

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	18/02/2020 15:36
Date Of Accident	10/02/2020 00:00
Exact Location Of Accident	JUNC UPP SERANGOON RD & HOUGANG AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8463C
Insured/Policyholder	
Name Of Registered Owner	TAN YEE LING
NRIC No	SXXXX256Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96939429
Alternative Phone No	OFFICE-96939429

Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155 ABS
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/19-502106-WTT
Cover Note Number	

Driver

Name of Driver	TAN YEE LING
NRIC No	SXXXX256Z
Date Of Birth	22/11/1985
Occupation	INDOOR
Date Of Driving Pass	23/12/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96939429
Fax Number	
Contact Number	OFFICE-96939429
Email Address	NOEMAIL

Address	BLK 328 HOUGANG AVENUE 5 #09-204
Postcode	530328
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 - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: : HAZEL ANG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200210/2158.

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	SBM2551X
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 TAN YEE LING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBM8463C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HAZEL ANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBM8463C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

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



Vech A: FBM 8463C
Vech B: SBM 2551X


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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/20200210/2158

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No: T/20200210/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2020 21:32	Vide Report No.: F/20200210/0002	Station Diary No.: 174
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Informant's Particulars

Name of Informant: TAN YEE LING			Address: APT BLK 328 HOUGANG AVENUE 5 #09-204 SINGAPORE 530328	
ID Type / ID No.: NRIC NO / S8538256Z			Contact No.: Home/Office: Mobile: 96939429	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 34	Date of Birth: 22/11/1985	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: BANK			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/02/2020 00:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD HOUGANG AVENUE 8				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
FBM8463C	Motorcycle	YAMAHA	NMAX155 ABS	Blue	Slightly Damaged	1
SBM2551X	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8463C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60846680	18/04/2019	17/04/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200210/2158

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No: T/20200210/2158

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	HAZEL ANG	ID No.	S9415149Z
Related Vehicle	FBM8463C (Motorcycle)	Contact No.	96990194
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	Slight
Rider			
Name	TAN YEE LING	ID No.	S8538256Z
Related Vehicle	FBM8463C (Motorcycle)	Contact No.	96939429
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	10/02/2020	Date Discharge	10/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KELVIN	ID No.	NIL
Related Vehicle	SBM2551X (Car)	Contact No.	81869232
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.

On 10/02/2020 at about midnight, I was riding my motorcycle on the left lane (FBM8463C) with my friend as a pillion along Upper serangoon road. When I was approaching the junction between upper serangoon road and hougang avenue 8, I noticed that a white car (SBM2551X) positioned his car at the pocket lane turning towards hougang avenue 8. I sounded my horn and proceeded to go straight as the traffic light was green and was in my favour. Suddenly, when I was in the yellow box proceeding straight, I felt an impact coming from the right and causes me and my friend to fall from the motorcycle.

I landed on the windscreen of the car before falling to the ground. I then realized that my friend was

Police Report



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Report No. T/20200210/2158

CONTINUATION OF REPORT

already on the ground, Ambulance came shortly and conveyed me and my friend to Sengkang General Hospital. I was given 3 days of MC vide EMD202016660. My friend is still hospitalized due to the accident. I wish to inform that it was drizzling at the point of time and the road was wet. I was informed to head to the police station to lodge a traffic accident report. That is all.

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

