

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	30/11/2018 15:21
Date Of Accident	14/11/2018 09:30
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER TOH GUAN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4599G
Insured/Policyholder	
Name Of Registered Owner	CHEW CHEE BEN
NRIC No	S7489348A
Email Address	BEN74.CHEW59@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91080252
Alternative Phone No	OTHERS-91080252

Vehicle Particulars

Manufacturer	HONDA
Model	CBR-150CC 150M (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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/VMS/18-382855-CA
Cover Note Number	

Driver

Name of Driver	CHEW CHEE BEN
NRIC No	S7489348A
Date Of Birth	05/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91080252
Fax Number	
Contact Number	OTHERS-91080252
Email Address	BEN74.CHEW59@GMAIL.COM

Address	6 YISHUN IND'L STREET 1 #04-13 NORTH VIEW BIZHUB
Postcode	768090
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	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)	1

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

ON 14/11/2018 AT ABOUT 0930HRS I WAS TRAVELLING ALONG PIE TOWARDS CHANGI JUST AFTER TOH GUAN ROAD EXIT THE FRONT CAR SJV7379C JAM HIS BRAKE AND I ALSO BRAKE BUT MY BIKE FBK4599G SKIDDED AND HIT THE REAR OF THE SAID CAR THAT ALL.

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	SJV7379C
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)	

DETAILS OF INJURED PERSON 1

Name	CHEW CHEE BEN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK4599G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

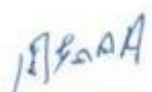
SKETCH PLAN

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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

PIE TOWARDS CHONGI AFTER TOI GUAN EXIT

A) FBK4599G

B) SJV7379C

B

A2 SKIDDED

A1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

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.:

LETTER



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

Your Ref : FBK4599G
Our Ref : FBK4599G (Please quote our reference when replying)

22 Nov 2018

URGENT

CHEW CHEE BEN
6 YISHUN IND'L ST 1
#04-13 NORTH VIEW BIZHUB
SINGAPORE 768090

Dear Sir/Madam

Accident involving FBK4599G and SJV7379C along PIE TWD CHANGI AFTER TOH GUAN EXIT
Policy No : MSD/VMS/18-382855
Date of Accident : 14 Nov 2018

We have received a property damage claim from Falcon-Air Auto Services Pte Ltd acting on behalf of the owner of SJV7379C. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Fievel Foo Wenyao
Executive
Claims Services
Tel : 6643 1316
Fax : +65 6827 7800
Email : fievel_foo@sg.msig-asia.com

A Member of MS & AD INSURANCE GROUP

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7489348A



Name
CHEW CHEE BEN

周志明

Race
CHINESE

Date of birth
05-04-1974

Sex
M

Country/Place of birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7489348A

Name
CHEW CHEE BEN

Birth Date: 05 Apr 1974

Issue Date: 01 Oct 2013

002230257D

9301930



NRIC No. S7489348A



Nationality
MALAYSIAN

Date of issue
09-07-2013

Address
NO 5386 JLN MATAHARI 34/1
INDAHPURA 81000 KULAI JOHOR

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	01 Oct 2013
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	01 Oct 2013

NP 428A

Licence No. S7489348A

Accident Photo



Accident Photo



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: S663300200 / 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 : MINA418155176 Vehicle Registration No: FBK 4599 G
Name (as shown in NRIC) : CETRAU CETRAU BAHU NRIC/FIN/Passport No : S7489348A
(*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 91080252
Email Address : _____
Date of Accident : 14/11/2018 Time of Accident : 09:30
Place of Accident : PRAJAWARAS COUNTRY OFFICE 70TH QUONE EXIT
Insurance Company: MSL

(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:

TIP VEHICLE LUMBAR 90 SJV 7379C

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Resti, Lumbur
NRIC/FIN No.:
Date: 30/11/2018

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: S665500200 / GST Reg. No.: M400017731

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 : MINA418155176 Vehicle Registration No: FBK 4599 G
Name (as shown in NRIC) : CETANU CETANU BANA NRIC/FIN/Passport No : S7489348A
(*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 91080252
Email Address : _____
Date of Accident : 14/11/2018 Time of Accident : 09:30
Place of Accident : PIN JAWARAS CANTONMENT OFFICE 70TH QUARTER EXIT
Insurance Company: MSL

(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:

- 1) TIP VEHICLE NUMBER 70 SJV 7379C
- 2) " " " " " ON SEARCHED PLAN
- 3) " " " " " ON STATIONARY

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Poh Hui Lin
NRIC/FIN No.:
Date: 30/11/2018