

## 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	07/10/2019 17:37
Date Of Accident	06/10/2019 18:00
Exact Location Of Accident	CARPARK ENTRANCE OF BEDOK NORTH DR(GANTRY AREA)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX8266A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HOCK GUAN
NRIC No	S1709498Z
Email Address	YAYABABA2018@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84978133
Alternative Phone No	OTHERS-84978133

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T110Z-111CC (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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/19-400167-CA
Cover Note Number	

### Driver

Name of Driver	TAN HOCK GUAN
NRIC No	S1709498Z
Date Of Birth	08/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1992
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84978133
Fax Number	
Contact Number	OTHERS-84978133
Email Address	YAYABABA2018@GMAIL.COM

Address	BLK 827A TAMPINES STREET 81 #10-366
Postcode	521827
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?	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	CHANGI N.P.C
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLUCE REPORT T/20191006/2130

#### 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	SHF445Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	TAN HOCK GUAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX8266A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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:

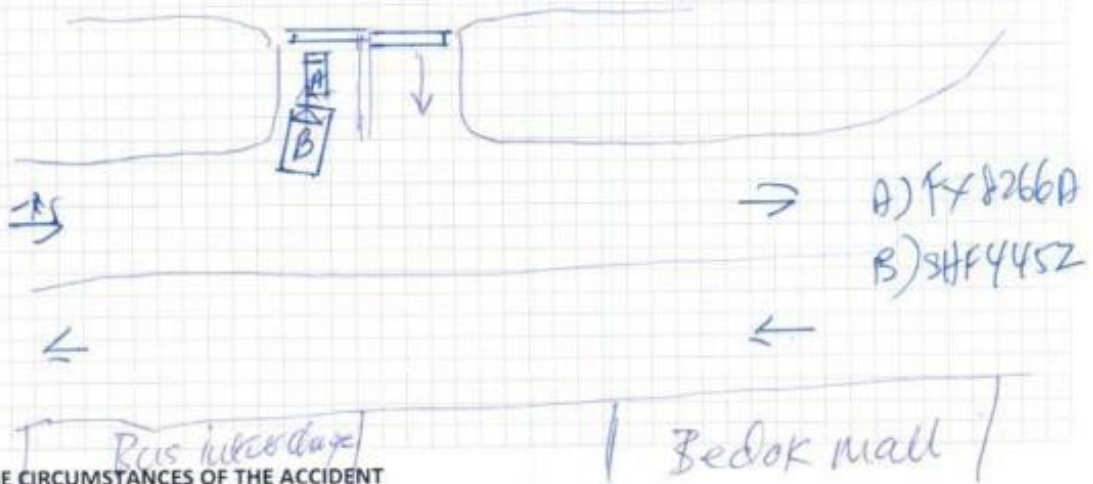
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN

Blk 201 - 202 CAR PARK ENTRANCE OF BEDOK NORTH



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QIS Referral to Police Report  
7/2019/1006/2/30

## 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/20191006/2130

1 of 3

Report No. T/20191006/2130

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2019 22:35	Vide Report No.:	Station Diary No.: 83
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Informant's Particulars			
Name of Informant: TAN HOCK GUAN		Address: APT BLK 827A TAMPINES STREET 81 #10-366 SINGAPORE 521827	
ID Type / ID No.: NRIC NO / S1709498Z		Contact No.: Home/Office: Mobile: 8497 8133	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 08/04/1965	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB FOOD DELIVERYMAN		Driving Licence Information: Class: 2B, 2A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/10/2019 18:00	Type of Location: Carpark entrance (gantry)
Location: Along Road 1 BEDOK NORTH DRIVE				
At the carpark entrance (gantry area) of Blk 202 Bedok North Drive.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving vehicle against stationary vehicle			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX8266A	Motorcycle	YAMAHA	T110Z	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX8266A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19400167	30/08/2019	29/08/2020

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191006/2130

Police Station Of Origin:  
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Tel No: 1800-5872999

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Report No. T/20191006/2130

### CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	TAN HOCK GUAN	ID No.	S1709498Z
Related Vehicle	FX8266A (Motorcycle)	Contact No.	8497 8133
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	06/10/2019	Date Discharge	06/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

#### Brief Details.

On 06/10/2019 at about 1800hrs, I was at the gantry entrance near Blk 202 Bedok North Drive. I had intended to park my motorcycle at the said vicinity as nearest to Bedok Mall where I wanted to collect food order. While waiting for the barricade gantry to open, I was stationary and had applied my brakes. Just then, I felt a hard hit from the back of my motorcycle. The impact was so hard that it caused a whiplash effect. What made it worse was that I had my applied my brakes. Apparently, the front portion of a red coloured Transcab taxi had collided onto my rear motorcycle tyre.

I dismounted from my motorbike and felt a sharp pain on my lower back and left arm. I decided to call for the police. At the same time, I requested to activate the ambulance. While waiting for ambulance and police arrival, I did not remove my motorbike from the gantry. However, the taxi driver removed his taxi from where it initially was.

Subsequently, the ambulance came and attended to my injuries. They informed that I needed to be conveyed to Changi General Hospital (CGH). Just before I was conveyed, Traffic Police officer came and interviewed me on the accident. The officer further mentioned that my motorcycle will be towed to Traffic Police Headquarters. After which, I left in the ambulance.

After arriving at CGH, I underwent x-ray. However, I was advised to be admitted as they needed to do further scans on the back of neck. However, I insisted that I want to lodge a police report first. Hence, I will be proceeding back to CGH once I have lodged my traffic accident report.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191006/2130

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20191006/2130

### 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:

G /

Staff Sgt MUZAINAH BINTE LATIFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/10/2019 22:35

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

