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.

	ACCIDENT STATEMENT
Date Of Report	16/11/2018 15:31
Date Of Accident	15/11/2018 06:00
Exact Location Of Accident	4 JALAN JATI 7
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL2651X
Insured/Policyholder	
Name Of Registered Owner	WONG SIEW YIN
NRIC No	S6861439B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86015798
Alternative Phone No	OFFICE-86015798
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-993983-WTT
Cover Note Number	
Driver	
Name of Driver	WONG SIFW YIN

Name of Driver WONG SIEW YIN
NRIC No S6861439B
Date Of Birth 03/03/1968
Occupation OUTDOOR
Date Of Driving Pass 17/05/2000

Driving Experience 18 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86015798

Fax Number

Contact Number OFFICE-86015798

EMail Address NOEMAIL

Address BLK 558 ANG MO KIO AVENUE 10

#05-1798

Postcode 560558

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

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name THOMSON NEIGHBOURHOOD POLICE POST

NO

YES

Police Station Address ROAD: BLK 25 SIN MING ROAD, POSTCODE: 570025, COUNTRY:

SINGAPORE

NO

Police Station Contact **TEL NO**: 1800-4529999 - **FAX NO**: 6 5535740

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - E/20181116/2029. VEHICLE WAS STOLEN.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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)

Lunderstand, 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:
 - 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

Accident Sketch Plan

CETCH PLAN					
	No	Sketch	Plan	provide	
scribe circumstance	acted to residence to the	(UVV)	D29.		
			/		
	_/				
LARATION declare the foregoing part	iculars are true in ev	ery respect.		_	1.
yholder's genature & Time:	Oriver's Sign (If driver is n Date & Time	ot the policyholde	r)	Reporting Centre Per Name:	songel's Signature





Report No. E/20181116/2029

POLICE REPORT (NP299)

Police Station Of Origin Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

Date/Time Report Made	Vide Report No.		Station Diary No. 5	
16/11/2018 12:13				
Name Of Informant	Address			
WONG SIEW YIN	APT BLK 558 ANG MO KIO AVENUE 10 #05-1798 SINGAPORE 560558		10 #05-1798	
ID Type / ID No. NRIC NO / S6861439B	Contact No. Home/Office		Mobile 86015798	
Nationality MALAYSIAN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Bus driver	Male	50	03/03/1968	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 14/11/2018 17:00 - 15/11/2018 06:30	Location Of Incident No 4, Jalan Jati 7, Nusa Bestari Jaya Skudai 81300 Johor Bahru MALAYSIA			

Brief details.

On 14/11/2018 at about 1700hrs, I parked and secured my motorcycle, FBL2651X - Yamaha Jupiter T150 outside my house, No 4 Jalan Jati 7, Nusa bestari Jaya Skudai 81300 Johor Bharu.

On 15/11/2018 at about 0630hrs, I discovered my motorcycle was missing. I have no suspect and nobody saw who steal my motorcycle.

Signature Of Officer Recording The Report:	Signature Of Informant:	
E / Sgt 2 ZHU JIANBIN	Nonz.	
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2018 12:13	
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp LEE WAN TING, MAGDALENE Contact No.:	Classification Of Case:	
Authentication Stamp		





2029

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20181116/2029

Registration No: FBL2651X Engine No: G3E6E0209663

Chasis No: MH3UG0740G0023288

Year Manufactured: 2016

Make & Model: YAMAHA - Jupiter T150

CC: 150CC

Year of Registration: 2016

Color: Red

I am lodging this report to submit to LTA for LTA to cancel my Registration No.

Signature Of Officer Recording The Report:	Signature Of Informant:
E / Sgt 2 ZHU JIANBIN	Way.
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2018 12:13
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp LEE WAN TING, MAGDALENE Contact No.:	Classification Of Case:
Authentication Stamp	

SIGNATURE

SN 070

Syn Zylalini.

Page 1 of 2



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai

NUSA BESTARI

Daerah

ISKANDAR PUTERI

Kontinjen

JOHOR

No Repot

NUSA BESTARI/007320/18

Tarikh Waktu

15/11/2018 0850 AM

Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama: LINDA BINTI LAPINUS

No Personel: R205718

Pangkat: KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama: ---

No K/P (Baru) : ---

No Polis/Tentera: ---

No Paspot: ---

Bahasa Asal : ---

Alamat: --

Butir-butir Pengadu

Nama: WONG SIEW YIN No K/P (Baru): 680303086465

No Polis/Tentera: A0949010

No Paspot: S6861439B

No Sijil Beranak : ---

Jantina: Lelaki

Tarikh Lahir: 03/03/1968 Warganegara: Malaysia

Umur: 50 tahun 8 bulan

Keturunan : Cina

Pekerjaan: PEMANDU BAS

Alamat Tempat Tinggal: NO4, JALAN JATI 7, NUSA BESTARI JAYA SKUDAI 81300 JOHOR BAHRU JOHOR

MALAYSIA

Alamat Ibu/Bapa : ---Alamat Pejabat : --

No Tel (Rumah): ---

No Tel (Pejabat): ---

No Tel (HP): 0187803348

Emel ...

Pengadu Menyatakan:-

PADA 14/11/2018 JAM LEBIH KURANG 1700HRS SAYA TELAH MELETAKKAN M/SIKAL SAYA DI DEPAN RUMAH NO 4. JALAN JATI 7, TAMAN NUSA BESTARI JAYA , 81300 SKUDAI JOHOR . PADA 15/11/2018 JAM LEBIH KURANG 0630HRS SEMASA SAYA HENDAK MENGGUNAKAN M/SIKAL TERSEBUT DAPATI M/SIKAL TELAH TIADA DAN SYAKI TELAH DICURI . BUTIR-BUTIR KENDERAAN HILANG:

Registration No : FBL2651X Engine No : G3E6E0209663 Chasis No : MH3UG0740G0023288 Year Manufactured : 2016

Make &Model: YAMAHA (SNIPER T 150)

CC: 150

Year of Registration : 2016

Warna : Merah Berkunci: Ya Jenis: Motosikal

SEKIAN LAPORAN SAYA

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot

Salinan Repot Pertama

https://prs.rmp.gov.my/prs/coffice/viewpol55real2.asp?p=R205718&r=021901/00732... 15/11/2018

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00.5ingapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / 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.

	ADDEN	MUDUM					
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:						
	Original Report No : MJA 118 148597	Vehicle Registration No: FBL951A.					
	Name (as shown in NRIC): Word SEW 10	NRIC/FIN/Passport No : S68 6143913					
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate						
	Address : Blk 558 Ang Mo	10 Avenue 10 \$ 05-1798 ingapore (56538)					
	Contact (Tel)	Mobile No.: 86615798					
	Email Address :						
	Date of Accident : IS /n / 15	Time of Accident :					
	Place of Accident : 4 Jaka July 7.						
	Insurance Company: MIL						
(B)	ADDITIONALINFORMATION / AMENDMENTS:						
	- Amend policy member - MSD/	(MS) 18-41)483-WI					
		/					
	/						
	-						
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:					