

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	03/06/2019 18:12
Date Of Accident	02/06/2019 02:45
Exact Location Of Accident	PIE TWDS TUAS AFTER ADAM RD B4 THE SPEED CAMERA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1964P
Insured/Policyholder	
Name Of Registered Owner	KUAN WAI MENG
NRIC No	S6810793H
Email Address	JACKYKUAN68@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84526589
Alternative Phone No	OTHERS-84526589

Vehicle Particulars

Manufacturer	HONDA
Model	-
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	72115440

Driver

Name of Driver	KUAN WAI MENG
NRIC No	S6810793H
Date Of Birth	24/03/1968
Occupation	INDOOR
Date Of Driving Pass	23/12/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84526589
Fax Number	
Contact Number	OTHERS-84526589
Email Address	JACKYKUAN68@GMAIL.COM

Address	BLK 68 GEYLANG BAHRU #15-3243
Postcode	330068
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?	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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190602/2021

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	SME1180B
Vehicle Make/Model/Colour	KIA FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	KUAN WAI MENG
Approximate Age	
Injuries Sustain	INJURIES HAND & LEG
Injured person in which vehicle?	FBN1964P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

3/6/19

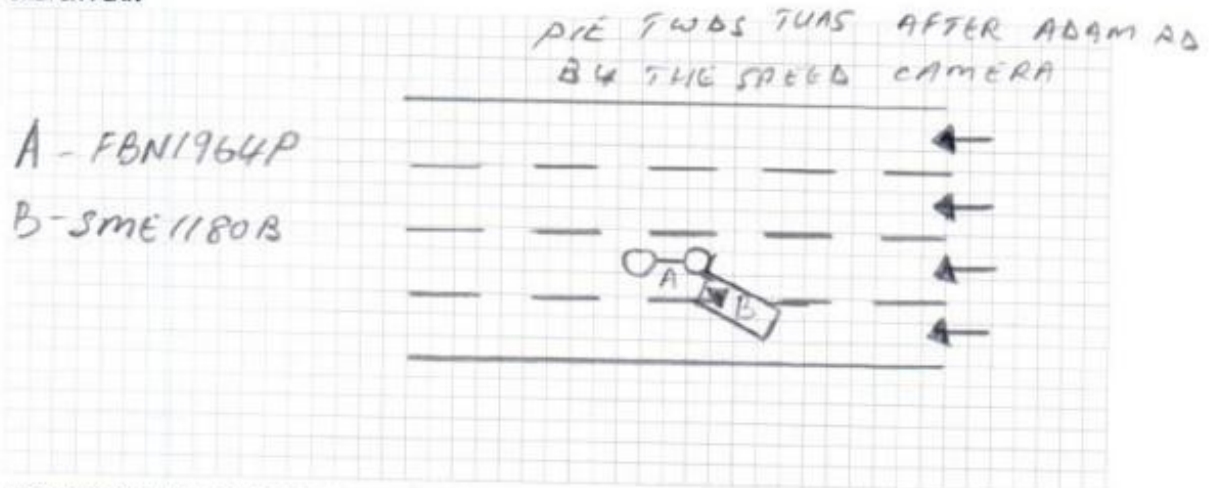
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

05/06/19

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: T/20190602/2021

DECLARATION

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

Policyholder's Signature
Date & Time:

3/6/19

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

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

03/06/19

Individual Statement



SINGAPORE
POLICE FORCE



T/20190602/2021

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Report No. T/20190602/2021

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Brief Details.

On the 02/06/2019 at about 0245hrs, I was riding my black colour PCX Honda Vehicle No: FBN1964P along PIE towards Ghongah towards the second lane from the left at 80km/h. Once I have passed Eng Neo Exit, I suddenly felt a collision at the left rear of my vehicle. I then fell due to the impact. One white Kia Forte Vehicle No: SME1180B had collided at the left rear of my vehicle. I was then assisted by some passer by. I do not know the damage of my vehicle as EMAS had already towed away my vehicle and I could not clearly see the damage as it was dark. I was then brought to Ng Teng Fong Hospital for medical treatment by the driver himself as I sustained some injuries on my hands and leg. I was given MC for 5 days from the period of 02.06.2019 to 06.06.2019 ref to MC No: 55566465. I am lodging this report for insurance claim purposes.

Ng Teng Fong Hospital
83, 72 Geylang Road
Singapore 40072
Tel: 1800 481 481
Fax: 3300 700



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190602/2021

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Report No. T/20190602/2021

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2019 07:13	Video Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: KUAN WAI MENG		Address: APT BLK 68 GEYLANG BAHRU #15-3243 SINGAPORE 330068	
ID Type / ID No.: NRIC NO / S6810793H		Contact No.: Home/Office: Mobile: 84526589	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 24/03/1968	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Hawker/ Stall holder (prepared food or drinks)		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/08/2019 02:45	Type of Location: Straight Road
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Location:
Along Road 1
PAN ISLAND EXPRESSWAY



Police Station:
92 Boon Lay Way
Singapore 609962
Tel: 1800-226 8888
Fax: 6399 7897

Handwritten:
Towards Changi after Eng Neo Exit

Handwritten: Towards Tuas after Adam Road before the speed camera

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1964P	Motorcycle	HONDA	WW150 (PCX150)	Black	Slightly Damaged	0
SME11808	Car	KIA	Forte	White	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN1964P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72115440	13/08/2019	12/08/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190602/0021

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Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No: T/20190602/0021

CONTINUATION OF REPORT

Brief Details.

On the 02/06/2019 at about 02:45hrs, I was riding my black colour PCX Honda Vehicle No: FBN1964P along PIE towards Serangoon at the second lane from the left at 80km/h. Once I have passed Eng Neo Exit, I suddenly saw a car in the left rear of my vehicle. I then felt due to the impact. One white Kia Forte Vehicle No: SME1180B had collided at the left rear of my vehicle. I was then assisted by some passer by. I do not know the damage of my vehicle as EMAS had already towed away my vehicle and I could not clearly see the damage as it was dark. I was then brought to Ng Teng Fong Hospital for medical treatment by the driver himself as I sustained some injuries on my hands and leg. I was given MC for 5 days from the period of 02.06.2019 to 06.06.2019 ref to MC No: 55566485. I am lodging this report for insurance claim purposes.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8989369



T/20190602/2021

3 of 3

Report No. T/20190602/2021

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 B K/ARTHIKA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Authentication Stamp

NP185

Signature Of Informant:

Date/Time:

02/06/2019 07:13

Classification Of Case:

Identification Card



Driving License

33



NRIC No: S6810793H



Blood Group: - Date of issue: 06-03-2003


Address:
APT BLK 68 GEYLANG BAHRU
#15-3243
SINGAPORE 330068

For LKK/NAC Use Only

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	23 Dec 1985
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jan 2003

NE 428A



Licence No: S6810793H

