

## 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	27/03/2020 18:16
Date Of Accident	27/03/2020 15:30
Exact Location Of Accident	NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD2320T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG YEOW KOON, ALEX
NRIC No	SXXXX823A
Email Address	ALEXCYK82@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94503470
Alternative Phone No	OFFICE-94503470

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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/19-399900-CA
Cover Note Number	

### Driver

Name of Driver	CHONG YEOW KOON, ALEX
NRIC No	SXXXX823A
Date Of Birth	05/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2015
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94503470
Fax Number	
Contact Number	OFFICE-94503470
Email Address	ALEXCYK82@GMAIL.COM

Address	BLK 452A SENGKANG WEST WAY #07-387 SINGAPORE 791452
Postcode	791452
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE STATEMENT.

#### 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	SHC7311X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PHILIP
NRIC/Passport Number	
Contact Number	91729922
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHONG YEOW KOON, ALEX
Approximate Age	
Injuries Sustain	HAND AND BODY ACHE
Injured person in which vehicle?	FBD2320T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

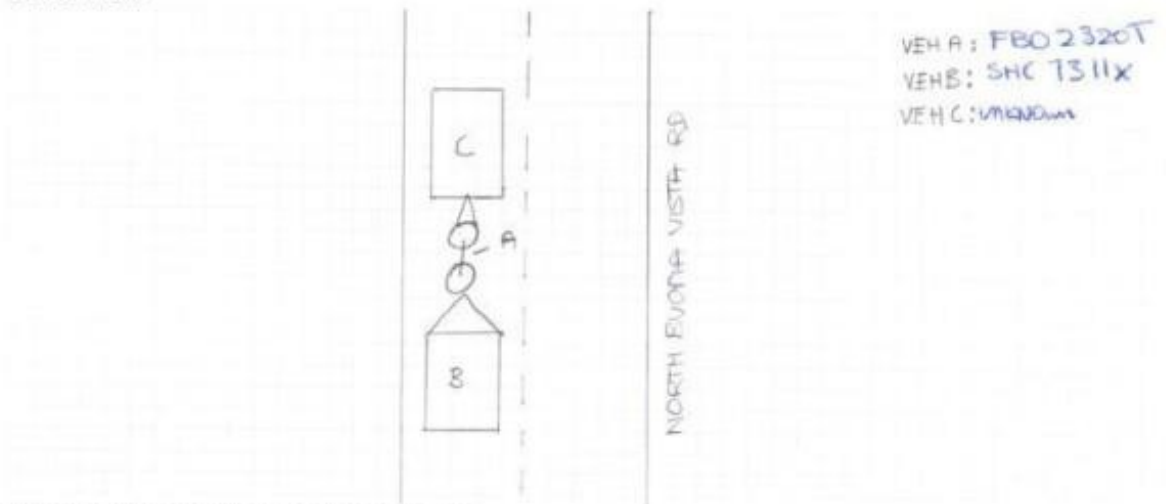
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Station 7  
Report No. T/20200327/2093

### 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/20200327/2093

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 4

Report No. T/20200327/2093

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2020 17:28		Vide Report No.:		Station Diary No.: 75
<b>Informant's Particulars</b>				
Name of Informant: CHONG YEOW KOON, ALEX		Address: APT BLK 452A SENGKANG WEST WAY #07-387 SINGAPORE 791452		
ID Type / ID No.: NRIC NO / S8240823A		Contact No.: Home/Office: Mobile: 94503470		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 37	Date of Birth: 05/12/1982	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: ENGINEER		Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2020 15:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 NORTH BUONA VISTA ROAD HOLLAND ROAD After Blk 18 Holland Drive MSCP				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD2320T	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Red	Seriously Damaged	0
SHC7311X	Car	HYUNDAI		Yellow	Slightly Damaged	1
SMF5802J	Car	BMW		White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



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T/20200327/2093

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Tel No: 1800-4719999

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Report No. T/20200327/2093

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD2320T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72178720	11/06/2019	10/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	CHONG YEOW KOON, ALEX		ID No.	S8240823A
Related Vehicle	FBD2320T (Motorcycle)		Contact No.	94503470
Hospital/Clinic	SHALOM CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/03/2020		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	Philip		ID No.	NIL
Related Vehicle	SHC7311X (Car)		Contact No.	91729922
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
Driver				
Name	Alvin Lee		ID No.	NIL
Related Vehicle	SMF5802J (Car)		Contact No.	92326856
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

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200327/2093

Police Station Of Origin:  
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Report No. T/20200327/2093

### CONTINUATION OF REPORT

#### **Brief Details.**

On 27/03/2020, at 1530hrs, I was driving my motorcycle (license plate number: FBD2320T) along North Buona Vista Road. It was raining at the time and the road is wet. I then noticed that the BMW car (License plate number: SMF5802J) in front of me suddenly stopped. So I hit my brakes and managed to stop in time. However, the comfort delgro taxi (SHC7311X) behind me failed to brake in time. Although his taxi slowed down but he still hit onto the rear of my motorcycle. My motorcycle then surge forward and hit the rear of the BMW in front of me. I fell down after I hit the BMW.

No ambulance or police was called. The drivers of the car and taxi then got out to assist me. I sustain multiple abrasions to my right wrist, right forearm, right calf and right shin.

The BMW is dented inwards at the rear frame below the car plate. My motorcycle exhaust pipe is bent, right frame scratched, rear mudguard bent inwards, steering slightly misaligned. The taxi front frame around the car logo is dented and cracked. The taxi front bonnet and front left wheel frame is slightly cracked.

The drivers then passed me their names and phone numbers. I then ride to the medical clinic to see a doctor. I was given a 5 days MC for my multiple abrasions. MC number: 0000075814.



POLICE REPORT



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POLICE FORCE



T/20200327/2093

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Report No. T/20200327/2093

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 report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 TAN HONG CHI, SEAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2020 17:28

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

利民診所

**Shalom Clinic + Surgery****Shalom Clinic + Surgery**Alexandra Village  
Blk 123 Bukit Merah Lane 1  
#01-104 Singapore 150123  
Tel: 6278 0270 Fax: 6278 4215Alexandra Village  
Blk 123, #01-104  
Bukit Merah Lane 1  
Singapore 150123  
Tel: 6278 0270  
Fax: 6278 4215**MEDICAL CERTIFICATE**

Number: 0000075814

Date: 27-Mar-2020

This is to certify that the following patient:

Name: CHONG YEOW KOON ALEX NRIC: 58249823A

is UNFIT FOR DUTY for 5 days  
from 27/03/2020 to 31/03/2020 inclusive**DR. LAWRENCE SOH**  
MA, MBBS, MSc(OM), FAMS  
MCR: M02810G

RTA = Multiple Abrasions

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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