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 witholding 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	04/04/2020 09:35
Date Of Accident	03/04/2020 19:00
Exact Location Of Accident	JUNC OF SHAN RD TWDS THE MARQUE IRRAWADDY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX5174E
Insured/Policyholder	
Name Of Registered Owner	YEO KIAN SIN
NRIC No	SXXXX432Z
Email Address	ERICYEO15@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82228250
Alternative Phone No	OTHERS-82228250
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D 300116359 QMY
Cover Note Number	
Driver	
Name of Driver	YEO KIAN SIN
NRIC No	SXXXX432Z
Date Of Birth	10/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2002
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82228250
Fax Number	
Contact Number	OTHERS-82228250
EMail Address	ERICYEO15@GMAIL.COM

Address	BLK 513A YISHUN STREET 51 #11-385
Postcode	761513
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	SIDE SWIPE
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	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 231 LORONG 8 TOA PAYOH , **POSTCODE:** 310231 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2529999 - **FAX NO**: 63554311
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200403/2124

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	(CAN'T UPLOAD THE FILES TOO BIG)
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE6165T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WAN SHEFUDDIN BIN ABBAS
NRIC/Passport Number	SXXXX604A
Contact Number	87526441
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WAN SHEFUDDIN BIN ABBAS
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBE6165T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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**.
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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:

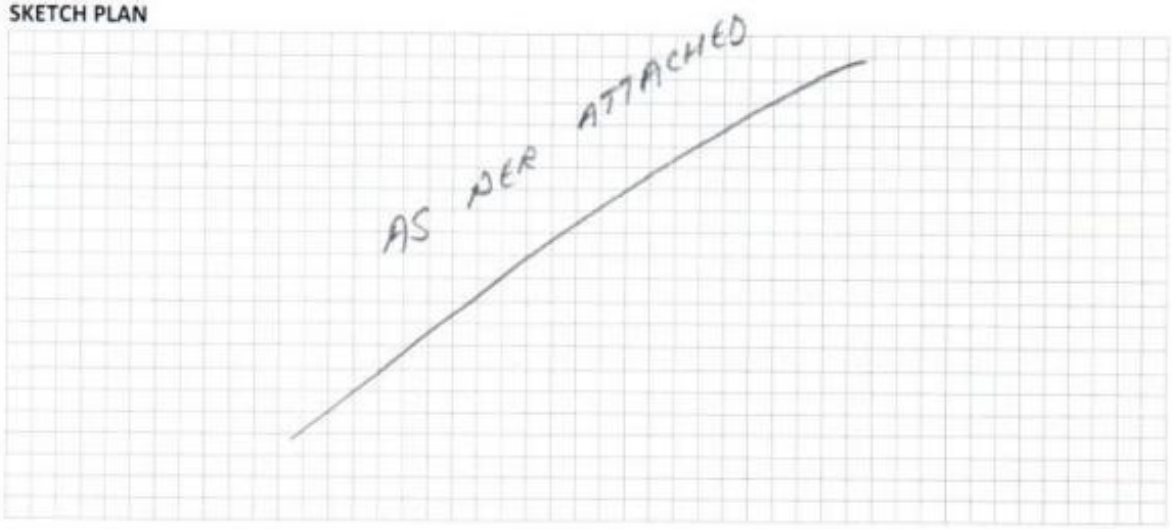
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

4/4/20		04/04/20
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Report Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20200403/2124

DECLARATION

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

Policyholder's Signature Date & Time: 1/4/20	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 04/04/20

