#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/08/2019 15:23
Date Of Accident	03/08/2019 16:50
Exact Location Of Accident	SEMBAWANG AVE JUNC OF CANBERRA RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP6795S
Insured/Policyholder	
Name Of Registered Owner	NG TECK THIAM
NRIC No	S2771275D
Email Address	DAVIDTHIAM0506@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96219787
Alternative Phone No	OTHERS-96219787
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER
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/19-400310-CA
Cover Note Number	
Driver	
Name of Driver	NG TECK THIAM

Name of Driver

NG TECK THIAN

NRIC No

S2771275D

Date Of Birth

Occupation

Date Of Driving Pass

NG TECK THIAN

S2771275D

INDOOR

24/03/1992

Driving Experience 27 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96219787

Fax Number

Contact Number OTHERS-96219787

EMail Address DAVIDTHIAM0506@GMAIL.COM

**BLK 313 SEMBAWANG DRIVE** Address

#04-470 750313

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** 

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

Postcode

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

YES

YES

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SEMBANWANG NPC

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: Police Station Address

**SINGAPORE** 

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT:T/20190805/2102

Attachment(s)

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

Remarks/ Reasons: FOOTAGE FROM THE WITNESS

Was there any audio recorded? NO

**Details of Witness 1** 

Name MENG FA Phone Number 90864929

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKF9642G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LEOW TING TING, JAZQUELINE NRIC/Passport Number

S8825186E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name NG TECK THIAM

Approximate Age

Injuries Sustain FACE, LEFT SHOULDER & RIGHT HAND

Injured person in which vehicle? FBP6795S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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:
  - 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**

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	P	6	
C + + /= 0	KK		-
FBP67955			
SKE 96426	10/4		
	/;		SEMBAWAN
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		AVE
		TAN	
Pls repu	do the po	he repo	rt: T/2019080.
0	70		10019080.
LARATION			
	culars are true in every respect.		Δ
declare the foregoing parti			2
declare the foregoing parti	culars are true in every respect.		ofym on
declare the foregoing particle with the foregoing particle	12019 Driver's Signature		Reporting gentre Personnel's Signa
11 .	12019	older)	Reporting Gentre Personnel's Signa Name:  NRIC/FIN No.:

#### **Individual Statement**





Police Station Of Origin.
Sembawang N.P.C.
4 Sembawang Crescent SINGAPORE
75, 533

2 of 4 Report No. T/20190805/2102

Tel No. 1800-5549999

CONTINUATION OF REPORT

Colol of a ba	ehicle insurance			
venicle No.	Insurance Company	Insurance No	Effective	Expiry Date
F6P6795S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72178990	22/05/2019	21/05/2020

Details of Perso			WEST STREET			
Any Pedestrian I		THE STATE OF THE S			NAME OF TAXABLE PARTY.	
No. of Pedestria	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Rider		F ESTAN			00000	
Name	NG TECK THIAM			ID No	).	\$2771276D
Related Vehicle	FBP6795S (Motorcycle)			Conta	act No.	96219787
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licen Expir	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/08/2019		Date Disc	A CONTRACTOR OF THE PARTY.	September of the State of the S	72019
No. of Days gran	ted Medical Leave	14	Degree of			
Driver					- Ongr	
Name	Leow Ting Ting, Jazqueline			ID No		S8825186E
Related Vehicle	NIL.			Conta	ict No.	NIL
Hospital/Clinic	NiL			Class Drivin Licend Expiry	9	Class: NIL Date of Expiry: NIL
D: e Treatment			Date Disch		NIL	
N. of Days grant	ed Medical Leave	NIL	Degree of	Injury	NIL	

## Brief Details.

On 3/8/2019 1650hr, I was riding my motorcycle. Yamaha Sniper T150 bearing the registration No. FBFS795S along Sembawang Ave towards Sembawang Road.

As f approached Sembawang Rd Junction of Canberra Rd, the traffic light was green and it was in my favefur

One Honda Jazz bearing the registration No SKE9642G, driven by Leow Ting Ting, Jazqueline bearing the registration No. S8825186E, along Sembawang Rd towards Sembawang Ave made a turn into Canberra Rd.

I homed her and tried to stop but I was unable to stop and hit the front left passenger door of the vehicle.

I sustained injuries on my face, left shoulder and right hand. I was subsequently conveyed to KTPH and with granted 14days of MC (03/08/2019 to 16/08/2019).

#### **Individual Statement**





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 3 of 4 Report No. T/20190805/2102

Tel No: 1800-5549999

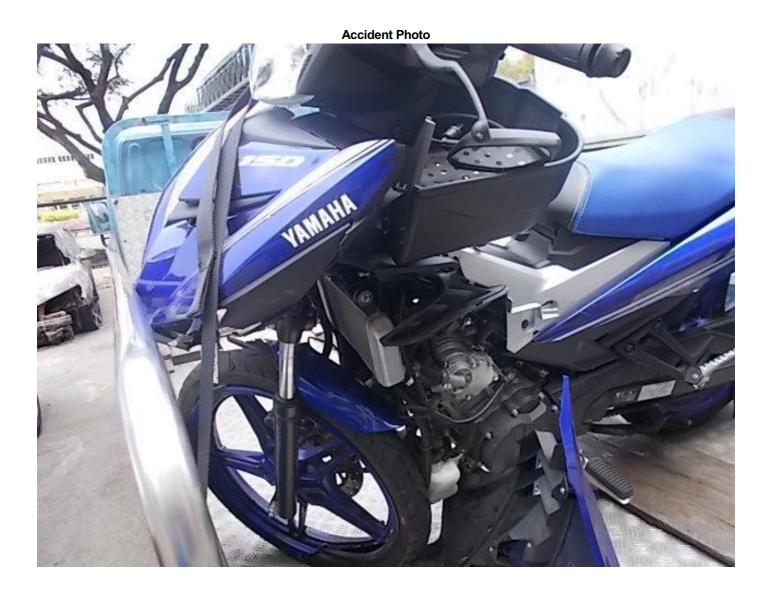
CONTINUATION OF REPORT

There was a Male Chinese, Meng Fa Tel: 90864929, he informed he had witnessed the incident and he have an in car camera in his car. He informed he is willing to be a witness.

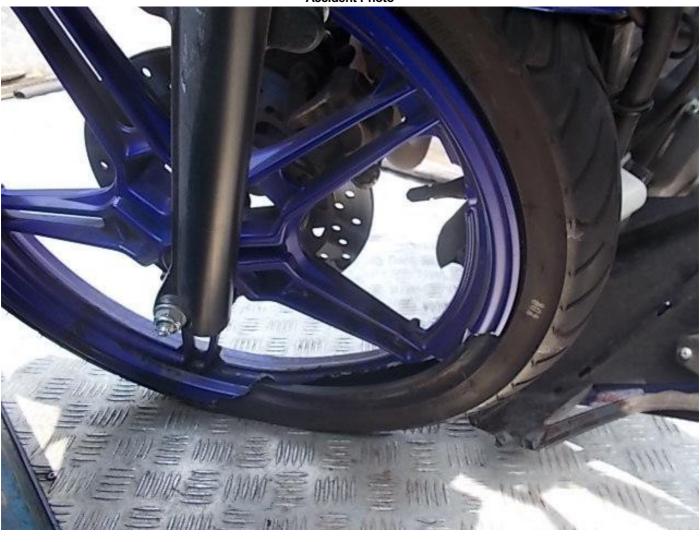
Traffic police came to scene reference L/20190803/0112 under TP IO Muhaimin Tel: 97560193 / 65476845









































Date of Expiry:

