

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	19/10/2018 14:51
Date Of Accident	19/10/2018 07:20
Exact Location Of Accident	BKE (PIE) BEFORE DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK107U
Insured/Policyholder	
Name Of Registered Owner	GOH SUNNY
NRIC No	S6840661G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-67471541

Vehicle Particulars

Manufacturer	YAMAHA
Model	MAJESTY S
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-377675-CA
Cover Note Number	

Driver

Name of Driver	GOH SUNNY
NRIC No	S6840661G
Date Of Birth	06/10/1968
Occupation	INDOOR
Date Of Driving Pass	26/01/1991
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-67471541
Email Address	NOEMAIL

Address	40 JALAN PERMAS 8/16 PERMAS JAYA
Postcode	81750
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JMJ7144 (MOTORCYCLE)
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : GOH WEI JIAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181019/2073

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	SLW8374E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JMJ7144
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHB2965Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TUNG WAI HONG
NRIC/Passport Number S1458956B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name GOH SUNNY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBK107U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name GOH WEI JIAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBK107U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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6. 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.
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:

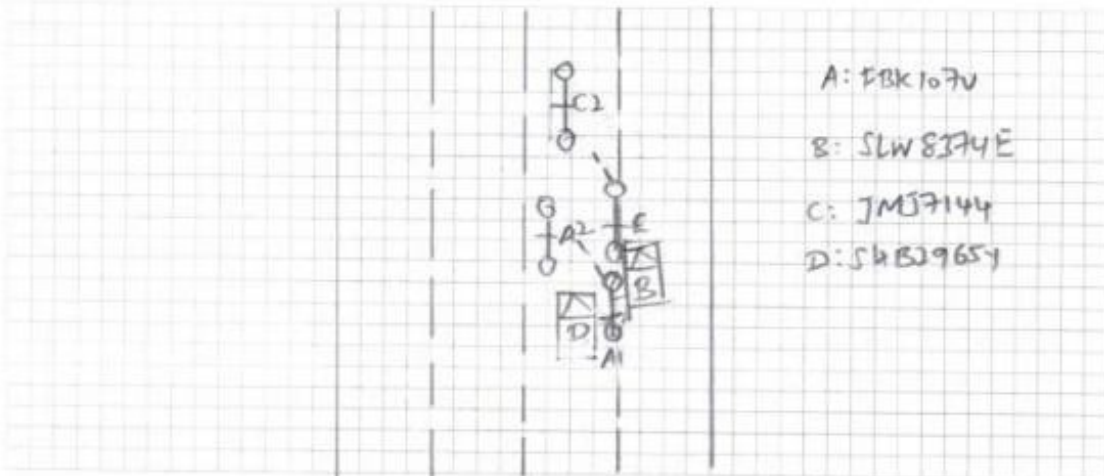
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/019/2072.

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



**SINGAPORE
POLICE FORCE**



T/20181019/2073

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20181019/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2018 12:19		Vide Report No.:		Station Diary No.: 60	
Informant's Particulars					
Name of Informant: GOH SUNNY			Address: 40 JALAN PERMAS 8/16 PERMAS JAYA 81750		
ID Type / ID No.: NRIC NO / S6840661G			Contact No.: Home/Office: 67471541 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 06/10/1968	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2018 07:20	Type of Location:
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
Towards PIE				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK107U	Motorcycle	YAMAHA	MAJESTY S	White	Slightly Damaged	1
JMJ7144	Motorcycle				Slightly Damaged	0
SHB2965Y	Car				Slightly Damaged	0
SLW8374E	Car				Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20181019/2073

2 of 3

Report No. T/20181019/2073

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK107U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72063400	02/02/2018	01/02/2019

Brief Details.

On 19/10/2018 at about 0720 hours, I was travelling on along BKE towards PIE, with a pillion. Vehicle bearing plate number SLW8374E, was from the first lane on the right, the said vehicle did not signal and turn towards the left, this resulted in motorbike JMJ 7144 was being hit by it. I would like to state that I was travelling behind the JMJ7144 at safety distance, however, I was unable to stopped in time, and have to jam brake my motor bike to collide to the front. Due to the jam break, I self skidded and hit on to the taxi on my left, SHB2965Y. This have causes some damages to the taxi right side, side mirror. I would also like to state that there was a jam, and vehicle are travelling very slowly and the floor was wet.

