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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	10/10/2018 11:05
Date Of Accident	23/07/2018 08:40
Exact Location Of Accident	ADMIRALTY ROAD WEST TOWARDS ADMIRALTY ROAD EAST
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC7351B
Insured/Policyholder	
Name Of Registered Owner	TAN LOI FATT
NRIC No	S2658907Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83442102
Alternative Phone No	OTHERS-83442102
Vehicle Particulars	
Manufacturer	YAMAHA
Model	LC135-134CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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/18-376284-CA
Cover Note Number	
Driver	
Name of Driver	TAN LOI FATT
NRIC No	S2658907Z

Name of Driver TAN LOI FAT

NRIC No S2658907Z

Date Of Birth 25/06/1963

Occupation INDOOR

Date Of Driving Pass 08/12/1993

Driving Experience 24 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83442102

Fax Number

Contact Number OTHERS-83442102

EMail Address NOEMAIL

BLK 29 MARSILING DRIVE Address

#12-287

Postcode 730029

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JRQ8890 (MOTORCYCLE)

Number of vehicles involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : SON

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

2

If Yes, Please state which Police Station

Police Station Name WOODLANDS WEST NPC

ROAD: 9 MARSILING LANE, POSTCODE: 739146, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180723/2038 (THE INSURED ONLY HIT THE JRQ8990 AND NOT SHA1943Y PLS IGNORE THE CLAIMS FROM SHA1943Y)

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 JRQ8990

Vehicle Make/Model/Colour YAMAHA LC135

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA1943Y

Vehicle Make/Model/Colour HYUNDAI IONIC

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)

Accident Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

l 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 insurers) 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:
 - 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:
 - 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

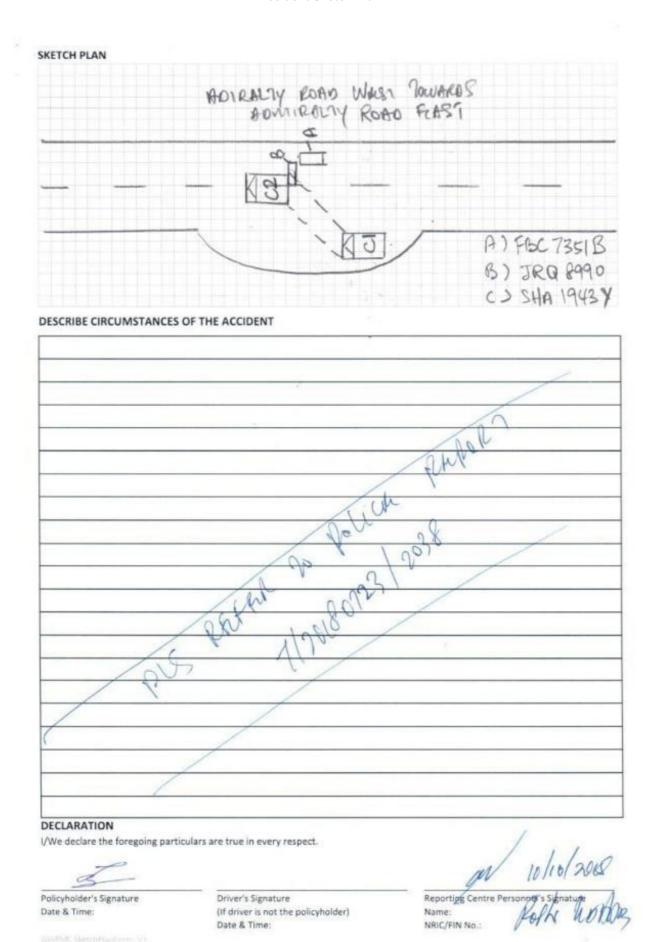
(If driver is not the policyholder)

Date & Time:

Asporting Centre Personnel's Signature

NRIC/FIN No :

Accident Sketch Plan



POLICE REPORT



T/20180723/2038

Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

1 of 3 Report No. T/20180723/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2018 11:43		Made:	Vide Report No.: J/20180723/0067	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: TAN LOI FATT			Address: APT BLK 29 MARSILING DRIVE #12-287 SINGAPORE 730029		
ID Type / ID No.: NRIC NO / S2658907Z		07Z	Contact No.: Home/Office:	Mobile: 83442102	
Nationality: MALAYSIAN			Email:		
Sex: Age: Date of Birth: Male 55 25/06/1963			Type of Informant: Rider		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Building construction engineer		n engineer	Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/07/2018 08:40	Type of Location Straight Road	
Towards Adm	ROAD WEST				
Class		Road Surface: Dry		Road Speed Limit:	
		Traffic Control:		Traffic Volume: Moderate	
Traffic Flow: One Way Type of Collis		Not Controlled			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBC7351B	Motorcycle	YAMAHA	LC135	Black	Slightly Damaged	1
JRQ8990	Motorcycle	YAMAHA	LC135	White	Slightly Damaged	1
SHA1943Y	Car	HYUNDAI	IONIC	Blue	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



T/20180723/2038

2 of 3

Report No. T/20180723/2038

Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	I to the No	Effective	Expiry Date
Vehicle No.	icle No. Insurance Company	Insurance No		22/02/2019
FBC7351B MSIG INSURANCE (SINGAPORE PTE, LTD.	72056980	23/02/2018	22/02/2019	

On 23/07/2018 at about 0840hrs, I was riding my motorcycle (FBC7351B) on the 1st lane along Admiralty Road West towards Admiralty Road East. I saw a Comfort Taxi (SHA1943Y) travelling on the 2nd lane and while changing to the 1st lane, a Malaysia motorcycle (JRQ8990) collided onto the rear of the Taxi. I did not managed to brake in time and hence I collided onto the side of the Malaysia motorcycle. My motorcycle's mud guard was damaged. My pillion and myself are not injured and no government property damaged. I wish to state that I do not have any camera on me. Traffic Police was at scene. Vide: J/20180723/0067.

POLICE REPORT





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

3 of 3 Report No. T/20180723/2038

CONTINUATION OF REPORT

Sketch Plan

NP158

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: J/ Sgt 1 NG YUTING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2018 11:43
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp	





















