

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	19/06/2019 14:15
Date Of Accident	17/06/2019 07:15
Exact Location Of Accident	ALONG AYE BESIDE EXIT OF ROYAL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH529B
Insured/Policyholder	
Name Of Registered Owner	KEE HWA HIN
NRIC No	S6810641I
Email Address	KEEHWAHIN529@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93869029
Alternative Phone No	OTHERS-93869029

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER LC135-135CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-394620-CA
Cover Note Number	

Driver

Name of Driver	KEE HWA HIN
NRIC No	S6810641I
Date Of Birth	11/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1990
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93869029
Fax Number	
Contact Number	OTHERS-93869029
Email Address	KEEHWAHIN529@GMAIL.COM

Address	BLK 105A DEPOT ROAD #05-615
Postcode	101105
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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190618/2021

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	SLP6636A
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LEONG HIN MUN
NRIC/Passport Number	S1811574C
Contact Number	98568617
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KEE HWA HIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH529B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Along Ayk Bason Exit of Royal Road

A) FBH 529A

B) SCP 6636A

ADVANCED
ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DC REFER to Police report
7/2019 06/8/2021

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190618/2021

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190618/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2019 10:27		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: KEE HWA HIN			Address: APT BLK 105A DEPOT ROAD #05-615 SINGAPORE 101105		
ID Type / ID No.: NRIC NO / S68106411			Contact No.: Home/Office:		Mobile: 93869029
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 11/03/1968	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2019 07:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY ALONG AYE BESIDE EXIT OF ROYAL RD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH529B	Motorcycle	YAMAHA	JUPITER 135 MANUAL	Red	Slightly Damaged	0
SLP6636A	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190618/2021

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190618/2021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH529B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19394620	18/02/2019	17/02/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KEE HWA HIN		ID No.	S68106411
Related Vehicle	FBH529B (Motorcycle)		Contact No.	93869029
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	17/06/2019		Date Discharge	18/06/2019
No. of Days granted Medical Leave		14	Degree of Injury	Slight
Driver				
Name	LEONG HIN MUN		ID No.	S1811574C
Related Vehicle	SLP6636A (Car)		Contact No.	98568617
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 17/06/2019 at about 0715hrs, I was riding my bike, FBH529B, along AYE behind a taxi, SLP6636A, when suddenly the taxi made a sudden stop. I braked immediately but my bike still hit onto the taxi on its left rear tail lights. I fell towards the left side together with my bike. The taxi driver got down his taxi and helped me up. As my right finger ring and little finger is bleeding non-stop, he offered to send me to Alexandra Hospital (AH). We exchanged particulars and he dropped me off at AH. While at AH to receive treatment, the doctor informed me that as I have previous injuries at the same injury location, he advised me to go to NUH for further examination. I then took the ambulance from AH to NUH. At NUH, I was warded and discharged on 18/06/2019. I was also given 14 days of MC.

I wish to state that Police and Ambulance were not activated at the scene of accident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190618/2021

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190618/2021

CONTINUATION OF REPORT

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



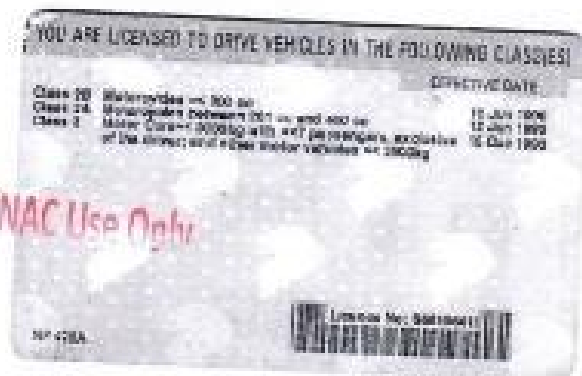
Accident Photo



Accident Photo



Identification Card



EMAIL KEEHWAHIN@SINGAPOREHOMELINK.COM

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: S66550020G / GST Reg. No.: M400017735

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 : MAY19079914 Vehicle Registration No: FBH 529 B
Name (as shown in NRIC) : KEE HWA HIN NRIC/FIN/Passport No : S68106811
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 93869029
Email Address : _____
Date of Accident : 17/06/2019 Time of Accident : 07:15
Place of Accident : DOWN BYK BESIDE EXIT OF ROYAL ROOM
Insurance Company : M81G

(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:

FROM REPORTER TO THIRD PARTY CLAIMS

Policyholder / Driver's Signature
Date:

23/06/2019

Reporting Centre Personnel's Signature
Name: Paul Lim
NRIC/FIN No.: _____
Date: