

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	11/11/2019 09:09
Date Of Accident	08/11/2019 14:30
Exact Location Of Accident	SIN MING RD TWDS SIN MING DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7950X
Insured/Policyholder	
Name Of Registered Owner	LIM SIONG INN
NRIC No	S2757108E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90683122
Alternative Phone No	OFFICE-90683122

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER 135 MANUAL
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/19-997957-WTT
Cover Note Number	

Driver

Name of Driver	LIM CHIN LOONG
Passport No/FIN	G7546876N
Date Of Birth	16/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2006
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96579511
Fax Number	
Contact Number	OFFICE-96579511
Email Address	NOEMAIL

Address	BLK 34 CIRCUIT ROAD #04-386
Postcode	370034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191108/2122.

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	SJA4394M
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	LIM CHIN LOONG
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	FBH7950X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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)**

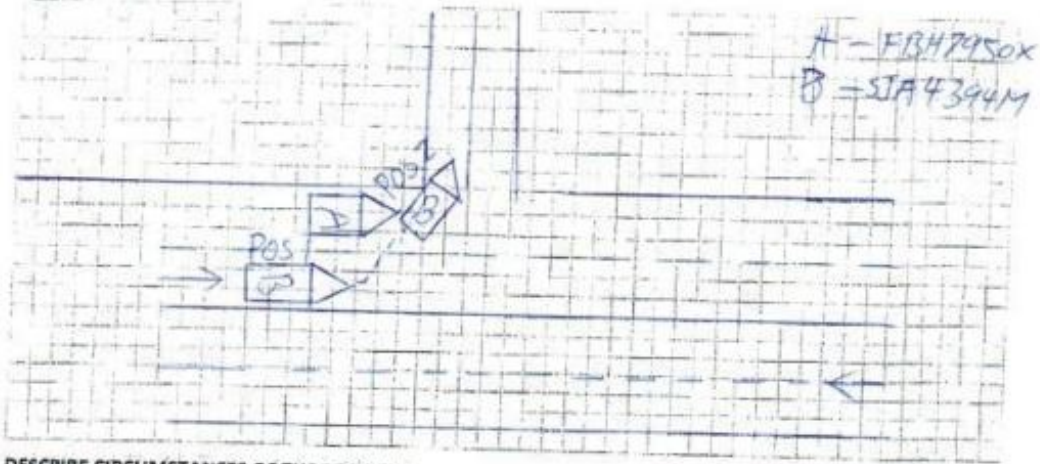
I understand, acknowledge, agree and consent that:

 - (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.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER POLICE REPORT -

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/20191108/2122

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
509929
Tel No: 1800-4519999

Report No: T/20191108/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2019 17:25	Vide Report No.:	Station Diary No: 114
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Informant's Particulars

Name of Informant: LIM CHIN LOONG		Address: APT BLK 72 CIRCUIT ROAD #03-11 SINGAPORE 370072	
ID Type / ID No: FIN NO / G7546876N		Contact No: Home/Office: Mobile: 96579511	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 32	Date of Birth: 18/12/1986	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Other commercial and marketing sales representatives		Driving Licence Information: Class: 2B.3.3C Date of Expiry: 03/04/2021	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2019 14:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SIN MING ROAD SIN MING DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBH7950X	Motorcycle	YAMAHA		Black	Slightly Damaged	0
SJA4394M	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20191108/2122

2 of 3

Report No: T/20191108/2122





CONTINUATION OF REPORT

Rider		ID No.	
Name	LIM CHIN LOONG		G7546876N
Related Vehicle		Contact No.	
FBH7950X (Motorcycle)		96579511	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
INTEMEDICAL 24 HR CLINIC		Class: 2B,3,3C Date of Expiry: 03/04/2021	
Date Treatment		Date Discharge	
08/11/2019		08/11/2019	
No. of Days granted Medical Leave		Degree of Injury	
07		Slight	
Driver		ID No.	
Name	Chan swee meng		S7523726Z
Related Vehicle		Contact No.	
SJA4394M (Car)		90021531	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		Class: NIL Date of Expiry: NIL	
Date Treatment		Date Discharge	
NIL		NIL	
No. of Days granted Medical Leave		Degree of Injury	
NIL		NIL	

Brief Details.

On 08/11/2019 at about 1430 hours, I was travelling along Sin Ming Road towards Sin Ming Drive on the left lane of 2 lane road. I was riding beside an unknown dark colored car. Subsequently reaching to a nearby Sin Ming Road Blk 24, the said car did not signal left and made the left turn without checking his blind spot. His left front portion of vehicle collided onto my right front portion on my motorcycle. I fell towards the right. The car stopped, subsequently moved off into Blk 24 open space carpark. He parked his vehicle and walked towards me. He asked me how I want to settle this case. We went to the police station nearby and the officer advised us to claim insurance. Subsequently, he said just go for medical and lodged a police report. My colleague came and he admitted that he collided onto my vehicle. We have a recording of his admission. He gave me his particulars and his car's plate number SJA4394M and we both left. I went to Intemedical 24Hr Clinic and was given 7 days MC from 08/11/2019 to 14/11/2019. I have no witness and no camera with me.

Police Report

		SINGAPORE POLICE FORCE			
Police Station Of Origin Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999				T/20191106/2122 3 of 3 Report No: T/20191106/2122	
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 <u>report number</u> as reference.					
Signature Of Officer Recording The Report: F / Sgt 3 ZULAIKHA BINTE MOHAMED NASIR			Signature Of Informant: 		
Signature Of Interpreter: Not applicable			Date/Time: 08/11/2019 17:26		
Officer In Charge Of Case TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No: 65476204			Classification Of Case: SN 085		
Authentication Stamp NP168			 Singapore Police Force		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5663500296 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119148621 Vehicle Registration No: FBH7950X
Name (as shown in NRIC) : LIM SIONG INN NRIC/FIN/Passport No : S2757108E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 90683122
Email Address : _____
Date of Accident : 08/11/2019 Time of Accident : 14:30
Place of Accident : SIN MING RD TWDS SIN MING DR
Insurance Company : MSIG Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend relationship with owner & driver - children

Policyholder / Driver's Signature
Date:



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