

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	29/07/2019 19:16
Date Of Accident	29/07/2019 08:00
Exact Location Of Accident	ALONG CLEMENTI ROAD A/F CLEMENTI AVE 2 SLIP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG7613A
Insured/Policyholder	
Name Of Registered Owner	PENG YANJIE
NRIC No	S8621610H
Email Address	PYANJIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92955082
Alternative Phone No	OTHERS-92955082

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16ST-153CC (M)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-390927-CA
Cover Note Number	

Driver

Name of Driver	PENG YANJIE
NRIC No	S8621610H
Date Of Birth	17/07/1986
Occupation	INDOOR
Date Of Driving Pass	28/03/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92955082
Fax Number	
Contact Number	OTHERS-92955082
EEmail Address	PYANJIE@GMAIL.COM

Address	BLK 340 CLEMENTI AVENUE 5 #09-232
Postcode	120340
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?	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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190729/2030

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	SMD2515T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE POH WAH
NRIC/Passport Number	
Contact Number	97571257
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1	
Name	PENG YANJIE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG7613A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.

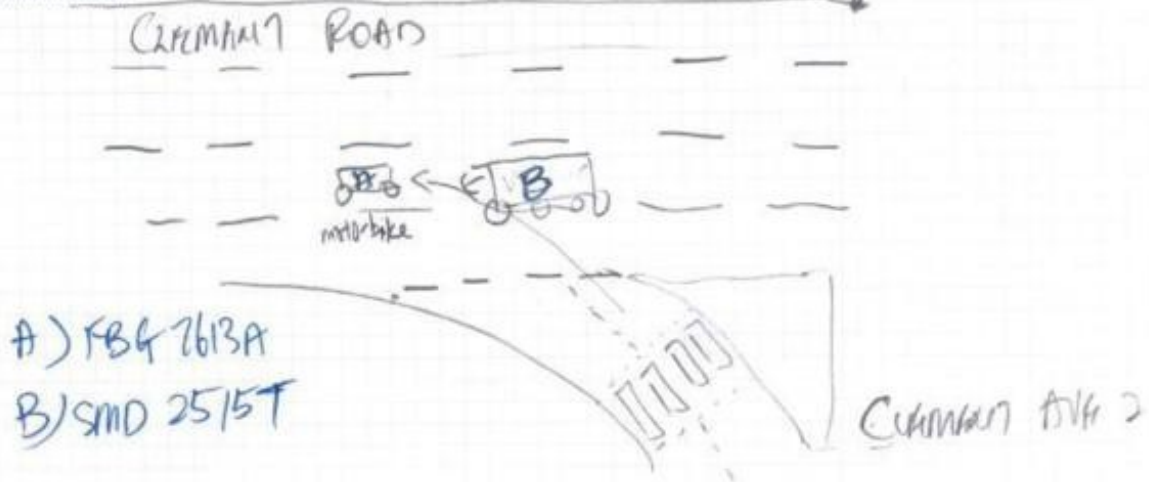

Policyholder's Signature
Date & Time: 29/07/2019
12:34pm

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


Reporting Centre Personnel's Signature
Name: Rosli
NRIC/FIN No.: 123456789

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QAS REFIR 70 Police Report
1/2019 0129/2030

DECLARATION

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

Policyholder's Signature
Date & Time: 29/07/2019 12:34pm

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

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

29/07/2019
Rosa. Winters

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190729/2030

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No. T/20190729/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2019 11:15		Vide Report No.:		Station Diary No.: 64	
Informant's Particulars					
Name of Informant: PENG YANJIE			Address: APT BLK 340 CLEMENTI AVENUE 5 #09-232 SINGAPORE 120340		
ID Type / ID No.: NRIC NO / S8621610H			Contact No.: Home/Office: Mobile: 92955082		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 17/07/1986	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Automotive engineer			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2019 08:00	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD				
Along Clementi Road after Clementi Avenue 2 slip road towards Bukit Timah direction.				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 60 Km/h	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG7613A	Motorcycle	YAMAHA	FZ16ST	White	Slightly Damaged	0
SMD2515T	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG7613A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18390927	09/11/2018	08/11/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190729/2030

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20190729/2030

CONTINUATION OF REPORT

Brief Details.

On 29/07/2019 at about 0800hrs, I was riding on my motorcycle bearing registration number FBG7613A filtering from slip road from Clementi Avenue 2 into Clementi Road on the 2nd most left lane when I heard a loud horn.

A red car then hit the rear of my motorcycle and I fell from the motorcycle.

I remembered clearly that I did check before filtering out of Clementi Avenue 2 into Clementi Road and I only proceed when it was safe to do so.

I then proceeded to the side of the road for my safety as there are many vehicles approaching my location and the driver of the red car stopped his vehicle after hitting my motorcycle.

The driver then came out from his vehicle to check on my well-being. We then took exchange particulars.

The vehicle driver details (SMD2515T) :-

Name : Lee Poh Wah

Hp : 97571257

My motorcycle had some damages on the rear of the my motorcycle and you will send to IDAC to assess the damage/s. The red vehicle has some damages on the left front bumper.

After exchanging particulars, I then to proceeded to The Dublin Clinic at Blk 109 Clementi Street 11 to seek medical attention on my injuries which is at right mid-elbow, right shoulder and right foot.

I am still in the daze as I was lodging this report and I believed that I have provided the most accurate information that I can remember.

I noticed that the red vehicle has an in-car camera installed but I do not know whether it is in record mode.

I will go to the nearest hospital to seek further medical attention such as X-ray as it was not done in the clinic.

I have informed my motorcycle insurance about the incident and they have instructed me to lodge a police report.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190729/2030

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3
Report No. T/20190729/2030

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:

D /

SI IMRAN BIN MOHAMMAD HAJAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/07/2019 11:15

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 37

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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