

## 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	07/12/2018 12:51
Date Of Accident	06/12/2018 19:20
Exact Location Of Accident	ALONG UPPER THOMSON ROAD NEAR TO SPRINGLEAF ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FB7244K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEW LEE BATTERY CO
Co Reg No	08258600D
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83208205
Alternative Phone No	OFFICE-83208205

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXK-135CC (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	THIRD PARTY
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/18-380270-CA
Cover Note Number	

### Driver

Name of Driver	LEE KWAN BAK
NRIC No	S0178261D
Date Of Birth	17/04/1953
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83208205
Fax Number	
Contact Number	OTHERS-83208205
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 133 YISHUN STREET 11 #02-199
Postcode	760133
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181207/2007

#### 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	SHA9885D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN CHEE CHEW
NRIC/Passport Number	S0561931I
Contact Number	97852186
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LEE KWAN BAK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FB7244K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

Vehicle No: \_\_\_\_\_  
DOA: \_\_\_\_\_

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- 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
  - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
    - (ii) 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) involved in this accident and the Insurers' 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

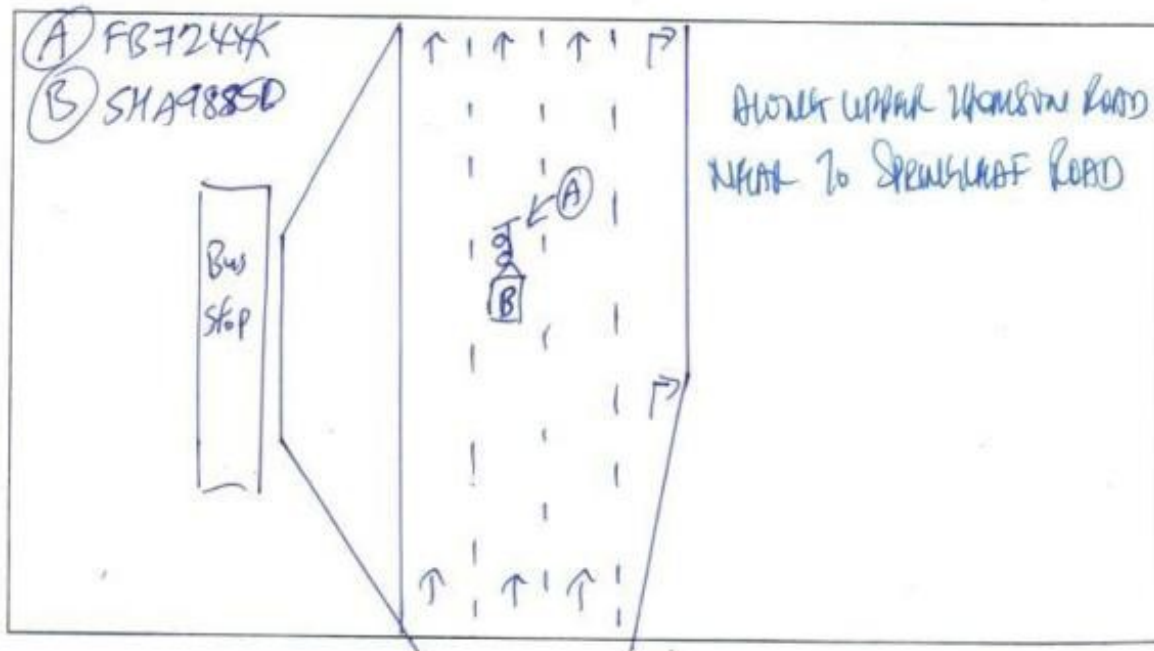
Policyholder's Signature  
Date & Time



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

Witnessed by Reporting Center  
Personnel

#### Sketch Plan



# Accident Sketch Plan

## Describe Circumstances of the Accident

On 06/12/18 at 1920hrs, I was riding my vehicle, bearing vehicle registration number FBT244K, along Upper Thomson Road (towards Yishun). As I was approaching the Junction near to Spring Leaf Road, a Citycab Taxi, bearing vehicle registration number SHA988SD, suddenly hit the rear of my vehicle. I wish to state that I was travelling at a constant speed and did not perform any abrupt braking. The traffic light at the junction was also green. Due to the impact, I was thrown off my vehicle and landed on my back. Thereafter, the taxi driver (Tan Chee Chew, S0561931I, HP: 97852186) came down to provide assistance. My vehicle was badly damaged & could not be started or ride anymore, my vehicle was then towed away. I went to Khoo Teck Puat Hospital on my own and because of the incident. I suffered hairline fracture on my tailbone & also abrasion on both my knees & elbows. I was also given 7 days of MC, starting from 06/12/18 to 12/12/18.

