

## 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 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. 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	01/10/2018 18:46
Date Of Accident	28/09/2018 22:30
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ2305A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KU CHE WAI
NRIC No	S7066642A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97786547
Alternative Phone No	OTHERS-97786547

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-R-125CC (M)
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/18-382481-CA
Cover Note Number	

### Driver

Name of Driver	KU CHE WAI
NRIC No	S7066642A
Date Of Birth	14/06/1970
Occupation	INDOOR
Date Of Driving Pass	16/06/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97786547
Fax Number	
Contact Number	OTHERS-97786547
Email Address	NOEMAIL

Address	BLK 2 JALAN BUKIT MERAH #05-5170
Postcode	150002
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 ON COLLISION
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?	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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180929/2018

#### 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	SHC4335Y
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	KU CHE WAI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FZ2305A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


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

I understand, acknowledge, agree and consent that:

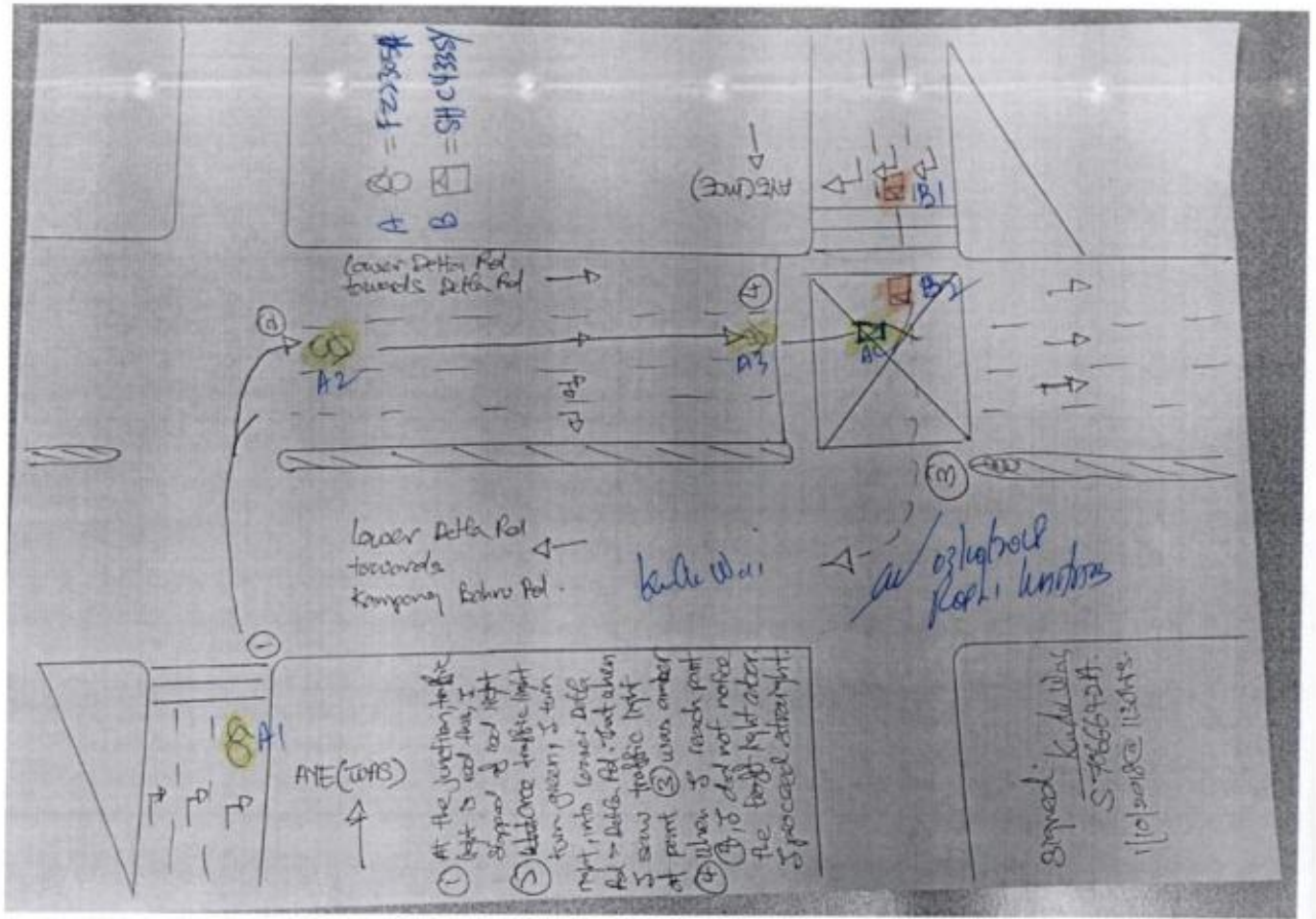
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## Accident Sketch Plan

### SKETCH PLAN

AS PER ATTACH.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to police report  
7/20/2018 929/2018

## DECLARATION

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

Kudhe Wai:

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature:  
Name: 03/10/2018  
NRIC/FIN No.: Keith Lim



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180929/2018

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No: T/20180929/2018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2018 07:02		Vide Report No.:		Station Diary No.: 36	
<b>Informant's Particulars</b>					
Name of Informant: KU CHE WAI			Address: APT BLK 2 JALAN BUKIT MERAH #05-5170 SINGAPORE 150002		
ID Type / ID No.: NRIC NO / S7066642A			Contact No.: Home/Office: Mobile: 97786547		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 48	Date of Birth: 14/06/1970	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Motor vehicle mechanic			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/09/2018 22:30	Type of Location: Flyover
Location: Along Road 1 LOWER DELTA ROAD  Lower Delta Flyover				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ2305A	Motorcycle	HONDA	WAVE 125R A	Yellow	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ2305A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18382481	13/05/2018	12/05/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180929/2018

2 of 3

Report No. T/20180929/2018

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KU CHE WAI	ID No.	S7066642A
Related Vehicle	FZ2305A (Motorcycle)	Contact No.	97786547
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	28/09/2018	Date Discharge	29/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

## Brief Details.

On 28/09/2018 at 2230hrs, I was riding my motorcycle FZ2305A along Lower Delta flyover. As I was exiting from the flyover, there was a traffic light. As the traffic light signal was 'amber' in colour. I proceeded to ride on my motorcycle. Just then, an unknown taxi exited from AYE towards Lower Delta Rd from my left side was moving straight across to my right side. As a result, both of our vehicles hit the front side of each other. Due to the impact, I fell on the right side. Ambulance came to the accident scene and conveyed me to Singapore General Hospital.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180929/2018

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20180929/2018

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 /

Sr Staff Sgt SUREIND MISHRA

Signature Of Informant:

*Kuchellai*

Signature Of Interpreter:

Not applicable

Date/Time:

29/09/2018 07:02

Officer In Charge Of Case:

TP / GIT /

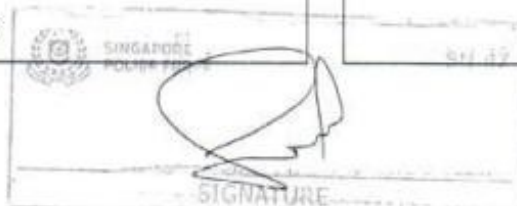
SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

NP168



ID



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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: S66550020G / GST Reg. No.: M400017735

**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 : MMA41817428 Vehicle Registration No: F2230YA  
Name (as shown in NRIC) : KU CHE WAH NRIC/FIN/Passport No : S7066642A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97786547  
Email Address : \_\_\_\_\_  
Date of Accident : 28/09/2018 Time of Accident : 22:30  
Place of Accident : Avenue Louise MRT Road  
Insurance Company : MSIG

(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:

Policy Number to MSD/VMT/18-382481-CA

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Karl Lim  
NRIC/FIN No.:  
Date: 28/10/2018