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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/01/2019 18:16
Date Of Accident	16/01/2019 19:40
Exact Location Of Accident	HENDERSON ROAD AND JALAN BUKIT MERAH JUNCTION
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN1126S
Insured/Policyholder	
Name Of Registered Owner	TONY NG ZHIQI
NRIC No	S9339924B
Email Address	TONYTARGARYENZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92381400
Alternative Phone No	OTHERS-92381400
Vehicle Particulars	
Manufacturer	HONDA
Model	FS150F-149CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-993438-WTT
Cover Note Number	
Driver	
Name of Driver	TONY NG ZHIQI

Name of Driver TONY NG ZHIQI
NRIC No S9339924B
Date Of Birth 24/10/1993
Occupation OUTDOOR
Date Of Driving Pass 21/11/2017

Driving Experience 1 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92381400

Fax Number

Contact Number OTHERS-92381400

EMail Address TONYTARGARYENZ@GMAIL.COM

Address BLK 19 TELOK BLANGAH CRESCENT

#10-134

Postcode 090018

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 Registration Number of Briver's Own

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

NO YES

NO

1

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190116/2140

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 SHA7976M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 21

Postcode

Name TONY NG ZHIQI Approximate Age Injuries Sustain SLIGHT INJURY Injured person in which vehicle? FBN1126S Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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. 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.
- 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)
 - (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
- 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.
- 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

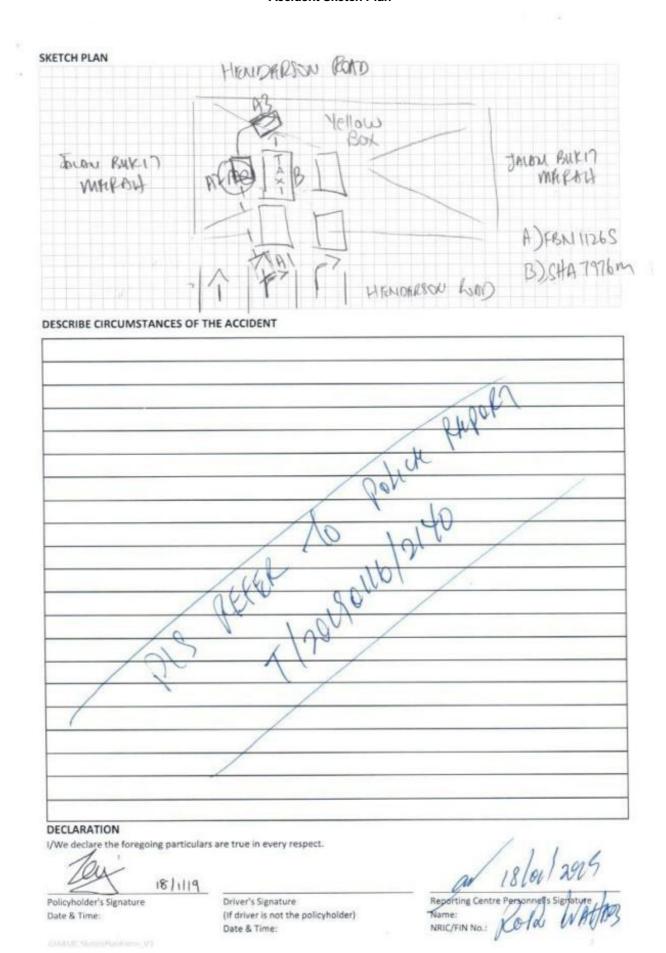
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Accident Sketch Plan



POLICE REPORT





1 of 3

Report No. T/20190116/2140

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

Date/Time Report Made: 16/01/2019 20:51		Vide Report No.:	Station Diary No. 66	
Informar	t's Particu	lars	分世。2017年的中央公司	加加斯斯斯斯斯 英語 [24] 中国中国和英国英国
Name of TONY N	Informant:		Address: APT BLK 19 TELOK BI SINGAPORE 090019	LANGAH CRESCENT #10-134
ID-Type / ID No.: NRIC NO / S9339924B Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office:	Mobile: 92381400	
		Email:		
Sex: Male	Age:	Date of Birth: 24/10/1993	Type of Informant: Rider	Institution / School Name:
Race: Chinese Occupation: DELIVERY RIDER		Language:		
		Driving Licence Inform Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2019 19:40	Type of Location T-Junction	
HENDERSO	T A APP MALI	Road 2 RN TOWARDS JALAN Road Surface:	BUKIT MERAH	Road Speed Limit:	
Weather:		Dry	-	Traffic Volume: Heavy	
LHERI		Traffic Control: Traffic Light - Working			
Traffic Flow: Dual Carriag	e Way		ULKIIIM	Anyone conveyed by	

And in case of the last of the	ehicle Involve		Model	Color	Condition	No of Passenge
Vehicle No.	Type -	Make	Name and Additional or the Party of the Part	The state of the s	Seriously	Section of the Party of the Par
FBN1126S	Motorcycle	HONDA	FS150F	Orange	Damaged	1,7400
	-	-			Slightly	1
SHA7976M	Car				Damaged	

Details of V	ehicle Insurance	Insurânce No	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No	The state of the s	09/07/2019
FBN1126S	MSIG INSURANCE (SINGAPORE) PTE, LTD.	60809220	10/07/2018	09/07/2019

POLICE REPORT





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Report No. T/20190116/2140

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

Any Pedestrian In				_	
No. of Pedestrian	Use of Pedestrian Crossing: NA				
Rider:	电子公司中央市场的大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	SELECTION OF THE PARTY OF	CHE LAND	3579031	ALCOHOLD STATE OF THE STATE OF
Name	TONY NG ZHIQI		ID No.		S9339924B
Related Vehicle	FBN1126S (Motorcycle)		Conta	ct No.	92381400
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran	Degree of	Injury	Sligh	t	

CONTINUATION OF REPORT

Brief Details.

I am riding a motorcycle bearing plate number FBN1126S, on 16/01/2019 at about 1942hrs, I was traveling along Henderson road which had a jam due to heavy traffic. I then approached the junction of Henderson road and Jalan Bukit Merah, at that point of time I was riding between lane 3 and lane 4 of the road. While approaching the junction, I saw a vehicle whom had drove straight towards Henderson road instead of turning right towards Jalan Bukit Merah. I then saw a space between the junction and I sped up towards the space as I want to turn right into Jalan Bukit Merah.

At that point of time when I saw the space between the junction I proceeded to lane change to the right, then a taxi bearing SHA7976M had picked up speed and he wanted to drive straight towards Henderson road, when I realized that, I tried to avoid the collision, however it was too late. I was then hit on my right side, when the taxi had hit me, it continued to pushed the motorcycle and myself in front as my leg was still under the motorcycle. I then stood up myself while some passerby came forward to assist me. I brought up my motorbike and realized that the left side of the entire motorcycle was badly damaged, and thus it could not be ridden. I also found out that the accident has caused the taxi front bumper was broken and the left front tyre mudguard was also broken.

The taxi driver then came out of the taxi and helped me, at that point of time, I told him to claim my insurance and I exchanged particulars with him. The taxi also had in car camera which might have captured the entire incident. I have not seen the doctor yet however my left back is in pain, there is some scratches on my hand and my left feet. I am also intending to go to the hospital after lodging this report. My bike is currently parked along Henderson road opposite of Block 116 Bukit Merah View.

POLICE REPORT





3 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/20190116/2140

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 / Sgt 1 TAN YEW ANN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2019 20:51
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	



