

## 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             | 20/02/2020 09:41                                |
| Date Of Accident           | 15/02/2020 20:00                                |
| Exact Location Of Accident | VICINITY OF NO 16 TAMAN PULAI UTAMA JOHOR BAHRU |
| Country/State of Loss      | MALAYSIA/JOHOR DARUL TAKZIM                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | FV5614J              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHAN KONG FONG       |
| NRIC No                     | SXXXX134H            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-92425243 |
| Alternative Phone No        | OTHERS-92425243      |

### Vehicle Particulars

|  |                  |
|--|------------------|
| Manufacturer   | HONDA            |
| Model  | WAVE 125-S-125CC |
| Exact Purpose for which vehicle was being used at time of accident           | BIKE WAS PARKED  |
| 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                          |
| Fleet Policy              | NO                                   |
| Policy Number             | MSD/VMT/19-404508-CA                 |
| Cover Note Number         |                                      |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | CHAN KONG FONG         |
| NRIC No              | SXXXX134H              |
| Date Of Birth        | 07/10/1966             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 25/03/1992             |
| Driving Experience   | 27 YEARS AND 10 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-92425243   |
| Fax Number           |                        |
| Contact Number       | OTHERS-92425243        |
| EEmail Address       | NOEMAIL                |

|   |  |
|---|--|
| Address   | NO;16 JLN PULAI 48 TAMAN PULAI UTAMA<br>SKUDAI JOHAO BAHRU |
| Postcode  | 81300  |
| 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 | -<br>-<br>-  |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-  |

#### General Information of the Accident

|                    |       |
|--------------------|-------|
| Type Of Accident   | THEFT |
| 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                         | 1   |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | NO  |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | YES |
| Number of Passengers (Including Driver)   | 0   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | RIVER VALLEY NEIGHBOURHOOD POLICE POST  |
| Police Station Address                    | <b>ROAD:</b> BLK 4 DELTA AVENUE , <b>POSTCODE:</b> 161004 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2789999 - <b>FAX NO:</b> 62786427                                 |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20200217/2069

#### Attachment(s)

|   |  |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera?   | NO   |
| Was there any audio recorded?                 | NO   |

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Policyholder's Signature

Date & Time: 19/02/2020

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT #20200217/2069  
K/PULAI/001065/20

*[A large diagonal line is drawn across the remaining lines of this section.]*

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 19/02/2020

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**



E/20200217/2069

1 of 2

## POLICE REPORT (NP299)

Report No. E/20200217/2069

Police Station Of Origin  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

|  |  |  |           |                             |                 |
|--|--|--|-----------|-----------------------------|-----------------|
| Date/Time Report Made<br>17/02/2020 16:22                    |  | Vide Report No.  |           | Station Diary No.<br>28     |                 |
| Name Of Informant<br>CHAN KONG FONG                          |  | Address<br>NO.16 JLN PULAI 48 TMN PULAI UTAMA 81300<br>SKUDAI JB JOHOR MALAYSIA          |           |                             |                 |
| ID Type / ID No.<br>NRIC NO / S2618134H                      |  | Contact No.<br>Home/Office<br>Mobile<br>92425243   |           |                             |                 |
| Nationality<br>MALAYSIAN                                     |  | Email Address  |           |                             |                 |
| Occupation<br>Advertising salesman                           |  | Sex<br>Male  | Age<br>53 | Date of Birth<br>07/10/1966 | Race<br>Chinese |
| Institution/School Name                                      |  | Language   |           |                             |                 |
| Date/Time Of Incident<br>15/02/2020 18:00 - 15/02/2020 20:00 |  | Location Of Incident<br>Vicinity of Taman Pulai Utama, Johor Bahru, Malaysia<br>MALAYSIA |           |                             |                 |

### Brief details.

On 15/02/2020 between 1800hrs to 2000hrs, I had parked my motorcycle (FV5614J) at the vicinity of my residential area in Johor Bahru. On the same day at about 2000hrs, I returned to my motorcycle and discovered it was no longer there. I had already made a police report in Malaysia, and I am lodging this report here for record purposes.

