

## 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	09/10/2018 14:05
Date Of Accident	08/10/2018 20:00
Exact Location Of Accident	LIANG SEAH STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4600K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG CHEE SING, ANDREW
NRIC No	S8626803E
Email Address	ANDREW.WONGCS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98237569
Alternative Phone No	OTHERS-98237569

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R3-321CC ABS
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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/18-994123-WTT
Cover Note Number	

### Driver

Name of Driver	WONG CHEE SING, ANDREW
NRIC No	S8626803E
Date Of Birth	19/09/1986
Occupation	INDOOR
Date Of Driving Pass	27/06/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98237569
Fax Number	
Contact Number	OTHERS-98237569
Email Address	ANDREW.WONGCS@GMAIL.COM

Address	BLK 109A DEPOT ROAD #03-85
Postcode	101109
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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	FR2828A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	HUYNH HUY TUNG
NRIC/Passport Number	G0674942P
Contact Number	92737545
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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

### SKETCH PLAN

Unknown



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my bike at Long Street at 7:30pm on 09/10/18 and went to eat dinner. After dinner when I went back to my bike, I saw my bike was in different state and the <sup>side</sup> mirror broke. A note was placed on my bike stating that "Your bike and mine collided 1 earlier. Please call 92227545 to report me if you wish". I called him and he went over to claim his insurance and we exchange particular and information.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

09/10/18

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

09/10/18

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

09/10/2018  
Rohit Kumar



## References



WONG CHEE SING, ANDREW

黄志星

## Results

CHINESE

Change of identity

19-09-1988

Save

M

Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Library Number S8626803E

WONG CHEE SING, ANDREW

Dr's Date: 19 Sep 1985

Issue Date: 27 Jun 2016



5672848



NSIC No. **S8626803E**



Date of lecture

19-11-2016

Address

APT BLK 109A DEPOT ROAD  
#03-85  
SINGAPORE 101109

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE  
EFFECTIVE DATE 2011

27 Jan 2017

C18: Q10-19 Class 10: Mean = 160 CV = 10  
Class 1A: Mean = 170 CV = 10  
Class 1B: Mean = 180 CV = 10

27 Dec 2016

24 Aug 2017

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S / No. 9000289915

NP 428 NP 428A





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

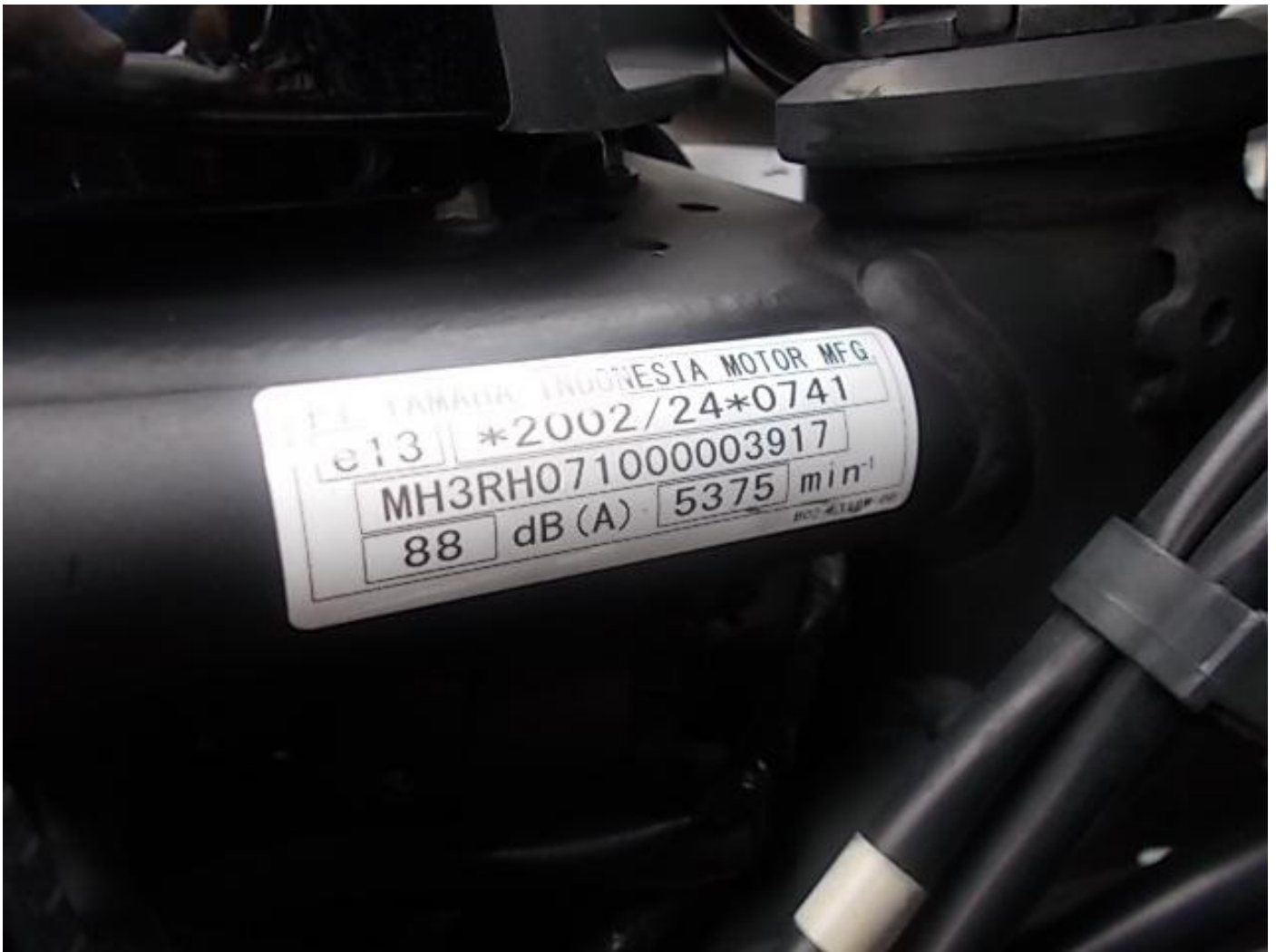




Accident Photo



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: S6650020G / 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 : PMAY18130925 Vehicle Registration No : FBK 4600K  
Name (as shown in NRIC) : Wong Cheuk Seng, Andrew NRIC/FIN/Passport No : S8626803E  
(\*Vehicle Driver/ Vehicle Owner ) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98237569  
Email Address : \_\_\_\_\_  
Date of Accident : 08/10/2018 Time of Accident : 20:00  
Place of Accident : LIANG SAH SIAH 7  
Insurance Company : meiq

#### (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:

CHIEF INSURANCE MANAGER To MSO/VMT 18-994123-WTT  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Kelly Wong  
NRIC/FIN No. 08/10/2018  
Date: