

## 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	25/09/2018 15:38
Date Of Accident	21/09/2018 23:15
Exact Location Of Accident	PIE (CHANGI) AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8027G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HOCK GHEE
NRIC No	S1631808F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91863559
Alternative Phone No	OFFICE-91863559

### Vehicle Particulars

Manufacturer	SUZUKI
Model	FU150SCD
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/17-988485-WTT
Cover Note Number	

### Driver

Name of Driver	LIM HOCK GHEE
NRIC No	S1631808F
Date Of Birth	01/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	09/05/1985
Driving Experience	33 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91863559
Fax Number	
Contact Number	OFFICE-91863559
EEmail Address	NOEMAIL

Address	BLK 23 CHAI CHEE ROAD #12-488
Postcode	461023
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

#### 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?	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	CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 35 CHAI CHEE AVENUE #01-256/258 , <b>POSTCODE:</b> 461035 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-445 9999 - <b>FAX NO:</b> 6244 4375
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180922/2064.

#### 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	SHC8745X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	LIM HOCK GHEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBC8027G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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:

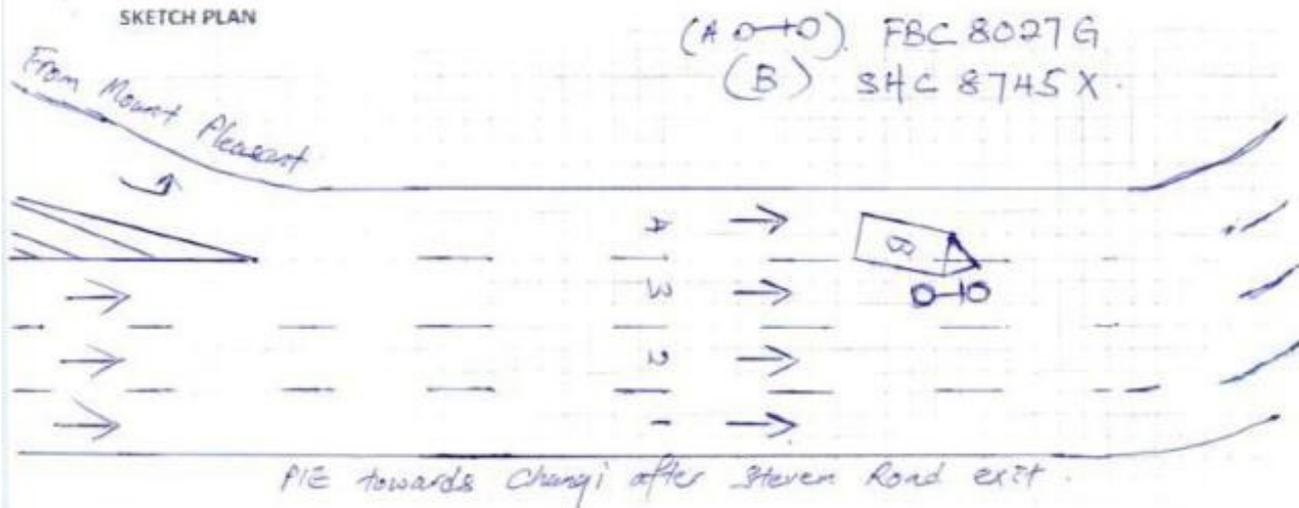
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date and time, I was riding along PIE towards Changi on the 3<sup>rd</sup> left lane of a 4 lanes expressway. I was from Bukit Timah heading home to Chai Chee. Somewhere at the exit from Mount Pleasant Road, a motor taxi (later ascertained as SHC 8745X) that was travelling from the slip road of Mount Pleasant Road exiting into PIE (Changi), suddenly filtered abruptly from the extreme left lane into my lane, thus causing the right front portion of the motor taxi hit onto my motorcycle. Upon the impact, I fell towards to my right and rolled onto the road. After I fell and was lying motionless on the road, some passerby assisted me and carried me to the road shoulder as there were many oncoming vehicle. Someone called for ambulance and when ambulance arrived, I was conveyed to TISIH. I was treated as out patient and given 3 days medical leave. I suffered abrasions all over my body and face.

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.:



**Police Report**

25-09-16, 15:09



**SINGAPORE  
POLICE FORCE**



T/20180922/2064

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Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

Report No. T/20180922/2064

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LIM HOCK GHEE	ID No.	S1631808F
Related Vehicle	FBC8027G (Motorcycle)	Contact No.	91863559
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3, 4 Date of Expiry: NIL
Date Treatment	21/09/2013	Date Discharge	22/09/2013
No. of Days granted Medical Leave	02	Degree of Injury	Serious

**Brief Details.**

On the above mentioned date time, I was riding my motorcycle bearing plate FEC8027G along PIE towards Changi on the 3rd lane from the right. The Expressway has 4 lanes. I was from Bukit Timah heading back home to Chai Chee. Somewhere at the exit from Mount Pleasant Road, a Taxi bearing plate SHC8745X that was travelling on the left 4th lane from the slip road of Mount Pleasant Road exiting onto PIE.

Suddenly, The said taxi filtered abruptly from the extreme left lane into my lane, thus causing the right front portion of the taxi to hit onto the left side of my motorcycle. Upon the impact, I fell towards to my right side and rolled onto the road. After I fell and was lying motionless on the road, some passerby came and assisted me and carried me to the road shoulder as there were a lot of oncoming vehicles.

Someone then called for an ambulance and I was later conveyed to TTSH. I was treated as an outpatient and was given 2 days of MC. I wished to inform that I suffered abrasion and bruises on all over my body and face. I was given bandage and medicine.

I wished to inform that I could only remember that I was riding at a speed of 70km/h.

Police Report



SINGAPORE  
POLICE FORCE



T/20180922/2064

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

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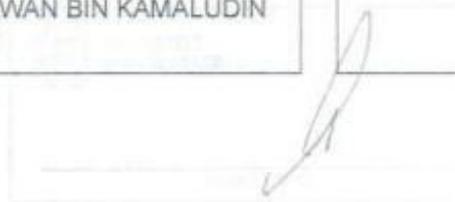
Report No. T/20180922/2064

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 2 MUHAMMAD SHAHREL BIN ALI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2018 12:57
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo

