

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	27/09/2018 15:42
Date Of Accident	21/09/2018 09:30
Exact Location Of Accident	DEPOT ROAD FROM HENDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6124E
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Insured/Policyholder

Name Of Registered Owner	NICHOLAS YAP TIAN TECK
NRIC No	S8931691Z
Email Address	THETACTICALMOVEMENT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97963298
Alternative Phone No	OFFICE-97963298

Vehicle Particulars

Manufacturer	VESPA
Model	VESPA PRIMAVERA 150
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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/VMFT/17-373112-CA
Cover Note Number	

Driver

Name of Driver	NICHOLAS YAP TIAN TECK
NRIC No	S8931691Z
Date Of Birth	16/09/1989
Occupation	INDOOR
Date Of Driving Pass	29/10/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97963298
Fax Number	
Contact Number	OFFICE-97963298
Email Address	THETACTICALMOVEMENT@GMAIL.COM

Address	BLK 731 CLEMENTI WEST STREET 2 #08-308
Postcode	120731
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 - OPENING DOOR OF VEHICLE
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SLQ5659J
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	MOHAMAD RIDUAN BIN AMAN
NRIC/Passport Number	S7722656G
Contact Number	82819925
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

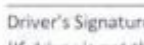
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8. Consent under the Personal Data Protection Act (PDPA)

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.

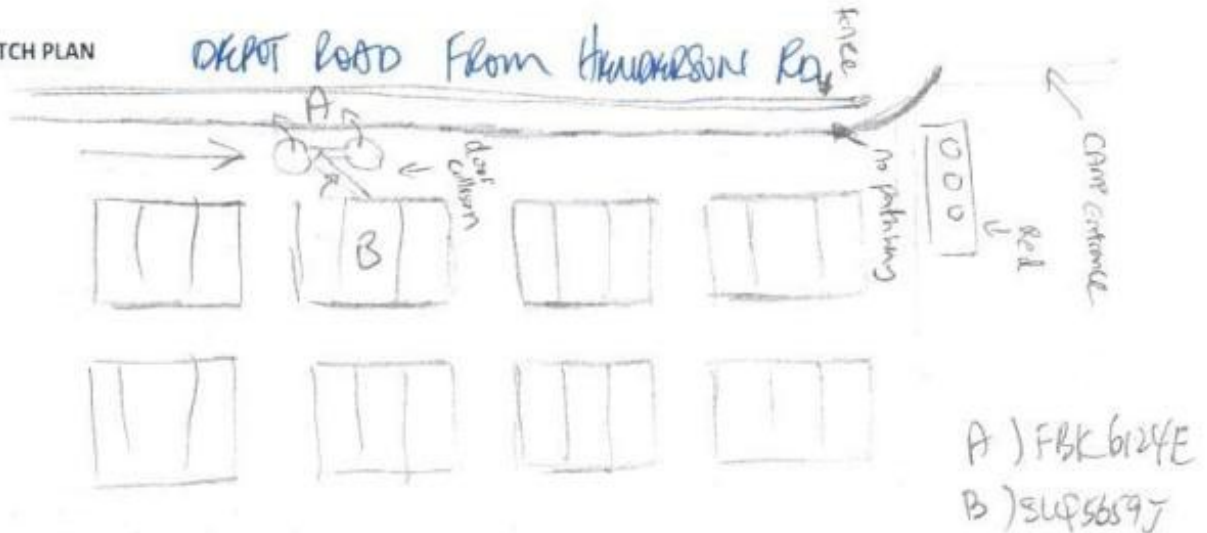

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21st September at about 15:00pm, I was riding my bike to work out (mnh). I was traveling along Depot Road from Henderson Road to enter camp. The traffic light was red as I approach the road. There were many vehicle stationary in front of me. I slowly rode on the left side of the left lane to get to the front of the traffic light. As I was approaching the traffic light, a vehicle close suddenly opened and hit my bike. The impact caused me to tumble to the left against the railing. The driver of the vehicle alighted to assist. A motorbiker traveling behind me also stopped to assist. There were damages on the vehicle's door and my bike. It turns out that the vehicle is a FBK car and the passenger tried to alight. I would like to add that the place the passenger tried to alight at was fenced and there was no pathway to alight. The driver and me discussed the situation, took down each other's particulars and drove off. I whatsapp the driver to update me if he is filing an insurance claim. The driver said he will update me. A few days later, I received a letter from MSIG to file a report.

