

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	15/07/2019 18:27
Date Of Accident	14/07/2019 21:30
Exact Location Of Accident	INSIDE KSL MALL BASEMENT CARPARK
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2680Z
Insured/Policyholder	
Name Of Registered Owner	YIT WAI YUEN
NRIC No	S8677907B
Email Address	NICHOLAS@QSON.COM.SG
Mobile Phone No	(LOCAL) +65-81226865
Alternative Phone No	OTHERS-81226865

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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/19-396628-CA
Cover Note Number	

Driver

Name of Driver	YIT WAI YUEN
NRIC No	S8677907B
Date Of Birth	09/02/1986
Occupation	INDOOR
Date Of Driving Pass	20/12/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81226865
Fax Number	
Contact Number	OTHERS-81226865
Email Address	NICHOLAS@QSON.COM.SG

Address	BLK 303 JURONG EAST STREET 32 #04-84
Postcode	600303
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	THEFT
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190715/2028 AND JBS/012705/19

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

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B. 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:

15/7/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/07/2019

Rashid bin Haniff

Accident Sketch Plan

SKETCH PLAN

Unknown BIKE WAS PARKED
STOLEN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QAS REFER TO POLICE REPORT
D/20190715/2028
JBS/012205/19

DECLARATION

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

Policyholder's Signature

Date & Time: 15/7/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

COURMET SketchPlan8 (acc)_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20190715/2028

1 of 2

Report No. D/20190715/2028

POLICE REPORT (NP299)

Police Station Of Origin
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Date/Time Report Made 15/07/2019 12:17	Vide Report No.	Station Diary No. 6
Name Of Informant YIT WAI YUEN	Address APT BLK 303 JURONG EAST STREET 32 #04-84 SINGAPORE 600303	
ID Type / ID No. NRIC NO / S8677907B	Contact No. Home/Office	Mobile 81226865
Nationality MALAYSIAN	Email Address	
Occupation KITCHEN EQUIPMENT SUPPLIER	Sex Male	Age 33
Institution/School Name	Date of Birth 09/02/1986	Race Chinese
Date/Time Of Incident 14/07/2019 21:30	Location Of Incident KSL MALL MALAYSIA	

Brief details.

On the 14/7/2019 at about 2130hrs, After I was done shopping at the KSL Mall, I returned to the Carpark at the basement and discovered that my vehicle was stolen. I had made a report regarding this incident to the Polis Diraja Malaysia, Report number JBS/012705/19 at the police station at Johor Bahru Selatan. I was informed by my MSIG Insurance to lodge a report in Singapore for record. The Malaysian Police informed me that they will be investigation this matter.

Signature Of Officer Recording The Report: D / Sgt 2 ANG KHENG HAOU, THAWAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2019 12:17
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp WONG WAI SIONG Contact No.: 68727683	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20190715/2028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190715/2028

Vehicle Information

YAMAHA

FBE2680Z

CHASSIS NO 4S3304023

ENGINE NO 4S3394023

Vehicle Information					
S/N	Vehicle Registration Number	Engine No.	Chasis No.	S'pore Car	Status
1	FBE2680Z	4S3304023	4S3304023	Yes	Stolen Overseas

Signature Of Officer Recording The Report:

D / Sgt 2 ANG KHENG HAOU, THAWAT

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp WONG WAI SIONG
Contact No.: 68727683

Authentication Stamp

Signature Of Informant:

Date/Time:
15/07/2019 12:17

Classification Of Case:

POLICE REPORT

POLIS DIRAJA MALAYSIA

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9/1 Teh.


POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : JOHOR BAHRU CENTRAL
 Daerah : J/BAHRU SELATAN
 Kontinjen : JOHOR
 No Repot : JBS/012705/19
 Tarikh : 14/07/2019
 Waktu : 2255 PM
 Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : NURFARIHIN BINTI ABDUL KAHAR
 Butir-butir Jurubahasa (Jika Ada)

No Personel : R206503

Pangkat : KONST/P

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : YIT WAI YUEN

No K/P (Baru) : 860209085413

No Polis/Tentera : ---

No Pasport : ---

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 09/02/1986

Umur : 33 tahun 5 bulan

Keturunan : Cina

Warganegara : Malaysia

Pekerjaan : JURUTEKNIK SINGAPURA

Alamat Tempat Tinggal : APT BLK 303 JURONG EAST STREET 32# 04-84 SINGAPURA 600303
 Alamat Ibu/Bapa : NO 179 KAMPUNG SIRA 33400 LENGGONG PERAK MALAYSIA

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6581226865

Emel : ---

Pengadu Menyatakan:-

PADA 14/7/2019 JAM L/KURANG 1.00 PETANG SAYA TELAH MELETAKKAN M/SIKAL MILIK SAYA NO.PENDAFTARAN (FBE 2680Z) JENIS YAMAHA X-1R 135 WARNA HITAM DI TEMPAT PARKING KSL MALL JOHOR BAHRU DALAM KEADAAN BAIK DAN BERKUNCI.KEMUDIAN JAM L/KURANG 9.30 MALAM SAYA DATANG SEMULA KE TEMPAT PARKING UNTUK MENGAMBIL M/SIKAL MILIK SAYA DAPATI TELAH TIADA PUAS SAYA MENCARI TETAPI TIDAK DIJUMPAI SAYA SYAKI M/SIKAL SAYA TELAH DIAMBIL ORANG.ANTARA BUTIRANNYA:

Butir-butir Kenderaan Hilang:

No : 1

Buatan : YAMAHA

Nama Kenderaan : X1R

No Pendaftaran : FBE2680Z

Model (Tahun dikeluarkan) : 2010

Jenis : MOTOSIKAL

Warna : HITAM

Sukatan : 135

No. Cesis JPJ : 4S3304023

No. Injin JPJ : 4S3304023

Berkunci : Ya

SAYA DATANG KE BALAI BUAT LAPORAN UNTUK TINDAKAN LANJUT PIHAK POLIS.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada) :

Tandatangan Penerima Repot:

Salinan Repot Pertama

KEPALA POLIS BALAI
 BALAI POLIS SENTRAL
 JOHOR BAHRU SELATAN
 JOHOR