

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	20/08/2018 17:32
Date Of Accident	05/05/2018 16:20
Exact Location Of Accident	PIE TWDS TUAS BEFORE SIMEI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF125T
Insured/Policyholder	
Name Of Registered Owner	WONG KAI LUN
NRIC No	S9446528A
Email Address	WONG_KAI_LUN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85000324
Alternative Phone No	OTHERS-85000324

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-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	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/18-376296-CA
Cover Note Number	

Driver

Name of Driver	WONG KAI LUN
NRIC No	S9446528A
Date Of Birth	07/12/1994
Occupation	INDOOR
Date Of Driving Pass	14/12/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85000324
Fax Number	
Contact Number	OTHERS-85000324
EEmail Address	WONG_KAI_LUN@HOTMAIL.COM

Address	BLK 461 PASIR RIS DRIVE 4 #04-281
Postcode	510461
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180507/2091

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	YP8636H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOOTHIAH ADAIKKALAM
NRIC/Passport Number	
Contact Number	84076519
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG KAI LUN

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? FBF125T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

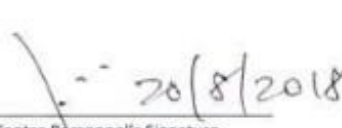
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

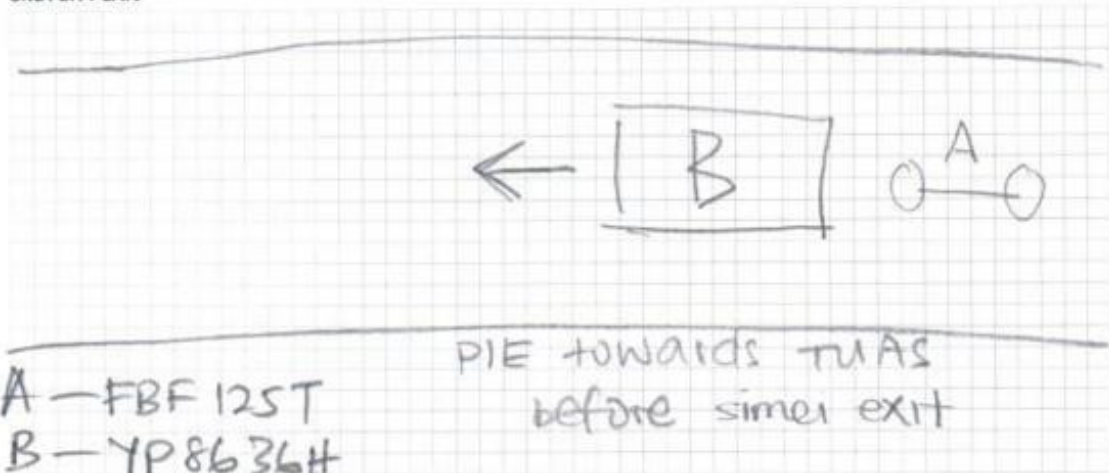

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180507/2091

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180507/2091

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No. T/20180507/2091

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF125T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18376296	05/01/2018	04/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG KAI LUN	ID No.	S9446528A
Related Vehicle	FBF125T (Motorcycle)	Contact No.	85000324
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	Serious
Driver			
Name	KOOTHATHAIAH ADAIKKALAM	ID No.	NIL
Related Vehicle	YP8636H (Lorry)	Contact No.	84076519
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 05/05/2018 at about 1620hrs, I was riding my motorcycle (bearing plate number FBF125T) along PIE towards Tuas. I was initially on the first lane, but I changed to the third lane as I wanted to exit at Simei. When I was on the third lane, there was a lorry (bearing plate number YP8636H) a distance in front of me. However, while I was slowing down and checking my blind spot, the said lorry suddenly slowed down and I was unable to fully brake in time; hence, I collided into the rear of the lorry and was flung off my motorbike.

After the accident, I was still able to stand up and some passer-bys stopped to render assistance to me. One couple offered to send me home but I requested for them to send me to the hospital instead. They subsequently sent me to Changi General Hospital before the ambulance or Traffic Police arrived at the scene. However, I had managed to take the particulars of the lorry driver before I left the scene. I suffered a full fracture on my right collar bone and abrasions on multiple parts of my body. I was given 8 days MC, from 05/05/2018 to 12/05/2018.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180507/2091

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 4

Report No. T/20180507/2091

CONTINUATION OF REPORT

At about 1700hrs, I received a call from the Traffic Police and they informed me that my motorbike has been towed to their compound. I was also advised to lodge a police report.

