

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	02/01/2019 18:00
Date Of Accident	26/12/2018 15:00
Exact Location Of Accident	ALONG DEPOT RD AT TRAFFIC JUNCTION OUTSIDE CMPB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1926K
Insured/Policyholder	
Name Of Registered Owner	LOH WAI SING, MILTON
NRIC No	S8842033J
Email Address	MILTONLWS13@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81122877
Alternative Phone No	OTHERS-81122877

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
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/18-385017-CA
Cover Note Number	

Driver

Name of Driver	LOH WAI SING, MILTON
NRIC No	S8842033J
Date Of Birth	26/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/12/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81122877
Fax Number	
Contact Number	OTHERS-81122877
EEmail Address	MILTONLWS13@GMAIL.COM

Address	BLK 6 TELOK BLANGAH CRESCENT #15-424
Postcode	090006
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181227/2073

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	UNKNOWN
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	LOH WAI SING, MILTON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL1926K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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: 02/01/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

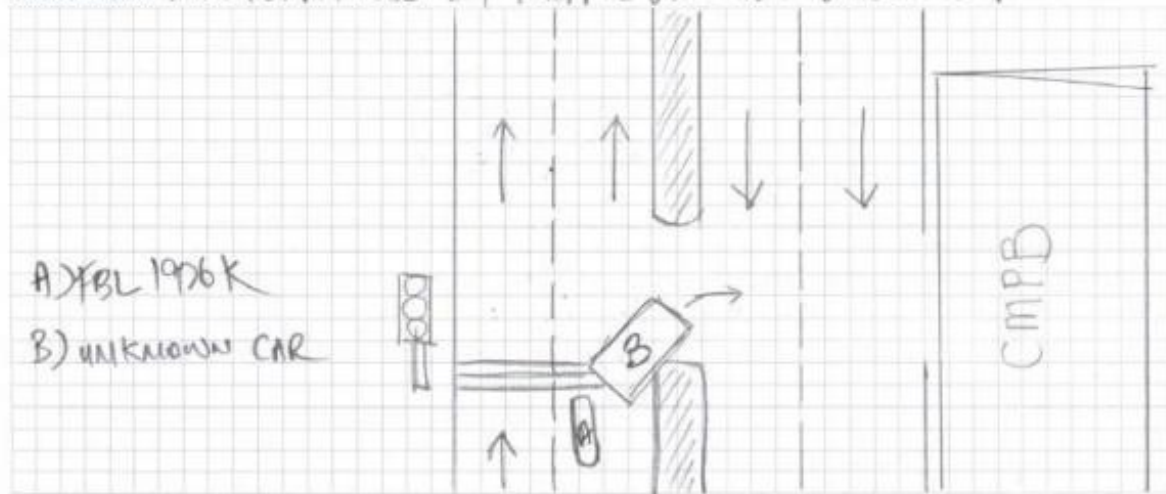
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN ALONG DEPOT ROAD AT TRAFFIC JUNCTION INSIDE CMRB



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form:

AS REFER TO POLICE REPORT
T/2018/227/2073

DECLARATION

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

Policyholder's Signature

Date & Time: 02/01/19
1745hr

GNARV SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181227/2073

1 of 3

Report No. T/20181227/2073

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2018 15:35		Vide Report No.:		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: LOH WAI SING, MILTON			Address: APT BLK 6 TELOK BLANGAH CRESCENT #15-424 SINGAPORE 090006		
ID Type / ID No.: NRIC NO / S8842033J			Contact No.: Home/Office: Mobile: 81122877		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 26/10/1988	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Weapons Trainer			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/12/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 DEPOT ROAD				
Along Depot Road Towards Henderson Road opposite CMPB				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL1926K	Motorcycle	HONDA	CB400X	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1926K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18385017	04/07/2018	03/07/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181227/2073

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20181227/2073

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOH WAI SING, MILTON	ID No.	S8842033J
Related Vehicle	FBL1926K (Motorcycle)	Contact No.	81122877
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	26/12/2018	Date Discharge	27/12/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On the above mentioned date, place and time I was riding on the 1st lane. Upon reaching the traffic light near CMPB there was a motorcar unknown registration number in a stationary position with the right signal light on intended to turn right into CMPB. At that point of time I was about to doze off due tiredness and when I realized the said motorcar it was already to late for me to avoid the collision even though I tried to brake. As a result my front part of motorcycle hit onto the left rear side of the said motorcar. Due to the collision, I fell off from motorcycle. I was then conveyed by Ambulance to National University Hospital before Police arrival and my motorcycle was towed to Traffic Police. Injury sustained as follows. minor fracture to my left thumb and right pinky finger, abrasion on my right knee and right shoulder, cut on my right cheek below the eye and right eyebrow.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181227/2073

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20181227/2073

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:

D /

SI ZAINAL BIN MAT KASSIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/12/2018 15:35

Classification Of Case:

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8842033J



Name
LOH WAI SING, MILTON
羅偉升
Race
CHINESE
Date of Birth
26-10-1988
Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S8842033J
Name
LOH WAI SING, MILTON
Birth Date
26 Oct 1988
Issue Date
07 Sep 2009

ID01782054D



3422338



NRIC No. S8842033J



Date of Issue
01-11-2003

Address
APT BLK 6 TELOK BLANGAH CRESCENT
#15-424
SINGAPORE 090005

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle	Pass Date
Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC	07 Sep 2009
Class 2A	MOTORCYCLES BETWEEN 200 CC AND 400 CC	18 Dec 2010

Vehicle ID

S / No 9000229481

Licence No. S8842033J



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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