Police Station Of Origin: Sembawang N.P.C. 4 Sembawang Crescent SINGAPORE 757633

1064 Report No. T/20190805/2102

Tel No. 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2019 18:50			Vide Report No	Station Diary No. 59		
Informa	nt's Partic	ulars	and the second second			
NG TEC	Finformant K THIAM		Address: APT BLK 313 SEMBAWANG 750313	DRIVE #04-470 SINGAPO RE		
ID Type / ID No.: NRIC NO / S2771275D			Contact No.: Home/Office	Mobile: 96219787		
Mational MALAYS			Email:	mount. due 19701		
Sex Male	Age: 62	Date of Birth: 05/06/1967	Type of Informant: Rider	Ţ		
Race Chinese Occupation STOREMAN			Language:	Institution / School Name		
			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 03/08/2019 18:50	Type of Location X-Junction
SEMBAWANO CANBERRA I SEMBAWANO Lamp Post No	ROAD 3 AVENUE JUNCTION OF Imber, 2		DAD	
Weather. Clear	11.00	Road Surface: Dry		Road Speed Limit;
Traffic Flow One Way		raffic Control: raffic Light - We		raffic Volume:
Type of Collisi		- Mariana	A	Anyone conveyed by imbulance

Vehicle No.	Туре	Make.	Model	Color	Condition	No of Passenger
FBP6795S	Motorcycle	YAMAHA.	SNIPER T150	Blue	Totally Damaged	0
SKE9642G	Car				Slightly Damaged	0

Details of Vehicle Insurance	Color Disease of Paris	Editive and	THE RESERVE OF THE PERSON NAMED IN
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date

h





Poice Station Of Origin: Sembawang N.P.C. 4 Sembawang Crescent SINGAPOPE 757933 Ter-No. 1800-5549995

2 of 4 Report No. 1/20190805/2102

CONTINUATION OF REPORT

Details of V	chide insurance			MODELLE SERVICE
Venide No	Insurance Company	Insurance No	Effective	Expiry Date
FBP6795S	MSIG INSURANCE (SINGAPORE)	72178990	22/05/2019	21/06/2020

Details of Perso			5 W 10 10 10 10 10 10 10 10 10 10 10 10 10	
Any Pedestrian I		Property of the State of the St		The second secon
No. of Pedestria	ns Injured Nit.	Use of Pedestrian Crossing; NA		
Rider			7177	The state of the s
hiama	NG TECK THIAM		ID No.	\$2771275D
Related Vehicle	F9P6795S (Motorcycle)		Contact No.	96219787
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Orlying Licence & Expiry Date	Class 2B,3 Date of Expiry: NIL
Date Treatment	03/08/2019	Date Discha		010010
No. of Days gran	fed Medical Leave 14	Degree of Ir		
Dover			des y Congress	
Moroe	Leaw Ting Ting, Jazqueline		D No.	S8825186E
Horlated Vanicin	NIL		Contact No.	NIL
Hospital/Carric	NEL	Į.	Class of Driving Icence & Expiry Date	Class NIL Date of Expiry NIL
E'z Treatment	NIL	Date Dische	rge NIL	
Ms. of Days grant	ed Medical Leave Ntl.	Degree of in	luty MIL	

#### Brief Details.

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Police Station Of Ongin: Sembawang N.P.C 4 Sembawang Grescent SINGAPORE 757633 Tel No. 1800-5549999

3 of 4 Report No. 7/20180805/2102

CONTINUATION OF REPORT

There was a Male Chinese, Meng Fa Tel: 90864929, he informed he had witnessed the incident and he have an in car camera in his car. He informed he is willing to be a witness

Traffic police came to scene reference L/20190803/0112 under TP IO Muhaimin Tel: 97560193 / 85476845





Force Station of Origin Serbawang N.P.C. 4 Sembawang Grescent SINGAPORE 757533 Tel Hu. 1800-5549999 4 of 4 Report No. 1/20190806/0180

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 Office Recording The Report SIAN Sgt NUR IMPERN BIN MOHAMED MAZLAN	Signature Of Informent
Signature Cil Interpreter Not applicable	Date/Time; 06/08/2019 16:50
Officer in Charge Of Case TP / GIT / Sgt 3 RASHIDAH BIN II AZMAN RCulatt No. 864788 6 Signifures Authoritication Steens Signifures	Classification Of Case SN 130
Singapore Police For	ce

#### **Identification Card**





