

## 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	02/09/2019 19:16
Date Of Accident	27/08/2019 23:30
Exact Location Of Accident	SLE(BKE)SLIP RD TWDS WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FN4956X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DOMINIC KOH CHOON WAH
NRIC No	S9641625C
Email Address	DOMINICAZAZEL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90128582
Alternative Phone No	OTHERS-90128582

### Vehicle Particulars

Manufacturer	HONDA
Model	RVF400R
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	
Cover Note Number	72103210/E01

### Driver

Name of Driver	DOMINIC KOH CHOON WAH
NRIC No	S9641625C
Date Of Birth	21/11/1996
Occupation	INDOOR
Date Of Driving Pass	19/06/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90128582
Fax Number	
Contact Number	OTHERS-90128582
Email Address	DOMINICAZAZEL@GMAIL.COM

Address	BLK 858 WOODLANDS ST 83 #02-224
Postcode	730858
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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190830/2141

#### 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	SKF4366G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BON WEE ALVIN
NRIC/Passport Number	S9326486Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	DOMINIC KOH CHOON WAH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FN4956X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

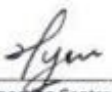
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.

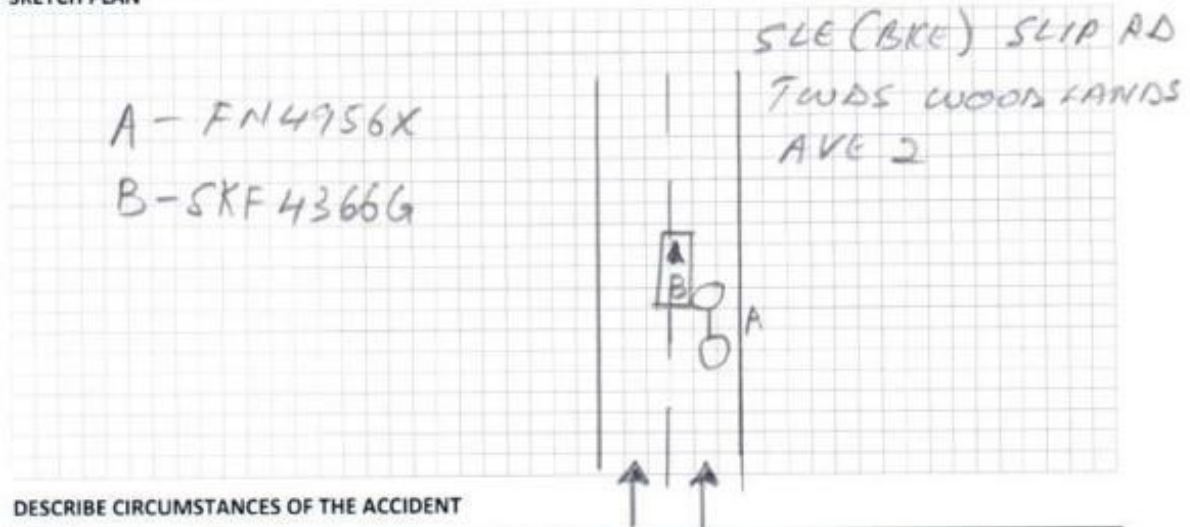
 300819  
Policyholder's Signature  
Date & Time:

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

 02/09/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190630/2141

## DECLARATION

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

 300819  
Policyholder's Signature  
Date & Time:

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

 02/09/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190830/2141

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

2 of 4

Report No. T/20190830/2141

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider: S CA			
Name	DOMINIC KOH CHOON WAH	ID No.	S9641625C
Related Vehicle	FN4956X (Motorcycle)	Contact No.	90128582
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/08/2019	Date Discharge	30/08/2019
No. of Days granted Medical Leave	12	Degree of Injury	NIL
Name			
TAN BOON WEE ALVIN		ID No.	S9326486Z
Related Vehicle	SKF4366G (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.

I WAS RIDING ALONG THE RIGHT SIDE OF THE ROAD, AFTER THE BEND IN THE ROAD, IT WAS A STRAIGHT PATH AHEAD, THUS I PICKED UP A LITTLE SPEED. ANOTHER CAR WAS AHEAD OF ME ON MY LEFT SIDE, THE OTHER DRIVER FLASHED HIS SIGNALLING LIGHTS ONCE AND IMMEDIATELY TRIED TO CUT INTO MY LANE. I DID NOT ENOUGH TIME TO REACT AND ENDED UP COLLIDING INTO THE REAR PORTION OF HIS VEHICLE. I SKIDDED AND ENDED UP ROLLING ON THE GROUND. AS I STILL FILLED WITH ADRENALINE FROM THE INCIDENT, I WAS QUITE PISSED OFF AT THE OTHER DRIVER AND PICKED UP THE FRAGMENTS OF THE BROKEN REAR SIGNAL LIGHTS AND THREW IT IN HIS DIRECTION, BUT NONE OF THE FRAGMENTS HIT HIM. AFTERWARDS THE PAIN HAD SET IN AND I ENDED UP SITTING ON THE GROUND, 2 OR 3 OTHER BIKERS CAME TO HELP ME OUT. LATER I WAS CONVEYED TO THE HOSPITAL. MY DAD COLLECTED THE PARTICULARS FROM THE OTHER DRIVER AS I WAS BEING CONVEYED TO THE HOSPITAL.

MY IO IN CHARGE IS IO MD NOOR EXT: 65476201

THAT IS ALL

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190830/2141

1 of 4

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

Report No. T/20190830/2141

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2019 16:28	Vide Report No.: L/20190827/0161	Station Diary No.:
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### Informant's Particulars

Name of Informant: DOMINIC KOH CHOON WAH			Address: APT BLK 658 WOODLANDS STREET 83 #02-224 SINGAPORE 730858		
ID Type / ID No.: NRIC NO / S9641625C			Contact No.: Home/Office: Mobile: 90128582		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 21/11/1996	Type of Informant: Rider		
Race:			Language:	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: 2B, 2A, 2, 3		Date of Expiry:

### General Information of the Accident

General Information on the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/08/2019 23:30	Type of Location:
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE(BKE) SLIP ROAD TOWARDS WOODLANDS AVE 2				
Weather: Clear		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance; Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FN4956X	Motorcycle	HONDA	RVF400R	White		0
SKF4366G	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FN4956X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72103210	29/06/2018	09/10/2019

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190830/2141

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

2 of 4

Report No: T/20190830/2141

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider's Car			
Name	DOMINIC KOH CHOON WAH	ID No.	S9641625C
Related Vehicle	FN4956X (Motorcycle)	Contact No.	90128582
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/08/2019	Date Discharge	30/08/2019
No. of Days granted Medical Leave	12	Degree of Injury	NIL
Name			
TAN BOON WEE ALVIN	ID No.	S9326486Z	
Related Vehicle	SKF4388G (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.

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Police Report



**SINGAPORE  
POLICE FORCE**



T/20190830/2141

9 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190830/2141

CONTINUATION OF REPORT

1

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190830/2141

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

4 of 4

Report No. T/20190830/2141

### 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 /  
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
30/08/2019 16:28

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature