

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 01/06/2019 13:36
 Date Of Accident 28/05/2019 06:00
 Exact Location Of Accident BRADELL ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBC2582J
Insured/Policyholder
 Name Of Registered Owner GOH CHOON HWEE(NOT DRIVING)
 NRIC No S6945310D
 Email Address CH.GOH@UV-SYSTEM.COM.SG
 Mobile Phone No (LOCAL) +65-96785153
 Alternative Phone No OTHERS-96785153

Vehicle Particulars

Manufacturer HONDA
 Model CBF150

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/MT/18-392434
 Cover Note Number

Driver

Name of Driver GOH SIAM BUCK
 NRIC No S1011396B
 Date Of Birth 01/10/1943
 Occupation OUTDOOR
 Date Of Driving Pass 04/01/1983
 Driving Experience 36 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-91765696
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 242 SERANGOON AVENUE 03 #09-196
Postcode	550242
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/2019601/2033;

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	SH6076A
Vehicle Make/Model/Colour	HYUNDAI AE IONIQ HEV 1.6 DCT
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)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

GOH SIAM BUCK

Approximate Age

75

Injuries Sustain

Injured person in which vehicle?

FBC2582J

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

BLK 242 SERANGOON AVENUE 03 #09-196

Postcode

550242

Accident Sketch Plan Pg. 1

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:

[Signature]

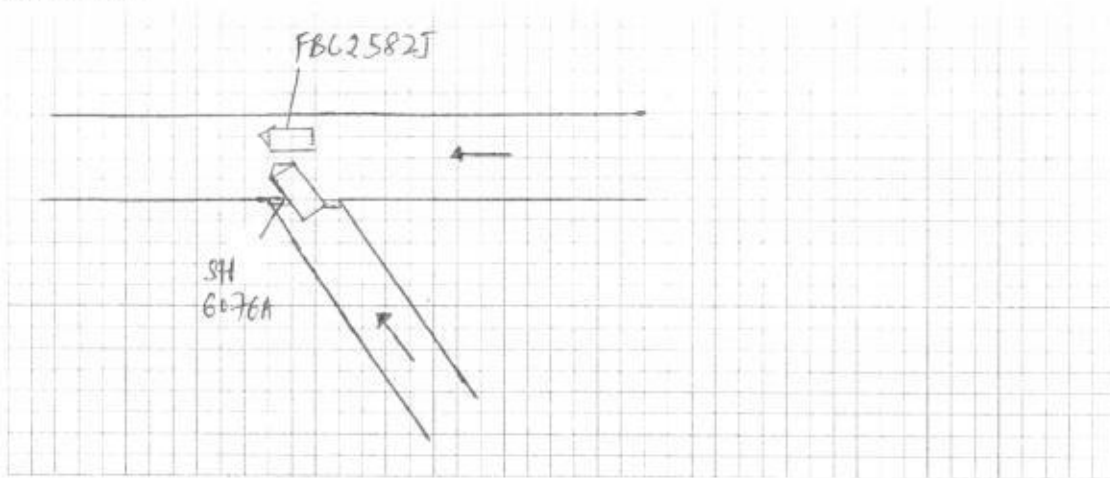
6 JUN 2010

IDAC KAKI BUKIT (VAC)

Reporting Centre Roadside
Name: 23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report.

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:

6 JUL 2013
IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190601/2033

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 4

Report No. T/20190601/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2019 09:58	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: GOH SIAM BUCK	Address: APT BLK 242 SERANGOON AVENUE 3 #09-196 SINGAPORE 550242		
ID Type / ID No.: NRIC NO / S1011396B	Contact No.: Home/Office: 63836406 Mobile: 91765696		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 75	Date of Birth: 01/10/1943	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: WAREHOUSE SUPERVISOR	Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/05/2019 06:00	Type of Location: Flyover
Location: Along Road 1 Traveling Toward Road 2 BRADDELL ROAD				
BRADDELL ROAD TOWARDS LORNIE VIADUCT, AFTER BISHAN FLYOVER				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
F3C2582J	Motorcycle					0
SH6076A	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan Pg. 1



**SINGAPORE
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T/20190601/2033

Police Station Of Origin:
Serangoon N.P.C.
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20190601/2033

CONTINUATION OF REPORT

Rider			
Name	GOH SIAM BUCK	ID No.	S1011396B
Related Vehicle	FBC2582J (Motorcycle)	Contact No.	63836406
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/05/2019	Date Discharge	30/05/2019
No. of Days granted Medical Leave	22	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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.

On 28/05/2019 at around 0600hrs, I was riding vehicle (FBC2582J) on the most left lane, along Braddell Rd towards Lornie Viaduct.

As I was exiting Bishan Flyover to proceed to Lornie Viaduct, a blue Comfort Taxi (SH6076A) entered the main road from the side road and collided from my left side. I fell from the collision and suffered abrasions on my left knee cap, left hip, left shoulder, left forearm, both my palms and my left ankle. I wish to state that my ROLEX Submariner watch was damaged due to the accident.

As I stood up, I realized that the taxi driver for vehicle (SH6076A) was carrying one female passenger with him as I realized that the female passenger flagged for another cab.

As the taxi driver was sitting on the kerb, I had to request him to call the ambulance as I was injured. Subsequently, the taxi driver called for ambulance.

I was then conveyed to Tan Tock Seng Hospital by ambulance.

I did not manage to exchange any particulars with the taxi driver. That is all.

Accident Sketch Plan Pg. 1



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POLICE FORCE**



T/20190601/2033

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

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Report No: T/20190601/2033

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190601/2033

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20190601/2033

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:

F /
Sgt 2 MUHAMMAD ALIF RIDHWAN BIN
BAHARIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/06/2019 09:58

Officer In Charge Of Case:

TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP168