

## 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	23/07/2019 11:50
Date Of Accident	09/07/2019 15:00
Exact Location Of Accident	JUNCTION OF LOWER DELTA AND TELOK BLANGAH WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL263X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOW WAI KWOK
NRIC No	S1276807I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93882455
Alternative Phone No	OTHERS-93882455

### Vehicle Particulars

Manufacturer	HONDA
Model	PCX150A-153CC
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/19-397957-CA
Cover Note Number	

### Driver

Name of Driver	CHOW WAI KWOK
NRIC No	S1276807I
Date Of Birth	10/04/1957
Occupation	INDOOR
Date Of Driving Pass	03/09/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93882455
Fax Number	
Contact Number	OTHERS-93882455
Email Address	NOEMAIL

Address	BLK 119D KIM TIAN ROAD #14-206
Postcode	164119
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?	NO
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 128 KIM TIAN ROAD #01-123/ 125 , <b>POSTCODE:</b> 160128 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2739999 - <b>FAX NO:</b> 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190720/2125

#### 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	SGE1227Y
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)

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

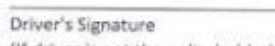
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. The 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 lodgment 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.


#### **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:

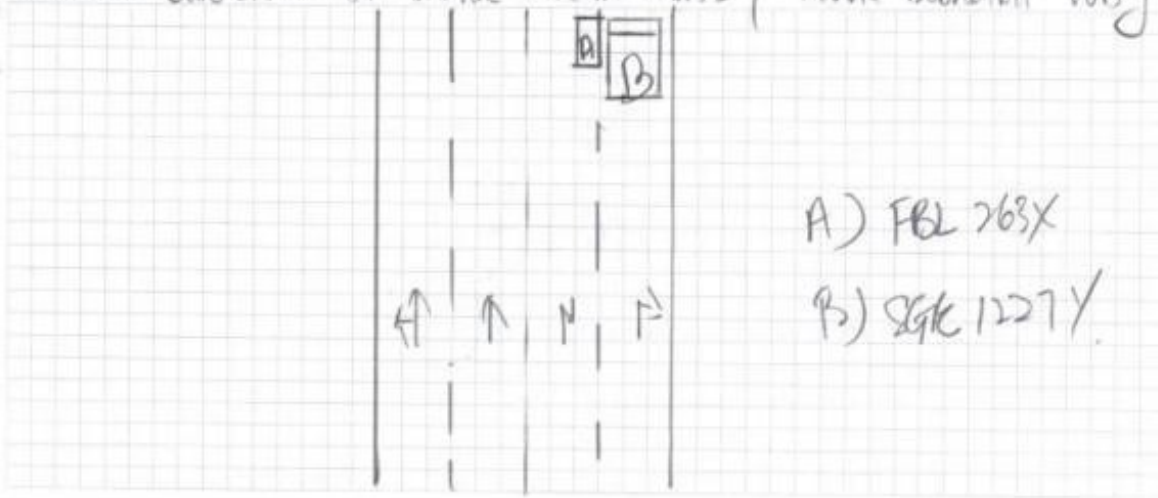
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN

JUNCTION OF LOWER DUNGA ROAD / THROK BUREGATH WAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten text across the section:*  
 AS REFER TO POLICE REPORT  
 7/20/2020/2125

## 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.:

GAARMC SketchPlanForm\_V01

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190720/2125

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

1 of 3

Report No. T/20190720/2125

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2019 15:54	Vide Report No.:	Station Diary No.: 45
--	------------------	--------------------------

## Informant's Particulars

Name of Informant: CHOW WAI KWOK			Address: APT BLK 119D KIM TIAN ROAD #14-206 SINGAPORE 164119	
ID Type / ID No.: NRIC NO / S1276807I			Contact No.: Home/Office: Mobile: 93882455	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 62	Date of Birth: 10/04/1957	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: PART-TIME			Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/07/2019 15:00	Type of Location:
Location: Along Road 1 BUKIT PURMEI ROAD  ALONG BUKIT PUMEI ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL263X	Motorcycle	HONDA	VW150 (PCX150)	Red	Slightly Damaged	0
SGE1227Y	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL263X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19397957	29/04/2019	28/04/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190720/2125

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

2 of 3

Report No. T/20190720/2125

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHOW WAI KWOK	ID No.	S1276807I
Related Vehicle	FBL263X (Motorcycle)	Contact No.	93882455
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
<b>Person 2</b>			
Name	Unknown	ID No.	NIL
Related Vehicle	SGE1227Y (Car)	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 9/7/2019 at about 1500hrs, I was riding my motorcycle (FBL263X) along Bukit Purmei Road when the vehicle next to me on my right (SGE1227Y) stopped together side-by-side at a traffic light.

When we moved off together, I was slightly in front of the said vehicle and the back of my motorcycle met with an impact with the said vehicle's left-front part, resulting in a slight dent. My motorcycle had some slight scratches.

I am here to lodge a traffic accident report.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999



T/20190720/2125

3 of 3

Report No. T/20190720/2125

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:

A /

Sgt 2 JAVIER TAN KAI MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/07/2019 15:54

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