Accident Sketch Plan

Google Maps 2 Shan Rd

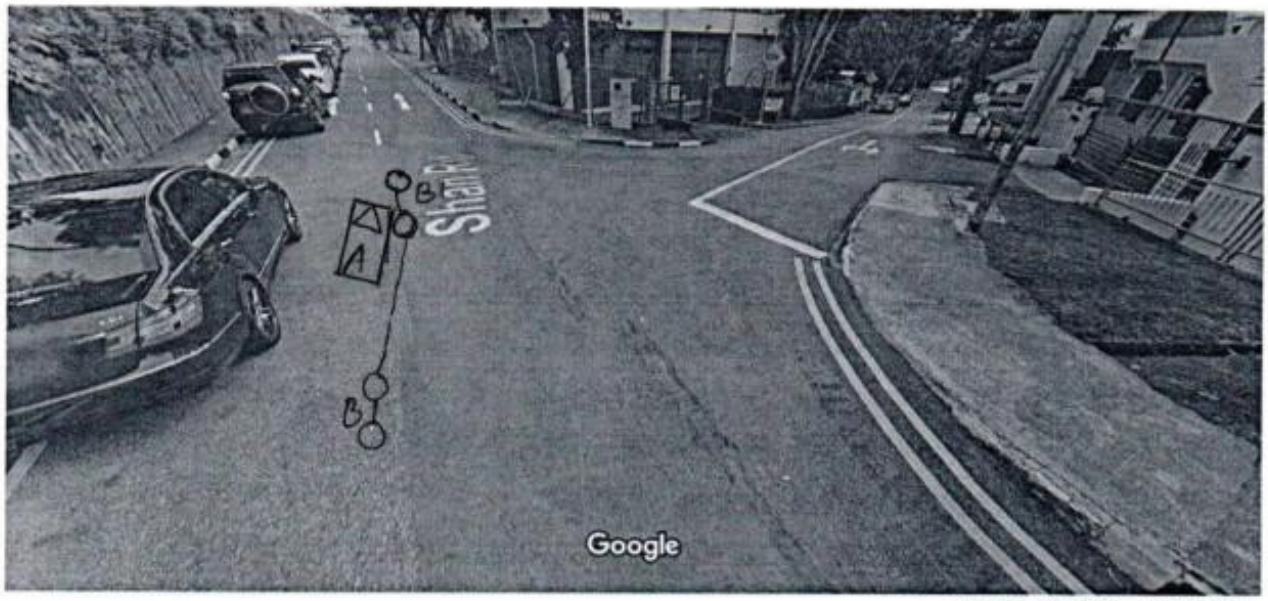


Image capture: Jul 2019 © 2020 Google

Singapore

Google

Street View

SINGAPORE POLICE FORCE

T/20200403/2124

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX5174E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300116359	23/04/2019	22/04/2020

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Name	Wan Shefuddin Bin Abbas		ID No.	S7315604A	
Related Vehicle	FBE6165T (Motorcycle)		Contact No.	87526441	
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	
Driver					
Name	YEO KIAN SIN		ID No.	S7912432Z	
Related Vehicle	SLX5174E (Car)		Contact No.	82228250	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL	

Brief Details.

On 03/04/2020 at about 1900hrs, I was driving my vehicle bearing the plate number SLX5174E along Shan road on the single vehicle lane. While I was about to turn into the Shan road (second Shan road) towards The Marque Irrawaddy, I slow down my vehicle and signal right.

While at the junction of Shan road and Shan road, I slowly turned my vehicle in. A motorcycle bearing the plate number FBE6165T suddenly came to my right side of my vehicle and tried to overtake me on the right side of my vehicle. As such, the motorcycle hit to the front right of my vehicle bumper.

I then came down from my vehicle to checked on the rider. The rider suffered some bruises on the leg. Prior ambulance arrival, we exchange particular. No government property were damaged. Ambulance was activated but I was unsure was the rider convey to the hospital as I had move off.

I wish to state that I had an in- car camera and the footage was recorded.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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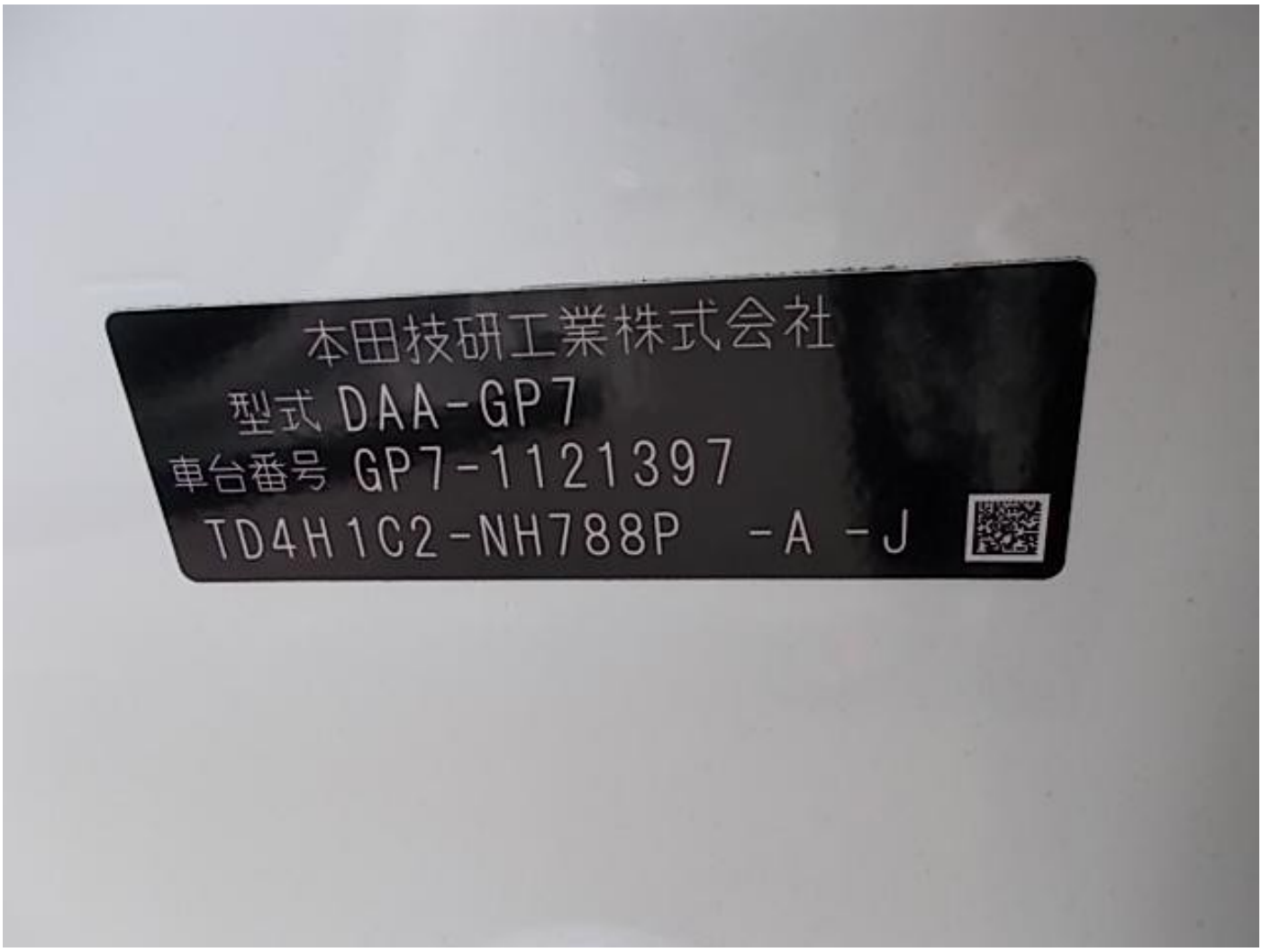

Police Report

SINGAPORE POLICE FORCE

T/20200403/2124

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-166
SINGAPORE 310231
Tel No: 1800-2529899

Report No. T/20200403/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
03/04/2020 22:32		48

Informant's Particulars

Name of Informant:			Address:	
YEO KIAN SIN			APT BLK 513A YISHUN STREET 51 #11-385 SINGAPORE 761513	
ID Type / ID No.:			Contact No.:	
NRIC NO / S7912432Z			Home/Office:	Mobile: 82228250
Nationality:			Email:	
SINGAPORE CITIZEN				
Sex:	Age:	Date of Birth:	Type of Informant:	
Male	40	10/05/1979	Driver	
Race:			Language:	Institution / School Name:
Chinese				
Occupation:			Driving Licence Information:	
Sales and marketing manager			Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Conveyed By Ambulance	No	03/04/2020 19:00	

Location:
Junction of Road 1 and Road 2
SHAN ROAD
SHAN ROAD
At the junction of Shan road and Shan road (towardsThe Marque Irrawaddy)

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8185T	Motorcycle	YAMAHA	YBR125	Blue	Slightly Damaged	0
SLX5174E	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/S2004032124

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX5174E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300116359	23/04/2019	22/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Wan Shefuddin Bin Abbas	ID No.	S7315604A
Related Vehicle	FBE6165T (Motorcycle)	Contact No.	87526441
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
Driver			
Name	YEO KIAN SIN	ID No.	S7912432Z
Related Vehicle	SLX5174E (Car)	Contact No.	82226250
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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I wish to state that I had an in- car camera and the footage was recorded.

SINGAPORE
POLICE FORCE

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

T/20200403/2124

Report No T/20200403/2124

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/2020040 3/2124

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

Report No: T/2020040 3/2124

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: E / Sgt 2 LEONG TONG BAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2020 22:32
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No : 65476206	Classification Of Case: SN 64
Authentication Stamp NP168	SIGNATURE

Addendum Sheet

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120039879 Vehicle Registration No: SLX5174E

Name(as shown in NRIC) : YEO KIAN SIN NRIC/FIN/Passport No : SXXXX432Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 82228250

Email Address :

Date of Accident : 03/04/2020 Time of Accident : 19:00

Place of Accident : JUNC OF SHAN RD TWDS THE MARQUE IRRAWADDY

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND REVERT FROM REPORTING TO THIRD PARTY CLAIMS.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 6/4/20.

GIARMC addendumform_V3