

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	20/12/2019 14:51
Date Of Accident	20/12/2019 08:15
Exact Location Of Accident	ALONG AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6483H
Insured/Policyholder	
Name Of Registered Owner	LUM JUN LIANG,KENNETH
NRIC No	SXXXX520C
Email Address	KEN.LUM93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91522707
Alternative Phone No	OTHERS-91522707

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER
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	REPORTING ONLY
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/19-998050-WTT
Cover Note Number	

Driver

Name of Driver	LUM JUN LIANG,KENNETH
NRIC No	SXXXX520C
Date Of Birth	20/07/1993
Occupation	INDOOR
Date Of Driving Pass	27/06/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91522707
Fax Number	
Contact Number	OTHERS-91522707
EEmail Address	KEN.LUM93@GMAIL.COM

Address	BLK 22 GHIM MOH LINK #35-202
Postcode	271022
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?	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	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:D/20191220/7007

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	SHC1449Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN NAM YAK
NRIC/Passport Number	SXXXX315Z
Contact Number	98638686
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LUM JUN LIANG,KENNETH

Approximate Age

Injuries Sustain RIGHT ARM

Injured person in which vehicle? FBM6483H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



D/20191220/7007

1 of 2

POLICE REPORT (NP299)

Report No. D/20191220/7007

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 20/12/2019 11:30	Vide Report No.	Station Diary No.
Name Of Informant LUM JUN LIANG, KENNETH	Address APT BLK 22 GHIM MOH LINK #35-202 SINGAPORE 271022	
ID Type / ID No. NRIC NO / S9326520C	Contact No. Home/Office:	Mobile: 91522707
Nationality SINGAPORE CITIZEN	Email Address ken.lum93@gmail.com	
Occupation Energy manager	Sex Male	Age 26
Institution/School Name	Date of Birth 20/07/1993	Race Chinese
Date/Time Of Incident 20/12/2019 08:15 - 20/12/2019 08:30	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

I collided into a taxi while riding on my motorcycle on the AYE along Clementi. Details were exchanged and photos were taken of incident. Emas recovery and LTA officer (or certis officer, im not sure) arrived. I was riding on lane 1 of the expressway, taxi in front of me braked suddenly and i couldn't stop in time to avoid collision. Taxi driver and passenger was fine. I had minor surface injury on my right arm and no one else was hurt from the incident.

Subjects Involved

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2019 11:30
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



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**



Dr20191220/7007

1 of 2

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Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

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Name Of Informant LUM JUN LIANG, KENNETH	Address APT BLK 22 GHIM MOH LINK #35-202 SINGAPORE 271022	
ID Type / ID No. NRIC NO / S8326520C	Contact No. Home/Office:	Mobile: 91522707
Nationality SINGAPORE CITIZEN	Email Address ken.lum93@gmail.com	
Occupation Energy manager	Sex Male	Age 26
Institution/School Name	Date of Birth 20/07/1993	Race Chinese
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Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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Date/Time:

20/12/2019 11:30

Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



D/2019/1220/7007

2 of 2

POLICE REPORT (NP209)

CONTINUATION OF REPORT

Report No. D/2019/1220/7007

Victim			
Person Name	LUM JUN LIANG, KENNETH		
ID Type	NRIC NO	ID No	S9328520C
Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	Energy manager	Address Type	
Address	APT BLK 22 GHIM MOH LINK #35-202 SINGAPORE 271022	Mobile No	91522707
Is Informant A Victim?	Yes		
Person Name	LUM JUN LIANG, KENNETH (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

20/12/2019 11:30

Classification Of Case: