

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	06/11/2019 11:33
Date Of Accident	19/10/2019 12:25
Exact Location Of Accident	SYED ALWI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3489C
Insured/Policyholder	
Name Of Registered Owner	GOH HAN HONG
NRIC No	S1519305J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93544848
Alternative Phone No	OFFICE-93544848

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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/19-999767-WTT
Cover Note Number	

Driver

Name of Driver	TAN CHYE HUAT
NRIC No	S1623858I
Date Of Birth	04/08/1963
Occupation	INDOOR
Date Of Driving Pass	22/10/1984
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93544848
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 335A SMITH ST #06-62
Postcode	051335
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191019/2057.

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	SGT4015T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DOMINIC GOH BOON LIAT
NRIC/Passport Number	S9025547I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN CHYE HUAT
Approximate Age	
Injuries Sustain	LEFT & RIGHT SHOULDER & RIGHT LEG
Injured person in which vehicle?	FBJ3489C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Common Statement

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

A = FBJ 3489 C
B = SGT 4015 T

Syed Alwi Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/201910/9 / 2057

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/20191019/2057

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20191019/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2019 13:46	Vide Report No.:	Station Diary No.: 69
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Informant's Particulars

Name of Informant: TAN CHYE HUAT	Address: APT BLK 335A SMITH STREET #06-62 SINGAPORE 051335		
ID Type / ID No.: NRIC NO / S16238581	Contact No.: Home/Office: Mobile: 9354 4848		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 56	Date of Birth: 04/08/1963	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: Transport Officer	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 19/10/2019 12:25	Type of Location: Straight Road
Location: Along Road 1 SYED ALWI ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBJ3489C	Motorcycle				Slightly Damaged	0
SGT4015T	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191019/2057

Police Station Of Origin:
Rocher N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20191019/2057

CONTINUATION OF REPORT

Rider			
Name	TAN CHYE HUAT		ID No. S1623858I
Related Vehicle	FBJ3489C (Motorcycle)		Contact No. 9354 4848
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	DOMINIC GOH BOON LIAT		ID No. S9025547I
Related Vehicle	SGT4015T (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 am riding a motorcycle bearing plate no. FBJ3489C.

On 19/10/2019 at about 1225hrs, my motorcycle was stationary along Syed Alwi Road (facing Jalan Besar). At that point in time, I mounted my motorcycle and wanted to make a U-turn to head towards Jalan Sultan.

Before I made the U-turn, I checked my blindspot and noticed that there was a blue car (bearing plate no. SGT 4015 T) which was very far away from me. I then proceeded to make my U-turn and before anything, I ended up on the road, which implied that the said car had banged into me.

The driver got out of his car and began scolding me, telling me that I should not ride my motorcycle. We then got into a dispute and he mentioned that he had an in-car camera and told me that he would claim for damages against me. I then told him that I would make a Police report. I sustained injuries on my left shoulder and left leg due to this accident. The driver claimed he was travelling at 20km/r however I suspected he was speeding.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191019/2057

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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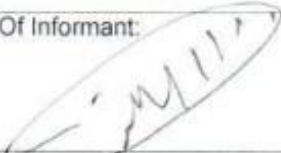
Report No. T/20191019/2057

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: A / Sgt 2 MUHAMMAD ALIF ABDULLAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2019 13:46
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



Accident Photo

