

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 | 24/04/2019 16:31 |
| Date Of Accident | 23/04/2019 13:20 |
| Exact Location Of Accident | WOODLANDS AVENUE 5 / WOODLANDS AVE 12 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBM9121H |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN YEW TIT |
| NRIC No | S1423649Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83989635 |
| Alternative Phone No | OFFICE-83989635 |

Vehicle Particulars

| | |
|--------------|-------------|
| Manufacturer | YAMAHA |
| Model | SNIPER T150 |

Exact Purpose for which vehicle was being used at time of accident

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 FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | MSD/VMS/18-992688-WTT (TPFT) |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | TAN YEW TIT |
| NRIC No | S1423649Z |
| Date Of Birth | 04/06/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 31/05/1985 |
| Driving Experience | 33 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83989635 |
| Fax Number | |
| Contact Number | OFFICE-83989635 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 4 MARSILING ROAD #04-5061 |
| Postcode | 730004 |
| 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 - HEAD TO REAR |
| 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? | YES |
| 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 | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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 | SHA9743E |
| Vehicle Make/Model/Colour | HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN YEW TIT

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBM9121H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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 to 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 (a) 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 Signature
Date & Time

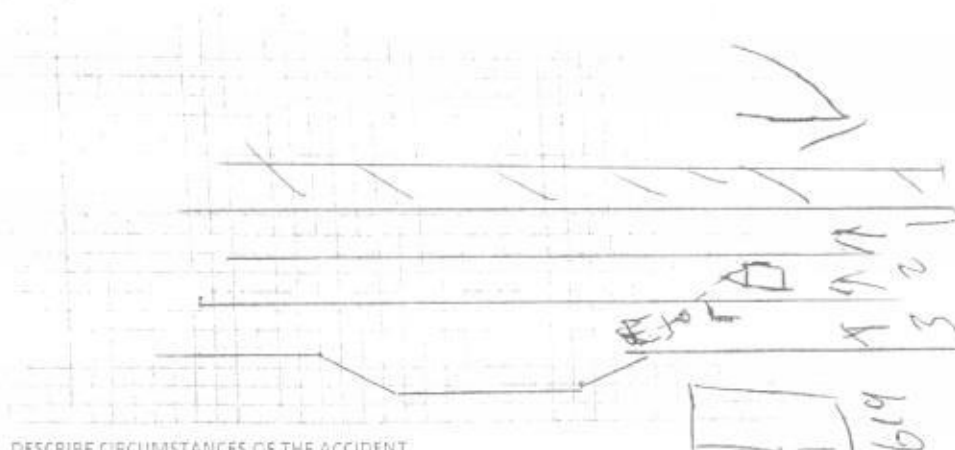
24 APR 2019

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police Report No: T/20190424/2036

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DECLARATION

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

Policyholder's Signature
Date & Time

24 APR 2019

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

IDAC KAKI BUKIT (VA)
23 Kaki Bukit Ave 4
Singapore 415933

Tel: 67416527 Fax: 67492
Email: vockb@singnet.com
NRIC/TPN No.



SINGAPORE POLICE FORCE



T/20190424/2036

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190424/2036

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 24/04/2019 11:37 | | Vide Report No.: L/20190423/0064 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN YEW TIT | | | Address: APT BLK 4 MARSILING ROAD #04-5061 MARSILING SPRING SINGAPORE 730004 | | |
| ID Type / ID No.: NRIC NO / S1423649Z | | | Contact No.: Home/Office: Mobile: 83989635 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 58 | Date of Birth: 04/06/1960 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: Chinese | | Institution / School Name: |
| Occupation: Motorcycle delivery man | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 23/04/2019 13:20 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 5 WOODLANDS AVENUE 12 WOODLANDS AVENUE 5 TOWARDS WOODLANDS AVENUE 12 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|----------------|-------|-----------|-----------------|
| FBM9121H | Motorcycle | YAMAHA | SNIPER T150 | Green | | 0 |
| SHA9743E | Car | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|--------------|------------|-------------|
| FBM9121H | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 60800820 | 12/05/2018 | 11/05/2019 |



**SINGAPORE
POLICE FORCE**



T/20190424/2036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190424/2036

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | TAN YEW TIT | ID No. | S1423649Z |
| Related Vehicle | FBM9121H (Motorcycle) | Contact No. | 83989635 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 23/04/2019 | Date Discharge | 23/04/2019 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL |

Brief Details.

ON THE ABOVE MENTION THE DATE, TIME AND LOCATION.
THE TRAFFIC FLOW WAS MODERATE AND ROAD SURFACE WAS DRY. I WAS TRAVELLING ON THE EXTREME LEFT LAND OUT OF 3 LANES ON THE STRAIGHT ROAD, SUDDENLY A VEHICLE ENCROACH MY PATH AND I COLLIDED ONTO HIS VEHICLE. AS HE WAS PICKING UP A PASSENGER FROM THE SIDE ROAD. WHEN I SAW, I WAS UNABLE TO REACT AND WE COLLDED. THE VEHICLE DISTANCE AWAY FROM ME WAS HALF A CAR LENGHT.
THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20190424/2036

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Report No. T/20190424/2036

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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:

TP /

KEE CHUAN JIA MARCUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/04/2019 11:37

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

Signature: _____