

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 15:49
Date Of Accident	11/08/2018 15:45
Exact Location Of Accident	SCOTTS RD TWDS NEWTON RD OUTSIDE SHERATON TOWERS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY315P
Insured/Policyholder	
Name Of Registered Owner	HO BEE SOON (HE MEISHUN)
NRIC No	S8116188G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93873445
Alternative Phone No	OTHERS-93873445

Vehicle Particulars

Manufacturer	HONDA
Model	CB 250 M
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	REPORTING ONLY
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/18-991671-WTT
Cover Note Number	

Driver

Name of Driver	HO BEE SOON (HE MEISHUN)
NRIC No	S8116188G
Date Of Birth	21/05/1981
Occupation	INDOOR
Date Of Driving Pass	30/10/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93873445
Fax Number	
Contact Number	OTHERS-93873445
Email Address	NOEMAIL

Address	BLK 103 BUKIT PURMEI ROAD #11-44
Postcode	090103
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 TO REAR
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , 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/20180813/2123

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	SHC3954S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN
NRIC/Passport Number	
Contact Number	87833362
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HO BEE SOON (HE MEISHUN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FY315P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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.
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)**

(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.

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

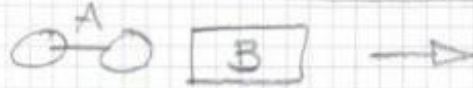
Sketch Plan #2

Along Scotts Road towards Newton Road
outside Sheraton Towers.

SKETCH PLAN

A-FY315P

B-SHC3954S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180813/2123

DECLARATION

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

Policyholder's Signature
Date & Time:

Signature of Policyholder

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

Signature of Driver

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

Signature of Reporting Centre Personnel

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180813/2123

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20180813/2123

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HO BEE SOON	ID No.	S8116188G
Related Vehicle	FY315P (Motorcycle)	Contact No.	93873445
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	11/08/2018	Date Discharge	12/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	87833362
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 11/08/2018 at about 1545hr, I was on my way to Golden Mile Complex on my motorcycle bearing the registration number FY315P. I was riding on the second lane along Scotts Road towards Newton Road, outside Sheraton Hotel. There was a taxi that was in front of me who suddenly jammed break. I could not stop in time and jammed break as well. I am not sure if I had hit onto the taxi as there were no dents or damages on the taxi however I fell. After a while, the taxi driver and a passerby came over to help me up as I could not move the motorcycle. I then called for Police assistance as it was my first time encountering an accident.

We then exchanged name and contact number. I managed to take a look at both my motorcycle and the taxi. I did not see any damages on the taxi while the only damages I saw on my motorcycle were my left foot rest came off, dented clutch and tilted mirrors. I did not make an extensive check on my motorcycle as I was in pain and clueless.

Ambulance came and made a check on me. I suffered abrasions on my left knee and ankle and felt pain on the left side of my body. The paramedics asked if I wanted to be conveyed and I agreed. Subsequently TP officer came and interviewed me. Afterwards, I was conveyed to Tan Tock Seng Hospital.

I was admitted to Tan Tock Seng Hospital for one day. I am given medical leave of 5 days which will end on 15/08/2018.

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/20180813/2123

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Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180813/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 17:10		Vide Report No.: E/20180811/0151		Station Diary No.: 54	
Informant's Particulars					
Name of Informant: HO BEE SOON			Address: APT BLK 103 BUKIT PURMEI ROAD #11-44 SINGAPORE 090103		
ID Type / ID No.: NRIC NO / S8116188G			Contact No.: Home/Office: Mobile: 93873445		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 21/05/1981	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Hawker/Stall holder (prepared food or drink\$)			Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/08/2018 15:45	Type of Location: Straight Road
Location: Along Road 1 SCOTTS ROAD				
Along Scotts Road towards Newton Road outside Sheraton Towers.				
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 Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY315P	Motorcycle	HONDA	CB 250 M	Blue	Slightly Damaged	0
SHC3954S	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY315P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18991671	11/05/2018	10/05/2019

Police Report



**SINGAPORE
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T/20180813/2123

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159682
Tel No: 1800-3779999

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Report No: T/20180813/2123

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
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Related Vehicle	FY315P (Motorcycle)	Contact No.	93873445
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	11/08/2018	Date Discharge	12/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	87833362
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
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T/20180813/2123

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159682
Tel No: 1800-3779999

Report No. T/20180813/2123

CONTINUATION OF REPORT

The purpose of this report is for record purpose.

Police Report



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T/20180813/2123

Police Station Of Origin:
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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20180813/2123

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 /

Sgt 2 NUR SHAHIRA YAP BINTE AMRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMMAD ZULKARNIAN BIN
SAMSUDIN

Contact No.: 65476429

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/08/2018 17:10

Classification Of Case: