

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	17/07/2019 13:18
Date Of Accident	16/07/2019 07:40
Exact Location Of Accident	HOUGANG AVE 4 & AVE 10 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD2815H
Insured/Policyholder	
Name Of Registered Owner	KWONG KIM KOON
NRIC No	S1445782H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96355140
Alternative Phone No	OFFICE-96355140

Vehicle Particulars

Manufacturer	YAMAHA
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/19-393092-CA
Cover Note Number	-

Driver

Name of Driver	KWONG KIM KOON
NRIC No	S1445782H
Date Of Birth	30/09/1960
Occupation	INDOOR
Date Of Driving Pass	10/06/1988
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96355140
Fax Number	
Contact Number	OFFICE-96355140
Email Address	NOEMAIL

Address	BLK 602 HOUGANG AVE 4 #08-239
Postcode	530602
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS STOP BEHIND VEH B AT THE TRAFFIC JUNC OF HOUGANG AVE 4 & AVE 10 DUE TO RED LIGHT. WHEN NOTICED VEH B STARTED TO MOVE, AS SUCH I FOLLOW TO MOVE, SUDDENLY VEH B JAMMED BRAKE AND STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY BIKE HIT ONTO VEH B REAR RIGHT PORTION.

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	SGS7831P
Vehicle Make/Model/Colour	
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)	

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.:

SKETCH PLAN

Hougang Ave 10

Hougang Ave 4

A = FBD 2815 H

B = 555 7831 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of KWONG KIM KOON

License Number: S1445782H

Name: KWONG KIM KOON

Birth Date: 30 Sep 1960

Issue Date: 08 May 2003

Barcode: 000465623A

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1445782H

Portrait of KWONG KIM KOON

Name: KWONG KIM KOON

Race: CHINESE

Date of Birth: 30-09-1960

Country of Birth: SINGAPORE

Sex: M

Barcode: S1445782H

For LKK/NAC Use Only

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

Class 2B Motorcycles not exceeding 200 cc

VALID DATE: 10 Jun 1988

Barcode: Licence No: S1445782H

For LKK/NAC Use Only

2441983

Barcode: NRIC No: S1445782H

Portrait of KWONG KIM KOON

Blood Group: O+

Date of Issue: 03-10-1994

APT BLK 602 HOUGANG AVENUE 4 #08-239

SINGAPORE 530602

NRIC No: S1445782H

Date: 28-03-2005

No: 5168017

For LKK/NAC Use Only

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE**DATE OF ISSUE:** 16/01/2019**AGENCY:** A0074-001-10147
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMT/19-393092-CA**INSURED:****NAME:** KWONG KIM KOON
ADDRESS: BLK 602 HOUGANG AVE.4
#08-239
SE 530602**NRIC NO:** S1445782H
DATE OF BIRTH: 30/09/1960 (58 yrs)
DRIVING EXP: 10/06/1988 (30 yrs)
CONTACT NO: 83482243**BUSINESS OR PROFESSION:** TECHNICIAN**PERIOD OF INSURANCE FROM:** 31/12/2018 **TO** 30/12/2019
12:01AM**REGISTRATION NUMBER:** FBD2815H**CUBIC CAPACITY:** 135**MAKE OF VEHICLE:** YAMAHA**YEAR OF REGISTRATION:** 2008**INSURED ESTIMATE OF VALUE:** TPL**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P 97 - INSURED**EXCESS:****PREMIUM:** 140.00**GST @ 7%** 9.80**TOTAL :** 149.80

NO CLAIM BONUS OF 20% IS ALLOWED

**NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:****REPLACING POLICY NO:** MSD/VMT/18-376034-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers