

## 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	08/01/2020 10:50
Date Of Accident	30/12/2019 19:30
Exact Location Of Accident	PAYA LEBAR RD TWDS AIRPORT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY4458J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY WEN KHANG
NRIC No	SXXXX799A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84848460
Alternative Phone No	OFFICE-84848460

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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	MSD/VMT/19-403764-CA
Cover Note Number	

### Driver

Name of Driver	TAY WEN KHANG (ZHENG WENKANG)
NRIC No	SXXXX799A
Date Of Birth	03/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2001
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84848460
Fax Number	
Contact Number	OFFICE-84848460
Email Address	NOEMAIL

Address	BLK 659 JALAN DAMAI #06-61
Postcode	410669
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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20191231/7013.

#### 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	SMH9008Z
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	TAY WEN KHANG (ZHENG WENKANG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FY4458J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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

Paya Lebar Rd. Toward Airport Rd.

A) FY 4458J

B) SMH 9008Z



## SKETCH PLAN

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report T/20191231/7013

## 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 Personnels Signature  
Name:  
NRIC/FIN No.:

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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191231/7013

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

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Report No. T/20191231/7013

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2019 14:01	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: TAY WEN KHANG			Address: APT BLK 669 JALAN DAMAI #06-61 SINGAPORE 410669		
ID Type / ID No.: NRIC NO / S8026799A			Contact No.: Home/Office: Mobile: 84848460		
Nationality: SINGAPORE CITIZEN			Email: victorwong18369@gmail.com		
Sex: Male	Age: 39	Date of Birth: 03/09/1980	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Grab food			Driving Licence Information: Class:	Date of Expiry:	

### General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/12/2019 19:30	Type of Location: Straight Road
Location:  Paya Lebar Road Towards Airport Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY4458J	Motorcycle	YAMAHA	RXZ	Blue		0
SMH9008Z	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY4458J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19403764	23/09/2019	22/09/2020



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191231/7013

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

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Report No. T/20191231/7013

### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAY WEN KHANG	ID No.	S8026799A
Related Vehicle	FY4458J (Motorcycle)	Contact No.	84848460
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/12/2019	Date Discharge	31/12/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

#### Brief Details.

I was travelling straight on the 3rd lane on Paya Lebar Road towards airport road on my motorcycle (FY4458J). I was on the way to complete my last grab food order before heading home. While I was going straight, suddenly out of no where, vehicle (SMH9008Z) cut abruptly from the 4th lane to the 3rd lane without signalling. I immediately emergency braked but to no avail and collided into the front right side portion of his vehicle. I fell and skidded all the way to the second lane.

My legs and arms were in serious pain. Shortly the ambulance came and I was conveyed to Tan Tock Seng hospital to receive treatment. I was given 7 days hospitalization leave.

## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20191231/7013

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Report No. T/20191231/7013

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

Authentication Stamp  
NP168

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

Date/Time:  
31/12/2019 14:01

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo

