

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	14/08/2019 18:28
Date Of Accident	08/08/2019 09:05
Exact Location Of Accident	JALAN TENAGA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4536U
Insured/Policyholder	
Name Of Registered Owner	KOH MENG SOON
NRIC No	S1664985F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91070390
Alternative Phone No	OFFICE-91070390

Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE 200 A
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/18-382925-CA
Cover Note Number	

Driver

Name of Driver	KOH MENG SOON
NRIC No	S1664985F
Date Of Birth	14/06/1964
Occupation	INDOOR
Date Of Driving Pass	10/12/1984
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91070390
Fax Number	
Contact Number	OFFICE-91070390
Email Address	NOEMAIL

Address	10 PASIR RIS LINK #03-41
Postcode	518163
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190814/2022.

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	SMG4105B
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)

DETAILS OF INJURED PERSON 1	
Name	KOH MENG SOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBE4536U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

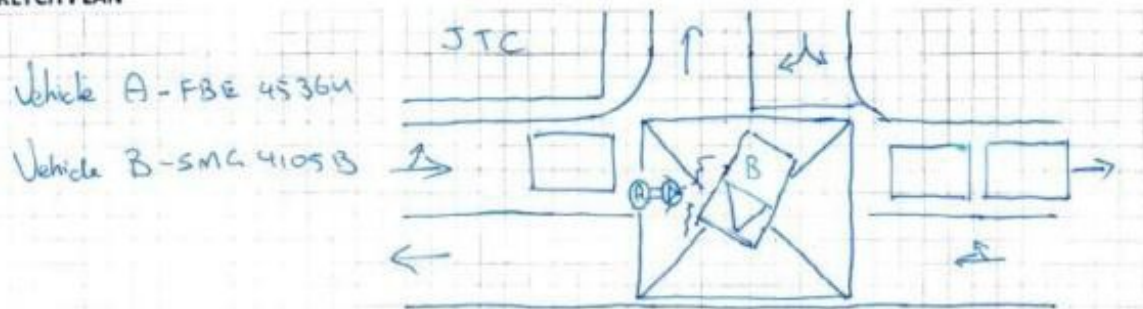
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

Report Number:
T/20190814/2022
DIC:
Staff Sgt. Muhammad Sufian.

Vehicle A - FBE 45364
Vehicle B - SMA 41053

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.: _____

Police Report



**SINGAPORE
POLICE FORCE**



T/20190814/2022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190814/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2019 10:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH MENG SOON			Address: APT BLK 10 PASIR RIS LINK #03-41 RIPPLE BAY SINGAPORE 518163		
ID Type / ID No.: NRIC NO / S1664985F			Contact No.: Home/Office: Mobile: 91070390		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 14/06/1964	Type of Informant: Rider		
Race:			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/08/2019 09:05	Type of Location:
Location: Along Road 1 JALAN TENAGA				
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4536U	Motorcycle	SYM	JOYRIDE 200 A	Grey		0
SMG4105B	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE4536U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18382925	16/05/2019	27/10/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190814/2022

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190814/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KOH MENG SOON	ID No.	S1664985F
Related Vehicle	FBE4536U (Motorcycle)	Contact No.	91070390
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 THE ABOVE MENTIONED DATE AND TIME,

I WAS ON MY WAY TO WORK, I STOPPED AT THE YELLOW BOX AREA, AND WAS WAITING FOR THE TRAFFIC. A CAR WAS COMING FROM THE OTHER DIRECTION, THE DRIVER WAS CONSTANTLY LOOKING IN THE OTHER DIRECTION AND ENDED UP COLLIDING INTO MY MOTORBIKE. EVEN AFTER THE COLLISION, THE DRIVER DID NOT NOTICE THAT THERE WAS AN ACCIDENT AND CONTINUED TO DRIVE ALONG. HE WAS GOING AT A SLOW SPEED. AFTER A WHILE HE CAME TO STOPPED AND REALISED THAT HE HAD ENDED UP HITTING MY MOTORBIKE AND ALIGHTED AND CAME AND HELP ME. HE CALLED AN AMBULANCE FOR ME AND HELPED ME TO MOVE MY VEHICLE TO THE SIDE. WE DID NOT MANAGE TO EXCHANGE PARTICULARS. THE TRAFFIC POLICE ALSO CAME TO SCENE AND I WAS LATER CONVEYED BY AMBULANCE. MY IN VEHICLE CAMERA WOULD HAVE FOOTAGE AS EVIDENCE OF THE INCIDENT. MY INCIDENT NUMBER IS G/20190808/0073.

THAT IS ALL

Police Report



**SINGAPORE
POLICE FORCE**



T/20190814/2022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190814/2022

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:
TP /
LEE CHEN EN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/08/2019 10:01

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