### Property Information

Signature Of Officer Recording The Report:  
E / Sr Staff Sgt MUHAMMAD KHAIRUL ANUAR BIN MOHAMAD SIS

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
Insp LIM PEI XUAN, AMANDA  
Contact No.: 63910000

Signature Of Informant:

Date/Time  
17/02/2020 16:22

Classification Of Case:

Authentication Stamp

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



E/20200217/2069

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200217/2069

| S/N | Item       | Type   | Brand/<br>Account/<br>Property/<br>Security-<br>Type | Make/<br>Model/<br>Bank/<br>Address/<br>Counter | Serial<br>No./<br>IMEI/<br>Acct No. | Quantity | Value | Description   |
|-----|------------|--------|--|---|-------------------------------------|----------|-------|---|
| 1   | Motorcycle | Stolen |  | Honda<br>Wave<br>125                            | FV5614J                             | 1        |       | One Blue<br>colour Honda<br>wave 125s<br>bearing<br>registration<br>number<br>FV5614J<br>stolen in Johor<br>Bahru |

Signature Of Officer Recording The Report:

E / Sr Staff Sgt MUHAMMAD KHAIRUL ANUAR BIN  
MOHAMAD SIS

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
Insp LIM PEI XUAN, AMANDA  
Contact No.: 63910000

Authentication Stamp

Signature Of Informant:

*[Handwritten Signature]*

Date/Time:  
17/02/2020 16:22

Classification Of Case:

POLICE REPORT



POLIS DIRAJA MALAYSIA  
REPOT POLIS

Balai : SKUDAI  
Daerah : J/BAHRU UTARA  
Kontinjen : JOHOR  
No. Repot : KPULAI/001065/20  
Tarikh : 16/02/2020  
Waktu : 1259 PM  
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : SYARMILA BINTI SARKAWI  
No. Badan : R188626  
Pangkat : L/KPL

Butir-butir Jurubahasa (Jika Ada) :

Nama : ---  
No. K/P (Baru) : ---  
No. Polis/Tentera : ---  
No. Pasport : ---  
Bahasa Asal : ---  
Alamat : ---

Butir-butir Pengadu :

Nama : CHAN KONG FONG  
No. K/P (Baru) : 661007106173  
No. Polis/Tentera : A0608992  
No. Pasport : ---  
No. Sijil Beranak : ---  
Jantina : Lelaki  
Tarikh Lahir : 07/10/1966  
Umur : 53 Tahun 4 Bulan  
Keturunan : Cina  
Warganegara : Malaysia  
Pekerjaan : JURU JUAL  
Alamat Tinggal : NO 16 JALAN PULAI 48, TAMAN PULAI UTAMA 81300 JOHOR BAHRU JOHOR MALAYSIA  
Alamat IbuBapa : ---  
Alamat Pejabat : ---  
No. Tel (Rumah) : ---  
No. Tel (Pejabat) : ---  
No. Tel (Bimbit) : 012-2116662  
Emel : ---

Pengadu Menyatakan :

PADA 15/02/2020 JAM LEBIH KURANG 1800HRS SAYA TELAH MELETAKKAN M/SIKAL MILIK SAYA NO PENDAFTARAN FV5614J DALAM KEADAAN BAIK DAN BERKUNCI. JAM LEBIH KURANG 2000HRS SAYA DATANG SEMULA DAPATI M/SIKAL MILIK SAYA TELAH TIADA. PUAS SAYA Mencari di mana-mana tetapi tidak JUMPA.

BUTIR-BUTIR KENDERAAN SAYA IALAH:-

NO PENDAFTARAN : FV5614J  
NO ENJIN : NF125MDE0028494  
NO CHASIS : NF125MD0028494

SAYA DATANG BALAI BUAT LAPORAN UNTUK TINDAKAN SELANJUTNYA. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

Salinan Repot Pertama

