

## 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	14/09/2018 18:27
Date Of Accident	11/09/2018 16:45
Exact Location Of Accident	ALONG BUKIT MERAH CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL4838L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDENLINK AUTO PTE LTD
Co Reg No	-
Email Address	BASHWINI@GOLDENLINK.COM.SG
Mobile Phone No	(LOCAL) +65-94231633
Alternative Phone No	OFFICE-94231633

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	72042440

### Driver

Name of Driver	TAY WOON CHONG
NRIC No	S1100803H
Date Of Birth	18/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1980
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94231633
Fax Number	
Contact Number	OTHERS-94231633
Email Address	BASHWINI@GOLDENLINK.COM.SG

Address	BLK 442 SIN MING AVENUE #16-423
Postcode	570442
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
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	ALEXANDRA NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 46-2 COMMONWEALTH DR , <b>POSTCODE:</b> 140462 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4739999 - <b>FAX NO:</b> 64713569
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180911/2180 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SHF663K
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIM MOSES
NRIC/Passport Number	S1601080D
Contact Number	94231633
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAY WOON CHONG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL4838L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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.



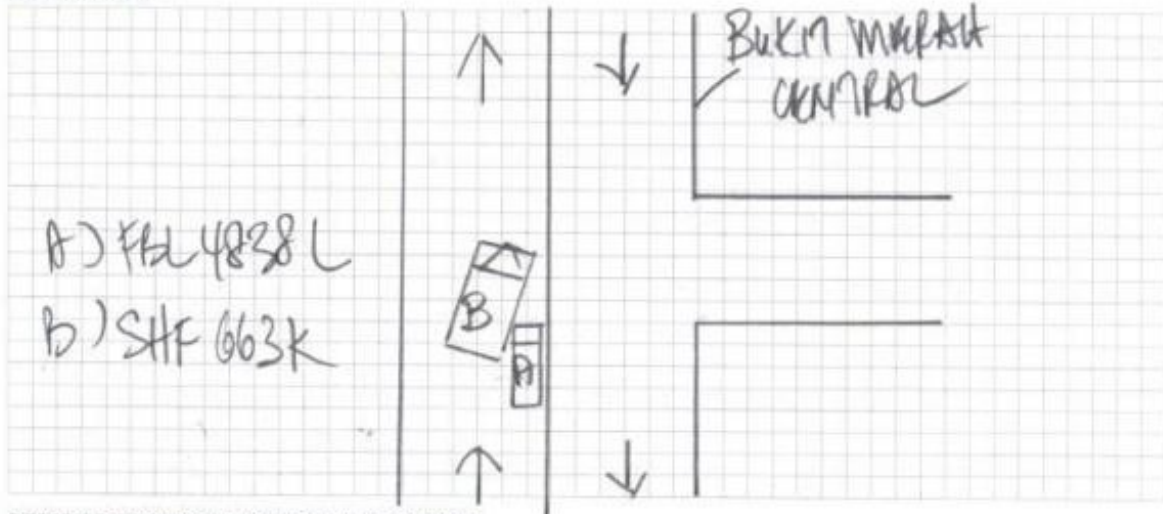
Policyholder's Signature  
Date & Time:

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

14/09/2018  
Reporting Centre Personnel's Signature  
Name: *Koradi Nathan*  
NRIC/FIN No:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*DECLARATION REPORT TO POLICE REPORT*  
*7/20/09 11/2/00*

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

GAURMC SketchPlanForm\_V3

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

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180911/2180

1 of 3

Report No. T/20180911/2180

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2018 20:28	Vide Report No.:	Station Diary No.: 48
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### Informant's Particulars

Name of Informant: TAY WOON CHONG			Address: APT BLK 442 SIN MING AVENUE #16-423 SINGAPORE 570442	
D Type / ID No.: NRIC NO / S1100803H			Contact No.: Home/Office: Mobile: 82638852	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 18/02/1955	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B.3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2018 16:45	Type of Location: Straight Road
Location: Along Road 1 BUKIT MERAH CENTRAL				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No			

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4838L	Motorcycle	HONDA		Black	Seriously Damaged	0
SHF683K	Car	RENAULT		Red	Slightly Damaged	0

### Details of Person Involved

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

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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180911/2180

2 of 3

Report No. T/20180911/2180

Police Station Of Origin:  
Alexandra NPP  
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140462  
Tel No: 1800-4739999

CONTINUATION OF REPORT

<b>Rider</b>			
Name	TAY WOON CHONG	ID No.	S1100803H
Related Vehicle	FBL4838L (Motorcycle)	Contact No.	82638852
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/09/2018	Date Discharge	11/09/2018
No. of Days granted Medical Leave	10	Degree of Injury	Slight
<b>Driver</b>			
Name	SIM MOSES	ID No.	S1801080D
Related Vehicle	SHF663K (Car)	Contact No.	94231633
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 11/09/18 at about 1645hrs, I was riding my motorcycle bearing registration number FBL4838L along Bukit Merah Central. It was a one lane road, there was a taxi bearing registration number SHF663K in front of me. We were on the straight road and there is a small lane to turn right to, as the said taxi did not signal his intention to turn right, I continued to travel straight on the said road. Out of a sudden, the said taxi made a right turn I could not stop in time and we collided.

The said driver stopped and approached me. I explained to him that he did not signal his intention to turn right hence I did not manage to stop in time to avoid the collision. At that point of time, I was not feeling injured, hence we exchanged particulars and left. Upon reaching my office located at 1003 Bukit Merah Central, I felt sharp pain on the right side of my shoulder and my manager instructed me to see a doctor.

I went to Alexandra Hospital and I was given 10days MC and to proceed to NUH to review after 10days. The injuries I sustained are fractures on my right clavicle, minor cracks on my left ribs and abrasions on my left arm. I wish to state that a passerby who witnessed the incident came to me and rendered assistance to me after the collision. He even provided me some footage captured in his vehicle of the accident. I do not know his name, however his handphone number is 96837698.

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POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180911/2180

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Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No. 1800-4739999

3 of 3

Report No. T/20180911/2180

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 DYLAN CHIA CHOON KIAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/09/2018 20:28

Officer In Charge Of Case:

TP / AEIT /

Sr Staff-Sgt MOHAMAD ZULFAZDLI BIN

ABDULLAH

SN 47

Contact No.: 65476367

Authentication Stamp

NP158

Classification Of Case:

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Accident Photo



Accident Photo



Accident Photo





Accident Photo



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