I have went to Galilee Clinic at Ubi Ave 1 to see a doctor, and both me and my pillions were given 4 days of MC starting from today.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181019/2073

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20181019/2073

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 / Staff Sgt KANG BAO LONG, JAMIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2018 12:19
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No: 65476172	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

Police Report

Officer- In -Charge
Investigation Section
Traffic Police
Singapore 408865

Name: Goh Sunny
NRIC: S6840661G
Address: 40 Jalan Permas 8/16
Permas Jaya 81750
Tel: 67471541

Dear Sir

Accident Involving, FBK107U

On 19/10/2018 AT 0720AM

With reference to the above, I have on 19/10/2018 at 1219hrs make a police report at Geylang NPC in NP 168 T/20181019/2073.

2 On 19/10/2018, at 1344hrs, at Geylang NPC, I make the following amendments to the above report.

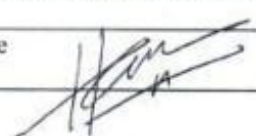
3 Amendments made as follows;

On the 19/10/2018 at 0720hrs, I was travelling on along BKE towards PIE with a pillion. I was riding behind JM7144 at a safe distance between the first lane on the right and the second lane on the right. Vehicle bearing plate number SLW8374E was on the first lane on the right. The said vehicle did not signal and changed lanes. Causing him to run into the side of JM7144 and my motorbike. Which in turn cause me to run into the taxi of my left SHB2965Y. Causing some damages to the right of the taxi's right mirror. There was a traffic jam and all vehicles were travelling slowly as the floor was wet.

I have gone to Galilee Clinic at Ubi Ave 1 and both my pillion and I were given 4 days MC.

Yours faithfully


Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: SS T9023 Mohd Farhan	Station Diary No: 68
Signature 	Geylang NPC No. 132 Paya Lebar Road Singapore 409014 Tel: 1800-8486999

Medical Cert



友恩診所
GALILEE CLINIC

BLK 342, UBI AVENUE 1, #01-935, SINGAPORE 400342
TEL: 6749 8522

No: A 66809

OFFICIAL RECEIPT

Date: 19/10/18

Received from Goh Wei Jian

the Sum of Dollars Sixty Eight Only.

being payment for: ☒ Consultation
☒ Medicine
☐ Others: _____

\$ 68/-
Cash/Cheque/No:

[Signature]
Authorised Signature



友恩診所
GALILEE CLINIC

BLK 342, UBI AVENUE 1, #01-935, SINGAPORE 400342
TEL: 6749 8522

MEDICAL CERTIFICATE

No: 70513

Date: 19/10/18

This is to certify that Goh Wei Jian

☒ is unfit for duty/school for Four days, from 19.10.18
to 22.10.18 inclusive.

☐ is fit for light duty from _____ to _____ inclusive.

☐ Time in: _____ a.m./p.m. Time out: _____ a.m./p.m.

Remarks: _____

* This certificate is not valid for absence from court or
other judicial proceedings unless specifically stated.

[Signature]
Dr. Ng Kai Sum
M.B.B.S. (S'PORE)

Medical Cert



友恩診所
GALILEE CLINIC

BLK 342, UBI AVENUE 1, #01-935, SINGAPORE 400342
TEL: 6749 8522

No: A 66810

Date: 19/10/18

OFFICIAL RECEIPT

Received from

Goh Sunny

the Sum of Dollars

Fifty/Eight only

being payment for: ☒ Consultation

☒ Medicine

☐ Others:

\$ 58/-
Cash/Cheque No:

Authorised Signature



友恩診所
GALILEE CLINIC

BLK 342, UBI AVENUE 1, #01-935, SINGAPORE 400342
TEL: 6749 8522

MEDICAL CERTIFICATE

No: 70514

Date: 19.10.18

This is to certify that

Goh Sunny

☒ is unfit for duty/school for Four days, from 19.10.18 to 22.10.18 inclusive.

☐ is fit for light duty from _____ to _____ inclusive.

☐ Time in: _____ a.m./p.m. Time out: _____ a.m./p.m.

Remarks:

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Dr. Ng Kai Sum
M.B.B.S. (S'PORE)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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