

## 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	04/04/2019 16:53
Date Of Accident	04/04/2019 11:50
Exact Location Of Accident	JUNCTION OF TANJONG PAGAR ROAD AND GOPENG STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2738B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH MENG YEW (DU MINGYAO)
NRIC No	S8135021C
Email Address	FABIAN_TOH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96555154
Alternative Phone No	OTHERS-96555154

### Vehicle Particulars

Manufacturer	SYM
Model	COMBIZ 125-125CC
Exact Purpose for which vehicle was being used at time of accident	DELIVER FOOD
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/18-991193-WTT
Cover Note Number	

### Driver

Name of Driver	TOH MENG YEW (DU MINGYAO)
NRIC No	S8135021C
Date Of Birth	13/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96555154
Fax Number	
Contact Number	OTHERS-96555154
EEmail Address	FABIAN_TOH@YAHOO.COM.SG

Address	BLK 38 JALAN RUMAH TINGGI #08-254
Postcode	150038
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 - MAJOR/MINOR RD
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7740000 - <b>FAX NO:</b> 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190404/7017

#### 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	SKH6456G
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZLINA BINTE AZIMI
NRIC/Passport Number	S8314262F
Contact Number	90992755
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1  
NAME: :  
GENDER: :

**DETAILS OF INJURED PERSON 1**

Name TOH MENG YEW (DU MINGYAO)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH2738B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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: 1700  
04042019

Driver's Signature  
(If driver is not the policyholder)

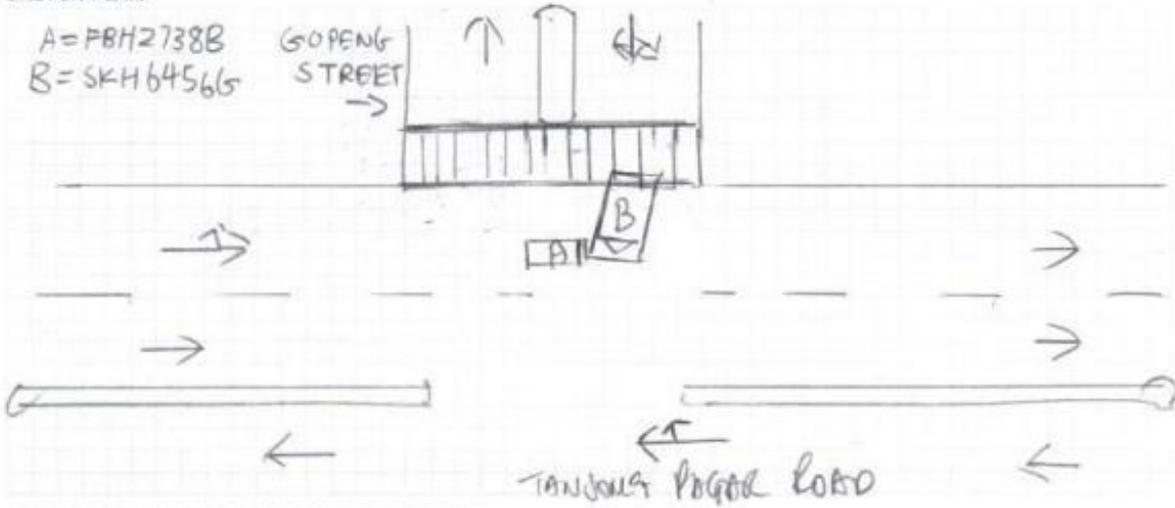
Date & Time: 1700  
04042019.

Reporting Centre Personnel's Signature

Name: *Roshni*  
NRIC/FIN No. *9203*

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Plg Refer to Police Report  
2/20190404/2017*

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 04042019  
1700

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04042019  
1700

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



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



D/20190404/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190404/7017

Subjects Involved			
Victim			
Person Name	TOH MENG YEW		
ID Type	NRIC NO	ID No	S8135021C
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Despatch worker	Address Type	
Address	APT BLK 38 JALAN RUMAH TINGGI #08-254 SINGAPORE 150038	Mobile No	96555154
Is Informant A Victim?	Yes		
Person Name	TOH MENG YEW (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2019 15:35
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



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. 88135021C



Name  
**TOH MENG YEW**  
(DU MINGYAO)  
杜明耀

Race  
**CHINESE**

Date of Birth  
**13-11-1967**

Sex  
**M**

Country of Birth  
**SINGAPORE**




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **88135021C**

Name  
**TOH MENG YEW**  
(DU MINGYAO)

Exp. Date: **13 Nov 1967**

Issue Date: **03 Mar 2008**

9814030490



88135021C



88135021C



Date of Issue  
**03-03-2008**

Address  
**05T, B.L.R. @ JALAN RAMAH, TANGGA  
#03-224  
SINGAPORE 150038**

LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	Valid Until
Class 1B	Motorcycles up to 125 cc	03 Mar 2008
Class 1C	Motorcycles up to 125 cc and 400 cc	03 Mar 2008
Class 2	Of class up to 2000 kg, with not more than 1 passenger, outside of the 1000cc, and motor vehicle up to 2500 kg	03 Mar 2008

88135021C

S/N: 9303100000

License No: 88135021C