VENKIL ANJAL.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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


[Signature] 27/09/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:


LETTER

Accident Witness Statement

Witness Name: Mohammad Nor Shukri Bin Abdullah
NRIC: S8707105G
Contact: 96665445
Accident Date & Time: 21 September 18, 9:35am

1. On 21 September at about 9.35am, I was riding my bike behind a distance from rider with Vespa bike plate, FBK6124E, along Depot Road from Henderson Road, heading towards the traffic light at the entrance of Defence Technology Towers premise.
2. The traffic light was already red as both the Vespa rider and myself was slowing down our bike.
3. There was a Toyota Corolla Altis car with plate, SLQ5659J, stationary at the traffic light on the left most lane. It was in front of another vehicle in the traffic.
4. I noticed the Vespa rider upon slowing down, it headed towards the left side of the Toyota Corolla Altis car.
5. Upon riding at the left side of Toyota Corolla Altis car, out of sudden, the left back passenger door swerved open.
6. The door swung opened and hit the Vespa rider.
7. The impact caused the Vespa bike and rider to tumble to the left against the railing.
8. My bike stopped behind the Vespa rider to assist.
9. There were damages to the Toyota Corolla Altis back left passenger car door and the Vespa bike.
10. The Vespa bike incur multiple damages to the main body (due to the door), left mirror assembly (due to impact against railing).
11. The driver and the passenger of Toyota Corolla Altis car had alighted to assess the situation.
12. It was confirmed there was no major injury or damage to public property due to this accident.
13. I believe that the contents of this statement are true and correct to the best of my knowledge.

 27/9/18
Signature & Date

 27/9/2018
Resh

LETTER

Passenger Witness Statement

- 1) I am writing this letter describing the accident happened on 21st September 2018.
- 2) I took Grab car (SLQ5659J) to my office from vivo city to MINDEF building.
- 3) We just arrived before the building where the traffic signal was turned red and I told grab driver that drop off point is after the traffic light.
- 4) The grab driver requested me to get down here as the signal was red.
- 5) I opened the door on left side to alight and the door hit the scooter (FBK6124E). I could not see anything from back seat of the car which was why I alighted
- 6) The scooter's headlight and front part were damaged along with car's door.

Srivindhya
G6015745L
HP: +6581834607

27/09/2018
Rishi Nathan

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8931691Z



Name
NICHOLAS YAP TIAN TECK
葉添得
Race
CHINESE
Date of birth
16-09-1989
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. S8931691Z
Name
NICHOLAS YAP TIAN TECK
Birth Date 16 Sep 1989
Issue Date 15 Nov 2012



0002124352C

9 3616359



NRIC No. S8931691Z



Date of issue
29-09-2004

Address
APT BLK 731 CLEMENTI WEST STREET 2
#08-308
SINGAPORE 120731

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 1B Class 2 MOTORCYCLES NOT EXCEEDING 200 CC MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLOADED DOES NOT EXCEED 2000 KILOGRAMS	28 Oct 2018 28 Nov 2012

S / No. 9000228845

NP 420A

License No. S8931691Z



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No. M400027738

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: 21/04/2018/25510 Vehicle Registration No: FBK 6124E
Name (as shown in NRIC): NICHTOLAS YAP TAN JIA NRIC/FIN/Passport No: S89316912
(*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97963298
Email Address: _____
Date of Accident: 21/02/2018 Time of Accident: 09:30
Place of Accident: DEPOT ROAD FROM HANDBA ROAD Rm
Insurance Company: mlh

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle number to FBK 6124E

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rash Kumar
NRIC/FIN No:
Date: 21/02/2018