

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	16/05/2019 16:50
Date Of Accident	05/09/2018 06:15
Exact Location Of Accident	ALONG PASIR PANJANG RD TOWARDS WEST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA1916Y
Insured/Policyholder	
Name Of Registered Owner	LOH WENG YEW
NRIC No	S0770281G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96930745
Alternative Phone No	OFFICE-96930716

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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	
Cover Note Number	60809740

Driver

Name of Driver	LOH WENG YEW
NRIC No	S0770281G
Date Of Birth	13/01/1948
Occupation	INDOOR
Date Of Driving Pass	13/07/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96930745
Fax Number	
Contact Number	OFFICE-96930716
Email Address	NOEMAIL

Address	BLK 77 TELOK BLANGAH DRIVE #07-232
Postcode	100077
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 - U-TURN
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	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180218/2074

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	SKU5349X
Vehicle Make/Model/Colour	RENAULT FLUENCE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JONAN TAN ZHIEN
NRIC/Passport Number	S9233996C
Contact Number	87501436/65271006
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LOH WENG YEW
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBA1916Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: *Ros L. Santos*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

REFER TO ATTACHED PAPER

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS. REFER TO POLICE PAPER
1/2018 0914/2014

DECLARATION

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

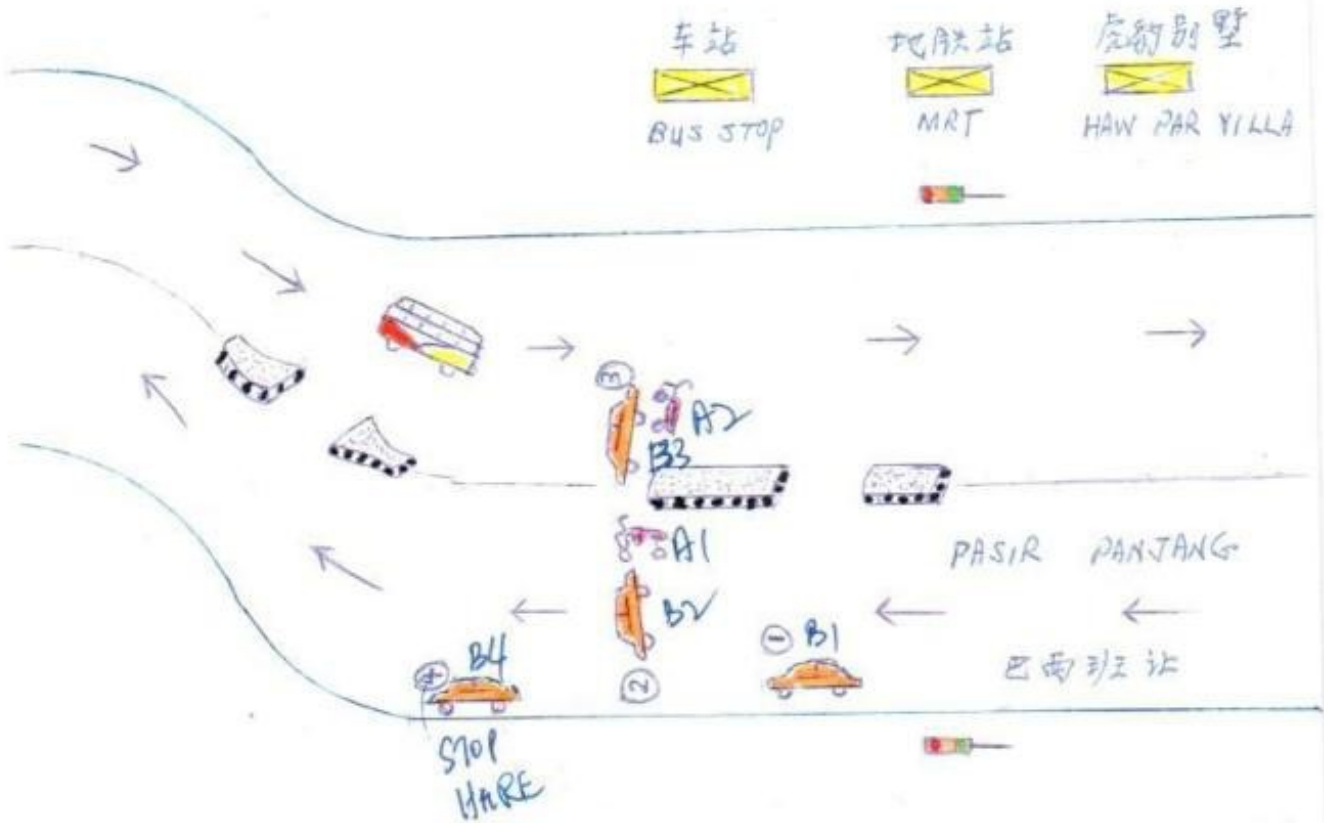
罗敏如 16/5/19

Policyholder's Signature
Date & Time:

