

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 11:56
Date Of Accident	12/07/2019 13:00
Exact Location Of Accident	BALESTIER ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB184T
Insured/Policyholder	
Name Of Registered Owner	TANG WAI MING
NRIC No	S7525028B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96881410
Alternative Phone No	OTHERS-96881410

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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
Fleet Policy	NO
Policy Number	MSD/VMT/18-390715-CA
Cover Note Number	

Driver

Name of Driver	TANG WAI MING
NRIC No	S7525028B
Date Of Birth	18/08/1975
Occupation	INDOOR
Date Of Driving Pass	07/11/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96881410
Fax Number	
Contact Number	OTHERS-96881410
EEmail Address	NOEMAIL

Address	BLK 106 ANG MO KIO STREET 11 #07-184
Postcode	560106
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 - CHANGE/CROSS LANE
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	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED POLICE REPORT

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	SDN1008B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TANG WAI MING
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FBB184T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

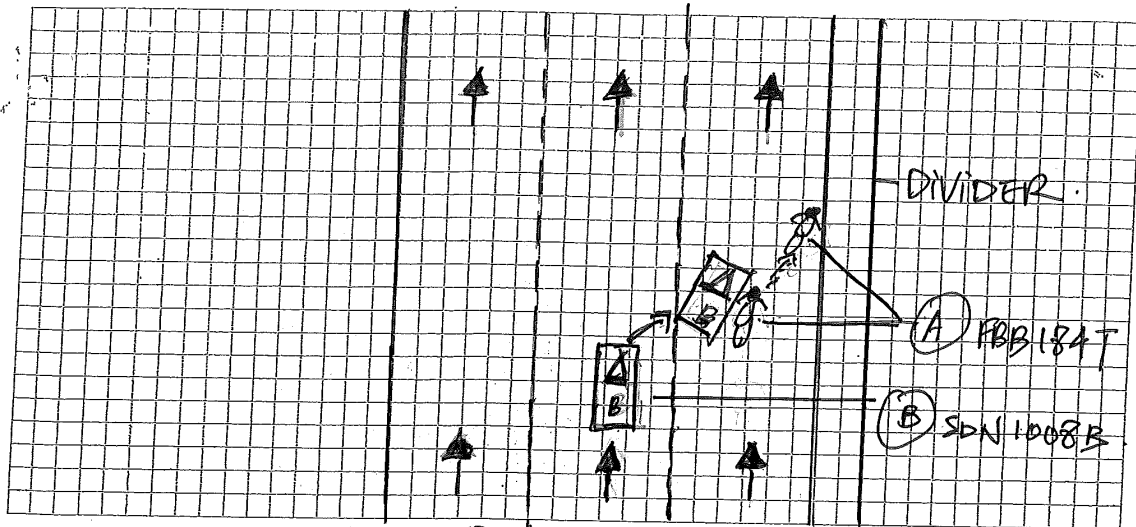
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT BALESTIER ROAD

Refer to police report no: T/20190712/2140

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.:



**SINGAPORE
POLICE FORCE**



T/20190712/2140

1 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20190712/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2019 17:37	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: TANG WAI MING			Address: APT BLK 104B ANG MO KIO STREET 11 #03-53 SINGAPORE 561104		
ID Type / ID No.: NRIC NO / S7525028B			Contact No.: Home/Office: Mobile: 96881410		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 18/08/1975	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class: 2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2019 13:00	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BALESTIER ROAD CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB184T	Motorcycle	HONDA	CB400	Grey	Slightly Damaged	0
SDN1008B	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB184T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18390715	23/11/2018	22/11/2019



**SINGAPORE
POLICE FORCE**



T/20190712/2140

2 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20190712/2140

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TANG WAI MING	ID No.	S7525028B
Related Vehicle	FBB184T (Motorcycle)	Contact No.	96881410
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	12/07/2019	Date Discharge	12/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/07/2019 I was riding my motorcycle along Balestier Road toward CTE on the 1st lane. One vehicle, SDN1008B, suddenly change into my lane from the left and came very close and could have knocked into me and caused me to loss balance and fall. Before that car wanted to change lane to my lane, I already sounded my horn to warn that car but he continued to squeeze into my lane and left no space for me.

I suffered abrasion and pains at my elbow, knee, hip and left wrist area. The other party was not injured, his vehicle only suffered dent at the driver side door and at the bottom skirting. My motorcycle suffered a lot of scratches on the right side, the speedometer was damaged and the alignment of bike is off.

I went to seek medical attention at OneDoctors Family Clinic and I was given 3 days MCs.



SINGAPORE
POLICE FORCE



T/20190712/2140

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Report No. T/20190712/2140



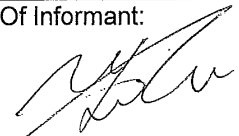
Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

CONTINUATION OF REPORT

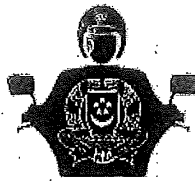
Sketch Plan

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 3 JAYZ TAN ZHANG JIE  Signature:  SN 085	Signature Of Informant: 
Signature Of Interpreter: Not applicable Singapore Police Force	Date/Time: 12/07/2019 17:37
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No.	: T/20190712/2140	Name	: TANG WAI MING
Accident Date/Time	: 12/7/19 1300hrs	Address	: 104B AMK ST 11 #03-53
Vehicle(s) Involved	: FBB184T		: S561104
	: SDN1008B	NRIC No	: S7525028B
		Tel No	: 96881410
		Date	: 13/07/19

Dear Sir / Madam

Accident involving ONE CAR AND ONE MOTORCYCLE
along BALESTIER ROAD TOWARDS CTE on 12/7/19 at 1300HRS hours

With reference to the above, I have or 12/7/19 (date) 1300 hours (time) make a
police report at KEBUN BARU NPP (Police Station/NPP/NPC)
In NP 168 – T/ 20190712/2140

On 13/7/19 (date), 1216 hours (time) a KEBUN BARU NPP
(Police Station/NPP/NPC), I make the following amendments to the above report;
I wish to state that my motorcycle was knocked by the car on my left. In my previous report I
Stated that the vehicle came very close to me and could have knocked on to me. After the
Incident it was very rushed and I could not recall the facts properly. That is all.

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	: S67(3) Yuen	
Date and Time	: 13/7/19	
Station Dairy No	: 2	
Signature	:	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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