

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 willful 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	25/03/2019 19:07
Date Of Accident	12/03/2019 08:40
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4629X
Insured/Policyholder	
Name Of Registered Owner	CHAN YU TAT
NRIC No	S9342486G
Email Address	RNCYT1993@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86601375
Alternative Phone No	OTHERS-86601375
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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
Fleet Policy	NO
Policy Number	MSD/VMT/19-394694-CA
Cover Note Number	
Driver	
Name of Driver	CHAN YU TAT
NRIC No	S9342486G
Date Of Birth	04/11/1993
Occupation	INDOOR
Date Of Driving Pass	24/01/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86601375
Fax Number	
Contact Number	OTHERS-86601375
Email Address	RNCYT1993@GMAIL.COM

Address	BLK 322 HOUGANG AVENUE 5 #08-92
Postcode	530322
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	SIDE SWIPE
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?	NO
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1305J
Vehicle Make/Model/Colour	TOYOTA PRIUS (SMRT)
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KING LOONG
NRIC/Passport Number	S2503521F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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8. **Consent under the Personal Data Protection Act (PDPA)**

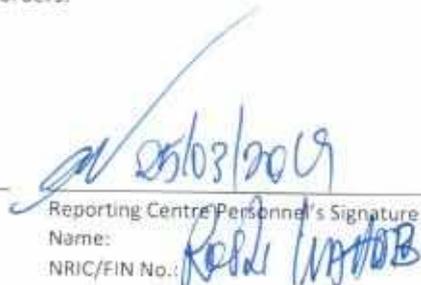
I understand, acknowledge, agree and consent that:

- (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.



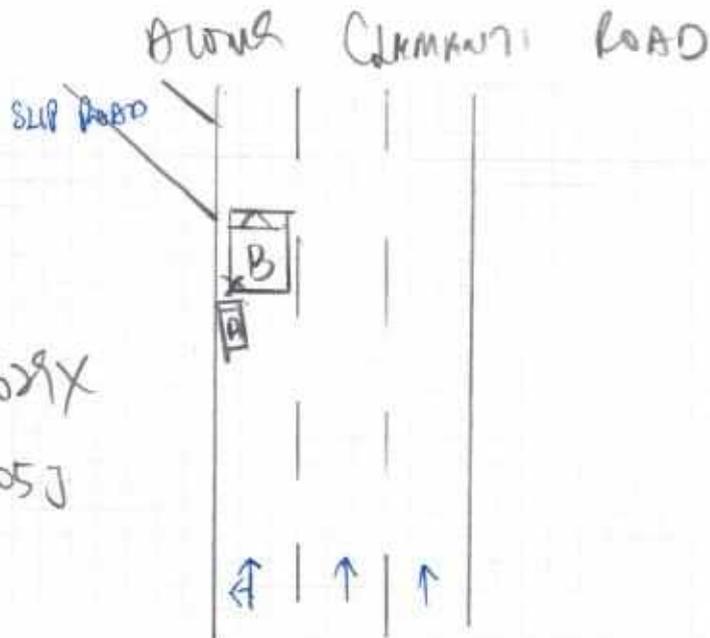
Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A) FBC 4629X

B) SHB 1305J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12th of March at 0840hrs along Clementi road my motorcycle FBC4629X was involved in an accident with SMRT taxi Toyota Prius with plate number SHB1305J, as I was filtering left my right handle bar end collided with the taxi left brake light.

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:

25/03/2019

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

14 Mar 2019

Our ref 1403190501N001238920

CHAN YU TAT
APT BLK 322 HOUGANG AVENUE 5
#08-92
SINGAPORE 530322



Dear Sir/Madam

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. FBC4629X

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 14 Mar 2019. The details are as follows:

Vehicle No.	: FBC4629X
Application Date	: 14 Mar 2019
Effective Transfer of Ownership Date	: 14 Mar 2019
Vehicle Make	: HONDA
Vehicle Model	: CB400
Chassis No./Trailer Chassis No.	: JH2NC39976M201080 /-
Engine No./Motor No.	: NC23E3101126 /-

- Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
- Thank you.

Yours sincerely

Ng Lay Choo (Ms)
Deputy Director, VRL Service Operations
Vehicle Services Group
Land Transport Authority

[This letter is computer-generated, no signature is required.]

From 01 Jun 2019, your hardcopy letters will be replaced with SMSes and e-letters in your OneMotoring inbox. Hardcopy letters will only be sent for letters mandated by law, such as summonses. If you wish to continue receiving hardcopy letters, please notify LTA by 31 May 2019 by logging in to www.onemotoring.com.sg using your SingPass/CorpPass.

ACCIDENT STATEMENT

ACCIDENT DATE: 12/3/2019 (DD/MM/YYYY), TIME: 08:42 (HH:MM)

LOCATION: Along Clementi Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC4629X
b) INSURANCE COMPANY: MSTG
c) POLICY NUMBER: MSD/VMT/19-394694-CA
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Super 4 Spec 3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Chan Yu Tat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S43104669 CONTACT: 86601335
c) ADDRESS: 322 Housang Ave S #08-92

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER.

DRIVER

- a) NAME: OS ABWAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: outside

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES/NO) _____

7. a) REPORTED TO POLICE (YES/NO) _____

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB 1305 J MODEL: Toyota Prius
b) DRIVER'S NAME: Lim Kim Long
c) NRIC/FIN/PASSPORT: J52503521F CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

BUICK TRANSFER OWNERSHIP STIP

email = Rocyt1993@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9342486G



Name
CHAN YU TAT

陳裕達

Race
CHINESE

Date of birth Sex
04-11-1993 M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9342486G

Name:

CHAN YU TAT

Birth Date: 04 Nov 1993

Issue Date: 07 Nov 2016



002627102D



NRIC No: S9342486G



Date of issue
10-03-2009

APT BLK 322 HOUGANG AVENUE 5 #08-82
SINGAPORE 500922

NRIC No: S9342486G

Date: 30/07/2011 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	Effective Date
Class 1B	Motorcycles <= 200 CC	07 Nov 2016
Class 2A	Motorcycles between 201 CC and 400 CC	24 Jan 2017
Class 3A	Motor cars without clutch pedals <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles without clutch pedals <= 2500 kg	02 Nov 2017

EFFECTIVE DATE

07 Nov 2016
24 Jan 2017
02 Nov 2017

S / No. 6000334040

S9342486G



Licence No: S9342486G

NP 426A



MSIG Insurance (Singapore) Pte. Ltd. (Co Reg. No. 2004122120)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 19/02/2019

AGENCY: A0074-001-10208
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/19-394694-CA

INSURED:

NAME: CHAN YU TAT
ADDRESS: 322 HOUGANG AVE 5
#08-92
SE 530322

NRIC NO: S9342486G
DATE OF BIRTH: 04/11/1993 (25 yrs)
DRIVING EXP: 07/11/2016 (2 yrs)
CONTACT NO: 86601375

BUSINESS OR PROFESSION: ADMIN

PERIOD OF INSURANCE FROM: 25/01/2019 11:57AM TO 24/01/2020

REGISTRATION NUMBER: FBC4629X

CUBIC CAPACITY: 399

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2008

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P 97 - INSURED

PREMIUM: 370.80

EXCESS:

GST @ 7% 25.96

TOTAL : 396.76

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:

NO CLAIM BONUS OF 10% IS ALLOWED

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers