

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	27/03/2019 15:39
Date Of Accident	27/03/2019 08:45
Exact Location Of Accident	ALONG NICOLL HIGHWAY TOWARDS CITY LAMP POST 79F
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1474P
Insured/Policyholder	
Name Of Registered Owner	POH ZHI YANG, FABIAN (FU ZHIYANG)
NRIC No	S8742646G
Email Address	POH.FABIAN1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91522868
Alternative Phone No	OTHERS-91522868

Vehicle Particulars

Manufacturer	BMW
Model	116D 5DR HATCHBACK DSC LED
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29082976 QMY
Cover Note Number	

Driver

Name of Driver	POH ZHI YANG, FABIAN (FU ZHIYANG)
NRIC No	S8742646G
Date Of Birth	29/12/1987
Occupation	INDOOR
Date Of Driving Pass	12/03/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91522868
Fax Number	
Contact Number	OTHERS-91522868
EEmail Address	POH.FABIAN1@GMAIL.COM

Address	7 FERNVALE CLOSE #06-13
Postcode	797488
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : FRIEND GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190327/2026

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	FBJ1544P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SYED

NRIC/Passport Number

Contact Number

87507818

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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) 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:

27/3/19 1158

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

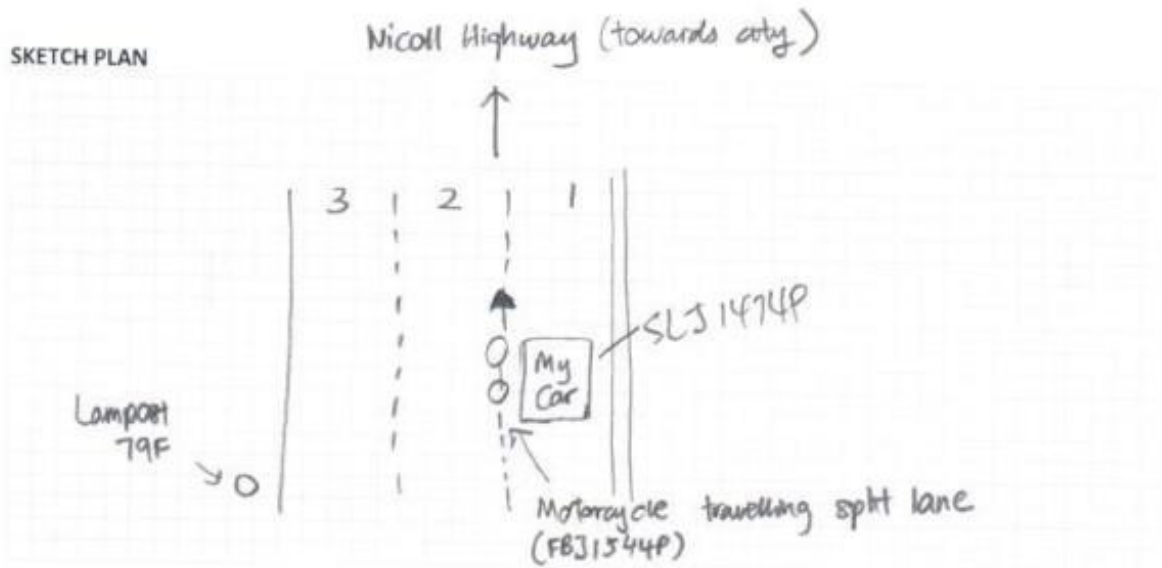
Name:

NRIC/FIN No.:

21/03/2019
Roshan

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section: *PS Refer to Police Report 7/20190327/2026*

DECLARATION

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

Policyholder's Signature

Date & Time:

