

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	01/04/2020 10:17
Date Of Accident	27/03/2020 15:15
Exact Location Of Accident	WOODLANDS INDUSTRIAL PK E9 & E6 X-JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FE1013J
Insured/Policyholder	
Name Of Registered Owner	WONG REN JIE
NRIC No	S8472488B
Email Address	MAIRENJIE84@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85717287
Alternative Phone No	OFFICE-85717287

Vehicle Particulars

Manufacturer	YAMAHA
Model	XMAX 300-292CC
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/19-406221-CA
Cover Note Number	

Driver

Name of Driver	WONG REN JIE
NRIC No	S8472488B
Date Of Birth	17/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85717287
Fax Number	
Contact Number	OFFICE-85717287
Email Address	MAIRENJIE84@GMAIL.COM

Address	APT BLK 726 WOODLANDS CIRCLE #05-138 SINGAPORE
Postcode	730726
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	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SMP4083X
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	WONG REN JIE
Approximate Age	36
Injuries Sustain	REFER POLICE REPORT (2 DAYS MC)
Injured person in which vehicle?	FE1013J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 726 WOODLANDS CIRCLE #05-138 SINGAPORE
Postcode	730726

SKETCH PLAN

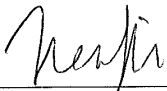
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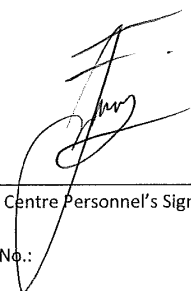
8. Consent under the Personal Data Protection Act (PDPA)

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.

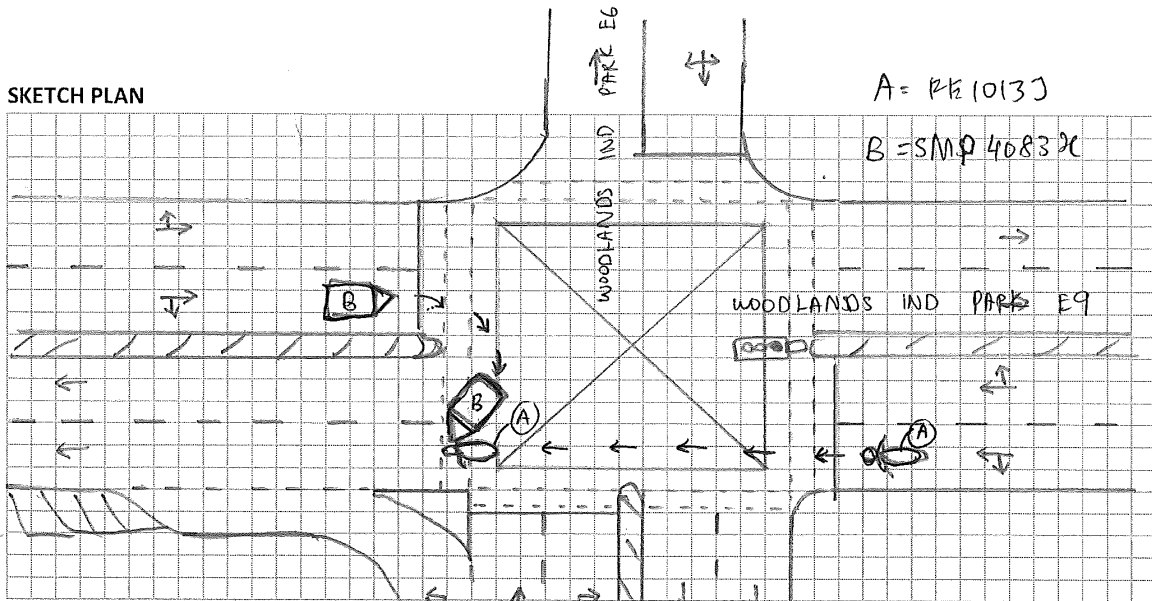

Policyholder's Signature
Date & Time: 31/8/2020
1120am

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was riding my bike, PE1013J, along Woodlands Industrial Park E9. At the cross junction between E6 & E9, traffic light was green, I was going straight. Audi, SMP 4083X, was at opposite traffic. Just as I crossed the junction, Audi made an abrupt U-turn, and head on with my bike, bike was knocked onto the pedestrian pavement at the junction, just beside industrial building, Premium 9. I was thrown a metre ahead of the traffic light. Ambulance was called, I was sent to KTP Hospital. TP arrived shortly and towed my bike to TRAFFIC Police Pound. I was given 2 days medical leave. The junction is a 2-lanes road, with no U-turn signboard.

- REFER POLICE REPORT -

DECLARATION

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

Policyholder's Signature
Date & Time: 31/3/2020 11.35am

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200331/2015

1 of 3

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

Report No. T/20200331/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2020 10:00		Vide Report No.: L/20200327/0121		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG REN JIE			Address: APT BLK 726 WOODLANDS CIRCLE #05-138 SINGAPORE 730726		
ID Type / ID No.: NRIC NO / S8472488B			Contact No.: Home/Office: Mobile: 85717287		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 17/01/1984	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: FREELANCER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2020 15:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS INDUSTRIAL PARK E9 WOODLANDS INDUSTRIAL PARK E6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FE1013J	Motorcycle	YAMAHA	CZD300A / XMAX300	Silver		0
SMP4083X	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20200331/2015

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

2 of

Report No. T/20200331/2015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FE1013J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19406221	17/11/2019	16/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG REN JIE		ID No. S8472488B
Related Vehicle	FE1013J (Motorcycle)		Contact No. 85717287
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/03/2020		Date Discharge 27/03/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

ON THE MENTIONED DATE TIME AND LOCATION,

I WAS HEADING STRAIGHT ON GREEN LIGHT AND IT IS JUST A 2 LANE AND NO U TURN SIGNAGE ALONG INDUSTRIAL PARK E9 WHEN ANOTHER VEHICLE MADE A UTURN. THEN HE COLLIDED INTO THE FRONT PORTION OF MY VEHICLE. THATS ALL



**SINGAPORE
POLICE FORCE**



T/20200331/2015

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200331/2015

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:

TP /

NURSADIY ZULFIKAR BIN SHAWAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

31/03/2020 10:00

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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