Condominium to Lane 2 without signalling. All of a sudden, the car switched to Lane 3 without checking and that was my motorbike hit onto the back of the said car. Due to the collision, my motorbike skidded for about 2 metres and I fell.

My motorbike sustained scratches and dents however unsure of the full condition. The car driver together with his wife alighted from the car and assisted me. Traffic police was also at scene and I was conveyed to Khoo Teck Puat Hospital. I sustained bruises and scratches on both arms/shoulders, right knee and right toe area. I was given 7 days MC from KTPH.

One passerby namely Yusri, C/N: 91441926 who was driving a van bearing GBG2323U also assisted me and he informed that his van has CCTV footage of the incident. After the van driver informed that he has the footage, the car driver also informed he has the CCTV footage from his car. I am lodging this report for insurance claim and traffic police actions.

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



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180517/2007

Police Station Of Origin:  
Yishun South N.P.C.  
32 Yishun Street #1 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20180517/2007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2018 00:41	Video Report No.:	Station Diary No.: 24
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### Informant's Particulars

Name of Informant: ONG YU HUI			Address: APT BLK 836 YISHUN STREET B1 #04-356 SINGAPORE 760836		
ID Type / ID No.: NRIC NO / S9404683A			Contact No.: Home/Office: Mobile: 82283479		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 07/02/1984	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: STAFF NURSE			Driving Licence Information: Class: 2B,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Driver: No	Date/Time of Accident: 16/08/2018 17:50	Type of Location: Bend
Location: Along Road 1 YISHUN AVENUE 1  ALONG YISHUN AVENUE 1 (OUTSIDE ESTUARY CONDOMINIUM)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM6804R	Motorcycle	YAMAHA	R15	Blue	Seriously Damaged	0
SKR6652D	Car	MAZDA	5	Grey	Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180817/2007

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 3

Report No: T/20180817/2007

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	ONG YU HUI	ID No.	S9404683A
Related Vehicle	FBM6804R (Motorcycle)	Contact No.	82283479
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	HONG	ID No.	NIL
Related Vehicle	SKR6652D (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.

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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180817/2007

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street #1 SINGAPORE 768456  
Tel No: 1800-8522989

3 of 3

Report No. T/20180817/2007

### 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 MOHAMMED HAYQAL BIN SAMSURI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/08/2018 00:41

Officer In Charge Of Case:  
TP / GIT /  
SI NG CHWEE THENG  
Contact No.: 65476387

Classification Of Case:

Authentication Stamp  
NP168