27/3/19

1158

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

22/03/2019

Rashid bin Hussain

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190327/2026

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

1 of 3

Report No. T/20190327/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2019 10:52		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: POH ZHI YANG, FABIAN			Address: 7 FERNVALE CLOSE #06-13 SINGAPORE 797488		
ID Type / ID No.: NRIC NO / S8742646G			Contact No.: Home/Office: Mobile: 91522868		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 29/12/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BANKER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/03/2019 08:45	Type of Location: Straight Road
Location: Along Road 1 NICOLL HIGHWAY				
Driving along Nicoll Highway towards the City Lamp Post Number: 79F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ1544P	Motorcycle				Slightly Damaged	0
SLJ1474P	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190327/2026

Police Station Of Origin:

Kreta Ayer NPP

32 North Canal Road SINGAPORE 059282

Tel No: 1800-5359999

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Report No. T/20190327/2026

CONTINUATION OF REPORT

Driver			
Name	POH ZHI YANG, FABIAN	ID No.	S8742646G
Related Vehicle	SLJ1474P (Car)	Contact No.	91522868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, and time while travelling on the first lane along Nicoll Highway towards the City, I had intended to filter to the second lane.

I at that time was driving about 30km/h as there was a heavy traffic. I switched on my left signal light, and checked both my rear and blind sight. Upon seeing that it is clear, I had then wanted to head out. That was when the said motorcycle "FBJ1544P" had suddenly came close to the left side of my car. The motorcyclist was in between the first and second lane.

The motorcyclist then had collided to my left side mirror. Since my mirror was adjustable, there were slight damages and my left side mirror was adjusted due to the impact. The incident happened near to Lamp Post number 79F.*

I had noticed the motorcyclist moving at a faster speed than I was. I then saw the motorcyclist had fell along with his motorcycle. I had seen no other visible injuries only scratched to his hands. I assisted to call for the ambulance to which he was conveyed conscious. I only managed to get hold of his Handphone number ; 8750 7818.

There are no serious damages to my car.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190327/2026

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

3 of 3

Report No. T/20190327/2026

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:

A /

Sgt 2 SITI NURDIANA BINTE KHAIRUDDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2019 10:52

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **SB742646G**



POH ZHI YANG, FABIAN
(PU ZHIYANG)

傅志揚

Race

CHINESE

Date of birth

29-12-1987

Country/Place of birth

SINGAPORE



Sex

M



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Vehicle Number **SB742646G**

Name

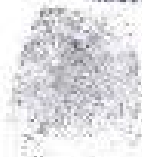
POH ZHI YANG, FABIAN
(PU ZHIYANG)

Valid Until **29 Dec 1997**

Issue Date **12 Mar 2000**



Vehicle No. **SB742646G**



Date of issue

08-08-2019

Address

7 DENVALE CLOSE
#06-13
SINGAPORE 797486

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3

Motor Cycle (up to 400kg with full passengers, exclusive of 10 Mar 2000 of 100kg), and other motor vehicles up to 200kg



12P4710

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UENI: S665500200 / GST Reg. No: M400017721

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MN14469040096 Vehicle Registration No: SL5 1474P
Name (as shown in NRIC): POH ZHI YAN, FERNAN NRIC/FIN/Passport No: S8742646G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91522868
Email Address: _____
Date of Accident: _____ Time of Accident: 08:45
Place of Accident: Along Kuching Highway Kuala Gny Lamp Post 79F
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy number A 29082976 GMY

Policyholder / Driver's Signature
Date:

28/03/2019
Reporting Centre Personnel's Signature
Name: Paul W. Ho
NRIC/FIN No.:
Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500100 / GST Reg. No: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MA 49040096-01 Vehicle Registration No: SLJ 1474 P
Name (as shown in NRIC): Red 241-Yong Fong Guan NRIC/FIN/Passport No: _____
(*Vehicle Driver/ Vehicle Owner) ☒ Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91522868
Email Address: _____
Date of Accident: 27/03/2019 Time of Accident: 08:45
Place of Accident: Around Looe Highway towards City Centre Post 29F
Insurance Company: M874

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED DATE OF BIRTH: 29/12/1987

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Red 241-Yong Fong Guan
NRIC/FIN No.: _____
Date: _____