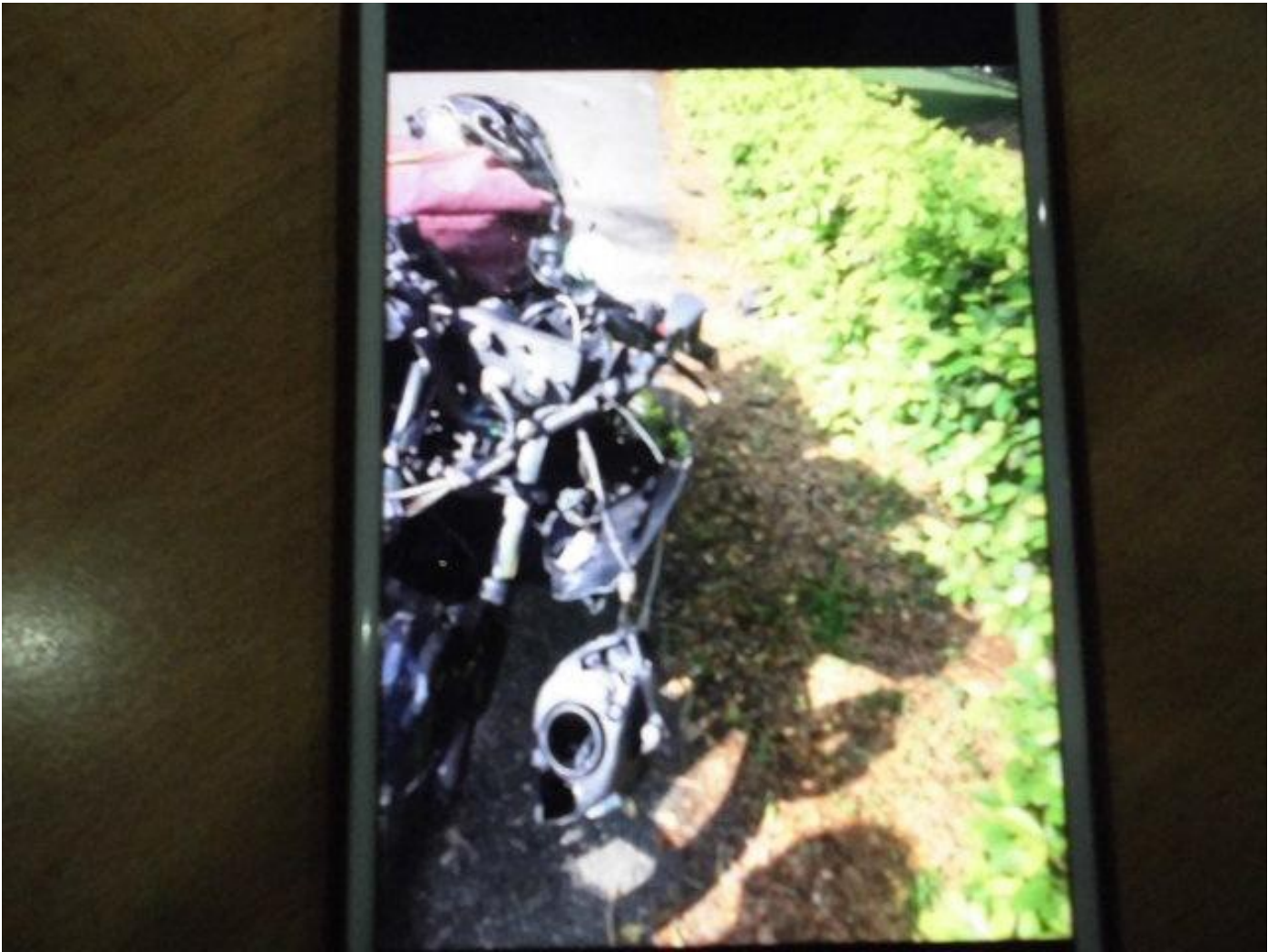
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180507/2091

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180507/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2018 15:27	Vide Report No.:	Station Diary No.: 90
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Informant's Particulars

Name of Informant: WONG KAI LUN			Address: APT BLK 461 PASIR RIS DRIVE 4 #04-281 SINGAPORE 510461	
ID Type / ID No.: NRIC NO / S9446528A			Contact No.:	Mobile: 85000324
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 23	Date of Birth: 07/12/1994	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B	
			Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/05/2018 16:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS, BEFORE SIMEI EXIT				
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: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF125T	Motorcycle	YAMAHA	YZF-R15	Black	Seriously Damaged	0
YP8636H	Lorry	HINO	XZU710R 14FT WIDE CAB 5T		No Damage	5

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180507/2091

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Report No. T/20180507/2091

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Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	WONG KAI LUN		ID No.	S9446528A
Related Vehicle	FBF125T (Motorcycle)		Contact No.	85000324
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/05/2018		Date Discharge	NIL
No. of Days granted Medical Leave		08	Degree of Injury	Serious
Driver				
Name	KOOTHAIAH ADAIKKALAM		ID No.	NIL
Related Vehicle	YP8636H (Lorry)		Contact No.	84076519
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/20180507/2091

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CONTINUATION OF REPORT

At about 1700hrs, I received a call from the Traffic Police and they informed me that my motorbike has been towed to their compound. I was also advised to lodge a police report.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180507/2091

4 of 4

Police Station Of Origin:
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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180507/2091

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:

G /

Sgt 1 CLEON ONG JUN JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

07/05/2018 15:27

Classification Of Case: