

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	29/08/2018 16:52
Date Of Accident	21/08/2018 08:15
Exact Location Of Accident	JUNC OF UPPER SERANGOON RD / HOUGANG AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD2593Y
Insured/Policyholder	
Name Of Registered Owner	TAN TIAN SAN
NRIC No	S1134205A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98637115
Alternative Phone No	OTHERS-98637115

Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
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/18-379731-CA
Cover Note Number	

Driver

Name of Driver	TAN TIAN SAN
NRIC No	S1134205A
Date Of Birth	27/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98637115
Fax Number	
Contact Number	OTHERS-98637115
Email Address	NOEMAIL

Address	BLK 511 HOUGANG AVENUE 10 #13-153
Postcode	530511
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180823/2109

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	SFN9186T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN TIAN SAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD2593Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

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.
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.

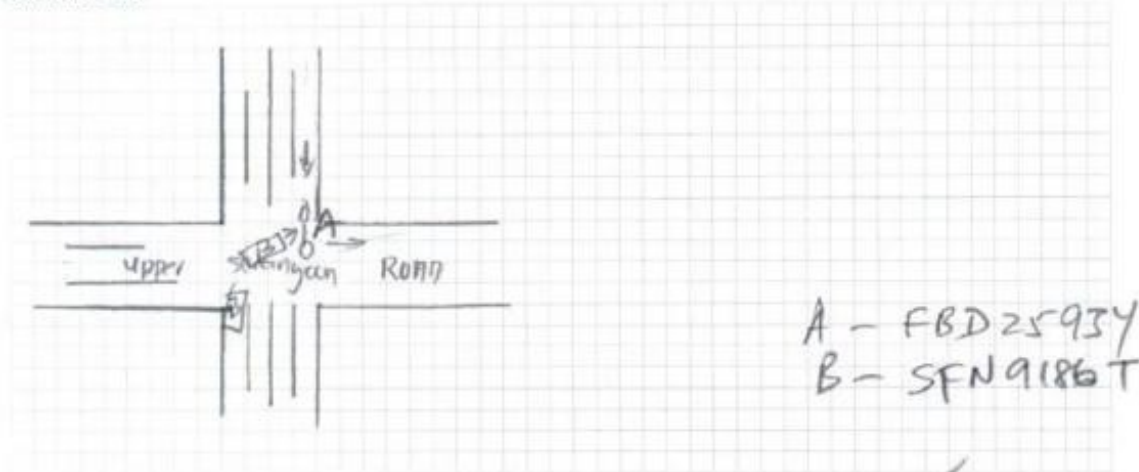
Policyholder's Signature
Date & Time:

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/20180823/2109

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.:

30/8/2018

Sketch Plan #3

23-08-'18 17:23 FROM- Arasan Law Chambers 68353352

T-127 P0002/0008 F-654



**SINGAPORE
POLICE FORCE**



T/20180823/2109

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20180823/2109

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN TIAN SAN	ID No.	S1134205A
Related Vehicle	NIL	Contact No.	98637115
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND LOCATION @ ABT 0815 HRS,

I WAS RIDING ALONG THE X JUNCTION OF UPP SERANGOON & HOUGANG AVE 5. I WAS RIDING ALONG HOUGANG AVE 5 HEADING TO HOUGANG BUS INTERCHANGE. THE OTHER DRIVER WAS ALONG HOUGANG AVE 5 TURNING INTO UPP SERANGOON RD.

IT WAS GREEN LIGHT SIGNAL AND I WAS GOING STRAIGHT, THE OTHER DRIVER WAS AT THE OPPOSITE DIRECTION TURNED RIGHT TO UPP SERANGOON RD. UNFORTUNATELY HE COLLIDED ON MY BIKE.

AFTER THE HIT, I WAS BROUGHT TO TTSH AND GOT DISCHARGED ON THE SAME DAY WITH 1 DAY OF MEDICAL LEAVE..

THATS ALL.

Sketch Plan #4

FBN2593Y

MS16

6.3.2019

18-379731-CA.

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

23-08-2018 17:23 FROM- Arasan Law Chambers 68353352

T-127 P0001/0008 F-654



**SINGAPORE
POLICE FORCE**



T/20180823/2109

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

ATTN: Mr. Leo
From MARIA
(ACC)

1 of 3

Report No. T/20180823/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2018 16:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN TIAN SAN			Address: APT BLK 511 HOUGANG AVENUE 10 #13-153 BEDOK RESERVOIR-PUNGGOL VALE SINGAPORE 530511		
ID Type / ID No.: NRIC NO / S1134205A			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 98637115		
Email:					
Sex: Male	Age: 63	Date of Birth: 27/08/1954	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/08/2018 08:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD HOUGANG AVENUE 5				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBD2593Y	Motorcycle	HONDA	CBF150	Red	Seriously Damaged	0
SFN9186T	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD2593Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18379731	07/03/2018	06/03/2019

Police Report

23-08-'18 17:23 FROM- Arasan Law Chambers 68353352

T-127 P0002/0008 F-654



**SINGAPORE
POLICE FORCE**



T/20180823/2109

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20180823/2109

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN TIAN SAN	ID No.	S1134205A
Related Vehicle	NIL	Contact No.	98637115
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND LOCATION @ ABT 0815 HRS,

I WAS RIDING ALONG THE X JUNCTION OF UPP SERANGOON & HOUGANG AVE 5. I WAS RIDING ALONG HOUGANG AVE 5 HEADING TO HOUGANG BUS INTERCHANGE. THE OTHER DRIVER WAS ALONG HOUGANG AVE 5 TURNING INTO UPP SERANGOON RD.

IT WAS GREEN LIGHT SIGNAL AND I WAS GOING STRAIGHT, THE OTHER DRIVER WAS AT THE OPPOSITE DIRECTION TURNED RIGHT TO UPP SERANGOON RD. UNFORTUNATELY HE COLLIDED ON MY BIKE.

AFTER THE HIT,
I WAS BROUGHT TO TTSH AND GOT DISCHARGED ON THE SAME DAY WITH 1 DAY OF MEDICAL LEAVE..

THATS ALL.

Police Report

23-08-'18 17:23 FROM- Arasan Law Chambers 68353352

T-127 P0003/0008 F-654



**SINGAPORE
POLICE FORCE**



T/20180823/2109

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180823/2109

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:

TP /

YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

23/08/2018 16:17

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: