

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	25/10/2018 13:33
Date Of Accident	13/10/2018 18:30
Exact Location Of Accident	SIMS AVENUE TWDS GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD7378U
Insured/Policyholder	
Name Of Registered Owner	POH CHIA HUAT
NRIC No	S0907379E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98669608
Alternative Phone No	OTHERS-98669608

Vehicle Particulars

Manufacturer	HONDA
Model	NF125MD
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/VMT/18-388997-CA
Cover Note Number	

Driver

Name of Driver	POH CHIA HUAT
NRIC No	S0907379E
Date Of Birth	12/07/1951
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98669608
Fax Number	
Contact Number	OTHERS-98669608
EEmail Address	NOEMAIL

Address	BLK 94 PIPIT ROAD #05-39
Postcode	370094
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	2
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)	2
Passenger 1	NAME: : LEE YUET LING
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No. T/20181022/2040

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	GBB3114B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name	ERGO INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	POH CHIA HUAT
Approximate Age	67
Injuries Sustain	
Injured person in which vehicle?	FBD7378U
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 94 PIPIT ROAD #05-39
Postcode	370094

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.

25 OCT 2018

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933

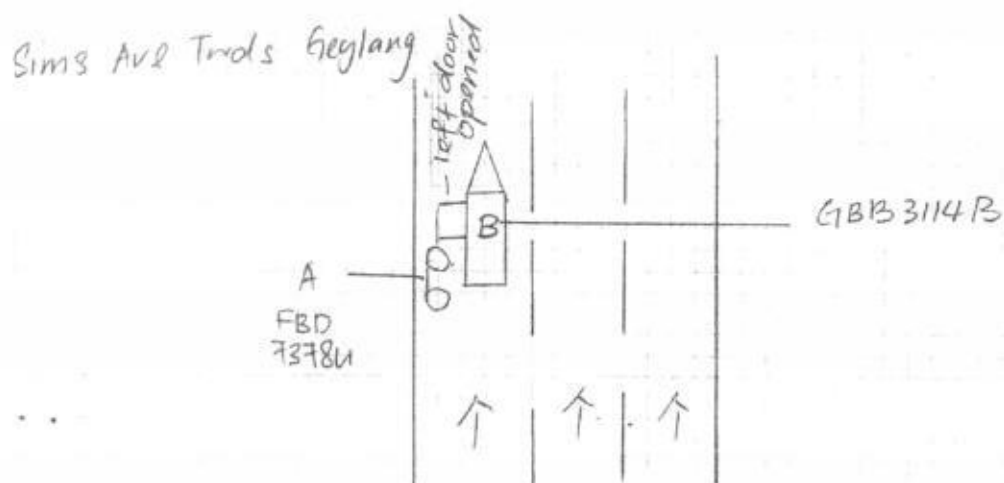
Reporting Centre Tel: 67416697
Name: Fax: 67492305
NRIC/FIN Email: vackb@singnet.com.sg

Policyholder's Signature
Date & Time:

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer police report T/20181022/2040

DECLARATION

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

25 OCT 2018

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person(s)

Name: _____

NRIC/FIN No.:

Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181022/2040

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20181022/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2018 11:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: POH CHIA HUAT	Address: APT BLK 94 PIPIT ROAD #05-39 MACPHERSON OASIS SINGAPORE 370094		
ID Type / ID No.: NRIC NO / S0907379E	Contact No.: Home/Office: Mobile: 98669608		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 67	Date of Birth: 12/07/1951	Type of Informant: Rider
Race: Chinese	Language: Chinese		Institution / School Name:
Occupation: FREELANCE	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: 13/10/2018 18:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 SIMS AVENUE GEYLANG ROAD SIMS AVENUE TOWARDS GELYANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD7378U	Motorcycle	HONDA	NF125MD	Blue		1
GBB3114B	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD7378U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18388997	14/10/2018	13/10/2019



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20181022/2040

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Report No. T/20181022/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	POH CHIA HUAT	ID No.	S0907379E
Related Vehicle	FBD7378U (Motorcycle)	Contact No.	98669608
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/10/2018	Date Discharge	13/10/2018
No. of Days granted Medical Leave	16	Degree of Injury	NIL

Brief Details.

ON THE 13/10/2018 @1830HRS ALONG SIMS AVENUE TOWARDS GELYANG

I WAS TRAVELLING ALONG GELYANG ROAD ON THE EXTREME LEFT LANE THEN THERE WAS A LORRY STATIONARY AT THE SIDE OF THE ROAD. I OVERTAKE THE LORRY FROM THE LEFT SIDE AS THE RIGHT SIDE WAS VERY HEAVY TRAFFIC, AS I WAS OVERTAKING FROM THE LEFT SUDDENLY THE DOOR OPEN AND I COULD NOT REACT ON TIME AND COLLIDED. LATER CONVEYED TO THE HOSPITAL.

THAT'S ALL



SINGAPORE
POLICE FORCE



T/20181022/2040

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181022/2040

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:

TP//
KEE CHUAN JIA MARCUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/10/2018 11:49

Officer In Charge Of Case:

TP//GIT/
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

Signature: