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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	14/02/2019 15:21
Date Of Accident	12/02/2019 09:20
Exact Location Of Accident	JUNC TANGLIN HALT RD & COMMONWEALTH DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FU8281X
Insured/Policyholder	
Name Of Registered Owner	CHENG BOON LEONG
NRIC No	S6980092J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91712466
Alternative Phone No	OFFICE-91712466
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
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	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/18-993622-WTT
Cover Note Number	
Driver	
Name of Driver	CHENG BOON LEONG

NRIC No S6980092J
Date Of Birth 09/08/1969
Occupation INDOOR
Date Of Driving Pass 11/08/1995

Driving Experience 23 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91712466

Fax Number

Contact Number OFFICE-91712466

EMail Address NOEMAIL

BLK 25 TANGLIN HALT ROAD Address

#08-36 140025

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

Postcode

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

YES

Was any other material or property damaged?

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

YES 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 ALEXANDRA NEIGHBOURHOOD POLICE POST

ROAD: BLK 46-2 COMMONWEALTH DR, POSTCODE: 140462,

Police Station Address **COUNTRY: SINGAPORE**

Police Station Contact TEL NO: 1800-4739999 - FAX NO: 64713569

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190212/2085.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBH2697K**

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 31

Postcode

Name CHENG BOON LEONG Approximate Age Injuries Sustain BODY Injured person in which vehicle? FU8281X Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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)

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 :
 - 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:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN		0	2. 1	1 .	7-
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ESCRIBE CIRCUMSTANCES OF TH	HE ACCIDENT				
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CASH 2697K			10	101.40	
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CLARATION		120			
We declare the foregoing particulars an	e true in every respe	ct.			1
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	Driver's Signature		Report	ting Centre Per	sonnel's Signature
te & Time:	(If driver is not the poi Date & Time:	icyholder)	Name NRIC/I		Torrende.





Police Station Of Origin: Alexandra NPP

46 Tanglin Halt Road #01-328 SINGAPORE

140462

Tel No: 1800-4739999

1 of 3 Report No. T/20190212/2085

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 12/02/2019 13:30		Vide Report No.: D/20190212/0050	Station Diary No.: 13		
Informa	nt's Partice	ulars				
A Committee of the Comm	Informant: BOON LEG		Address: APT BLK 25 TANGLIN HALT 140025	ROAD #08-36 SINGAPORE		
ID Type / ID No.: NRIC NO / S6980092J			Contact No.: Home/Office:	Mobile: 91712466		
National SINGAP	ity: ORE CITIZ	'EN	Email:			
Sex: Male	Age:	Date of Birth: 09/08/1969	Type of Informant: Rider			
Race: Chinese			Language:	Institution / School Name:		
Occupation: CCTV/Fire Alarm SERVICEMAN		ERVICEMAN	Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 12/02/2019 09:20	Type of Location T-Junction	
		Road Surface:	and Commonwealth D	Road Speed Limit:	
Traffic Flow: One Way		Dry Fraffic Control:		Traffic Volume: Moderate	
Type of Collis	ion: ing Vehicles - Head On			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU8281X	Motorcycle	YAMAHA	RXZ	Blue	Slightly Damaged	0
GBH2697K	Van				Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FU8281X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60809751	14/07/2018	13/07/2019		



T/20190212/2085

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

Report No. T/20190212/2085

Tel No: 1800-4739999

Details of Perso	n Involved	HEYE CE	152714/115		Lini	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of	Pedestriar	Cross	sing: NA
Rider		BERNEY	STEEL STREET			
Name	CHENG BOON LEG	ONG		ID No		S6980092J
Related Vehicle	FU8281X (Motorcyc	cle)		Conta	ct No.	91712466
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	12/02/2019		Date D	ischarge	12/02	2/2019
No. of Days gran	No. of Days granted Medical Leave 03			Degree of Injury Slight		
Driver				109 11		
Name	Aung BoBo Kyaw			ID No		G8075144W
Related Vehicle	GBH2697K (Van)			Conta	ct No.	98193748
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL D			ischarge	NIL	
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL	*/

CONTINUATION OF REPORT

Brief Details.

On12/02/2019 at about 0920hrs. I was riding my motorcycle with registration:FU8281X along Commonwealth Drive there was a Van with the registration number:GBH2697K travelling in the same direction while approaching near junction of block 49 Tanglin Halt Road. I wanted to overtake this Van on the right however the van turned into Tanglin Halt Road and collided into my motorbike. He got down and checked on me. He then explained that he did not notice that this road is a straight road without right turn and apologies to me. Traffic police and Ambulance was at scene. I was conveyed to NUH and given 3days of MC. My Motorbike was stuck under the Van bumper and not able to make any damage assessment.





Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462 CONTINUATION OF REPORT
Tel No: 1800-4739999

Report No. T/20190212/2085

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 2 GOH SHAO ZHANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2019 13:30
Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI	Classification Of Case:
Contact No.: 65476960 / 65476256 Authentication Stamp NP168	



Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

NP 168 No: 1/20	190212/2085	Name:	Cheng Boon Leong
Accident Date/Time :	12/02/19 @ ONZON	Address:	BILL JES Tonglive thit AN
Vehicle(s) involved :	FUX281X		# 02-20
	CIBH THATK		S 6980092J
		Tel No:	91712066
		Date :	13 (02/19
and the state of			
Dear Sir / Madam	nd as follows:		
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			1000

Accident Photo



















