POLICE REPORT 7/2018/207/2007

## Declaration

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

Policyholder's Signature  
Date & Time



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

Witnessed by Reporting Centre  
Personnel



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181207/2007

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20181207/2007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2018 01:35		Vide Report No.:		Station Diary No.: 30	
<b>Informant's Particulars</b>					
Name of Informant: LEE KWAN BAK			Address: APT BLK 133 YISHUN STREET 11 #02-199 SINGAPORE 760133		
ID Type / ID No.: NRIC NO / S0178261D			Contact No.: Home/Office:		Mobile: 83208205
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 17/04/1953	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: AUTOMOTIVE MECHANIC			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2018 19:20	Type of Location: Straight Road
Location: Along Road 1 UPPER THOMSON ROAD				
Near to Spring Leaf Road				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FB7244K	Motorcycle	YAMAHA	RXK	Black	Slightly Damaged	0
SHA9885D	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Yellow	Slightly Damaged	1

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181207/2007

2 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20181207/2007

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	LEE KWAN BAK	ID No.	S0178261D
Related Vehicle	FB7244K (Motorcycle)	Contact No.	83208205
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	TAN CHEE CHEW	ID No.	S0561931I
Related Vehicle	SHA9885D (Car)	Contact No.	97852186
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 06/12/2018 at 1920hrs, I was riding my vehicle, bearing vehicle registration number FB7244K, along Upper Thomson Road towards Yishun. As I was approaching the junction near to Spring Leaf Road, a CityCab taxi vehicle, bearing vehicle registration number SHA9885D, suddenly hit the rear of my vehicle. I wish to state that I was travelling at a constant speed and did not perform any abrupt braking. The traffic light at the junction was also green. Due to the impact, I was thrown off my vehicle and landed on my back. Thereafter, the taxi driver (Tan Chee Chew, S0561931I, HP: 97852186) came down to provide assistance. My vehicle was badly damaged and could not be started or ride anymore, my vehicle was then towed away. I went to Khoo Teck Puat Hospital on my own and because of the incident, I suffered hairline fracture on my tail bone and also abrasion on both my knees and elbows. I was also given 7 days of MC, starting from 06/12/2018 to 12/12/2018.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181207/2007

3 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20181207/2007

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:

L /  
Sgt 2 LOW WEI DE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID  
Contact No.: 85476172

Authentication Stamp  
NP108

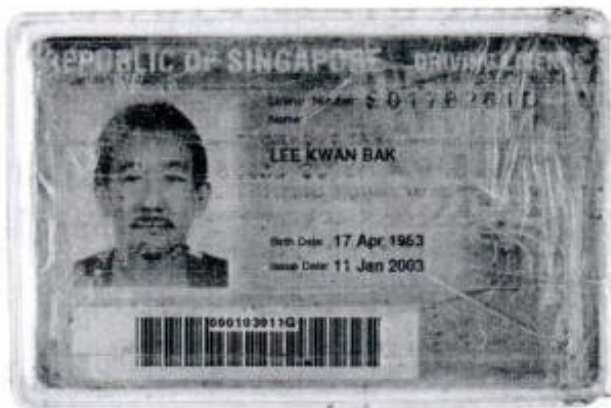
Signature Of Informant:

Date/Time:  
07/12/2018 01:35

Classification Of Case:



ID



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0178261D



LEE KWAN BAK

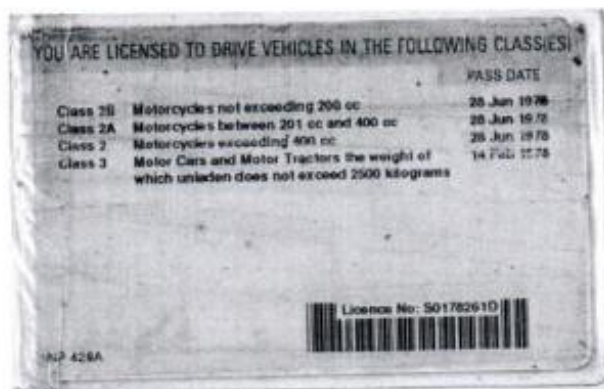
李廣木

CHINESE

17-04-1963

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SINGAPORE



2296559



S0178261D



21-08-1994

APT BLK 133 YISHUN STREET 11  
#02-199  
SINGAPORE 2776

Accident Photo



Accident Photo





Accident Photo





Accident Photo



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