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

16/05/2019
Reporting Centre Personnel's Signature
Name: Resh Wotho
NRIC/FIN No.:

ATTACHMENT



A) FBA 1916x
B) SKU 5349x

D/20180905/0032
T/20180914/2074
TPIO @HAIRIL

罗敏如 16/5/19

aw 16/05/2019
Rashid Wathar

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180914/2074

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 4

Report No. T/20180914/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2018 13:46	Vide Report No.: D/20180905/0032	Station Diary No.: 15
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Informant's Particulars

Name of Informant: LOH WENG YEW			Address: APT BLK 77-TELOK BLANGAH DRIVE #07-232 SINGAPORE 100077		
ID Type / ID No.: NRIC NO / S0770281G			Contact No.: Home/Office: 96941014 Mobile: 96930745		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 13/01/1948	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: CLEANER			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/09/2018 06:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PASIR PANJANG ROAD WEST COAST ROAD ALONG PASIR PANJANG ROAD TOWARDS WEST COAST ROAD, NEAR TO HAW PAR VILLA MRT STATION.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA1916Y	Motorcycle	YAMAHA	SPARK 135 M	Red	Seriously Damaged	0
SKU5349X	Car	RENAULT	FLUENCE 1.5 DCI 110 A/T SR	White		2

Details of Vehicle Insurance

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180914/2074

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Report No. T/20180914/2074

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBA1916Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60809740	14/07/2018	27/08/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOH WENG YEW	ID No.	S0770281G
Related Vehicle	FBA1916Y (Motorcycle)	Contact No.	96941014
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/09/2018	Date Discharge	08/09/2018
No. of Days granted Medical Leave	60	Degree of Injury	Serious
Driver			
Name	JONAN TAN ZHI EN	ID No.	S9233996C
Related Vehicle	NIL	Contact No.	87501436 / 65271006
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the mentioned informant and I own a motorcycle bearing registration FBA1916Y. On 5/9/2018 at about 0615 hrs, I was riding along the Pasir Panjang Road towards the West Coast Road. It was a two way road, and I was travelling along the single lane. There was a motor car bearing registration number SKU5349X (the car) which was travelling in front of me at that time. At one point in time we were approaching the traffic light stop near the Haw Par Villa MRT Station. All of a sudden, the car tried to make an illegal right turn near the end of the divider before the traffic light stop, which I did not anticipate at all. As a result, my vehicle hit straight onto the right side of the car while it was trying to make a turn. I then flung onto the road along with my vehicle.

I was in severe pain after that, but I remained conscious. From what I know, members of the public came to assist me, and the driver of the motor car that I collided into remained on the original road we were at and parked a distance away, before he came forward to me. The traffic police and ambulance came, and

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180914/2074

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Report No. T/20180914/2074

CONTINUATION OF REPORT

I was then informed by Traffic Police IO QHAIRIL (HP: 65476187) to lodge this report for investigation purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180914/2074

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Police Station Of Origin:
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51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20180914/2074

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:

D /

Sgt 2 CHUA JUN QIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IIRMAN BIN MOHAMAD SAID

Contact No: 6476365

Authenticated Stamp



SN 045

Signature Of Informant:

Date/Time:

14/09/2018 13:46

Classification Of Case:

RECEIPT

25-04-2019

TAXI FARE (3趟)

\$ 17-40 } 没拿

\$ 5-80 } 单

CITYCAB PTE LTD
SH080225

TRIP NO 042512484
START 25/04/2019 12:48
END 25/04/2019 12:56
DISTANCE RUN 3.10 KM

METER FARE	\$	6.10
TOTAL FARE	\$	6.10
AMOUNT PAID	\$	6.10

REPAIR BILL



CASH SALE 新 鑫 發 貿 易 SIN SHIN HUAT TRADING

Workshop Address:
D/A, 1018, Tanjong Pagar Rd., A, 061-100, Singapore 101561
Tel / Fax: 62777280
Business Hours: 10:00am - 6:00pm

No. 5465

M FEARIGUY
LC135

Date 29/4/19

Please receive the following goods:-

Quantity	Description	Unit Price	S	RM
	油 1-5		210	1-
	油 1-2		210	1-
	前座彈		212	1-
	1-1 墊		210	1-
	前座彈		220	1-
	彈		265	1-

注意：貨物出門概不退換
N.B. Goods sold out are not returnable

共計
TOTAL \$127.00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



