

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	04/11/2019 15:04
Date Of Accident	31/10/2019 20:00
Exact Location Of Accident	PAN ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU9909M
Insured/Policyholder	
Name Of Registered Owner	ONG HONG KIAT
NRIC No	S1735845F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93833956
Alternative Phone No	OTHERS-93833956

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM
Exact Purpose for which vehicle was being used at time of accident	
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/VMT/18391576
Cover Note Number	

Driver

Name of Driver	ONG HONG KIAT
NRIC No	S1735845F
Date Of Birth	01/12/1966
Occupation	INDOOR
Date Of Driving Pass	02/03/1990
Driving Experience	29 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93833956
Fax Number	
Contact Number	OTHERS-93833956
Email Address	NOEMAIL

Address	BLK 871C TAMPINES STREET 86 #14-46
Postcode	523871
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 - HEAD TO REAR
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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20191101/2084;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO GIVEN BY WITNESS
Was there any audio recorded?	NO

Details of Witness 1

Name	GABBY
Phone Number	98246583
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU4909A
Vehicle Make/Model/Colour	BLUECAR / BLUECAR
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLH3342J
Vehicle Make/Model/Colour NISSAN / QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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 ONG HONG KIAT
Approximate Age 52
Injuries Sustain
Injured person in which vehicle? FU9909M
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address BLK 871C TAMPINES STREET 86 #14-46
Postcode 523871

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:

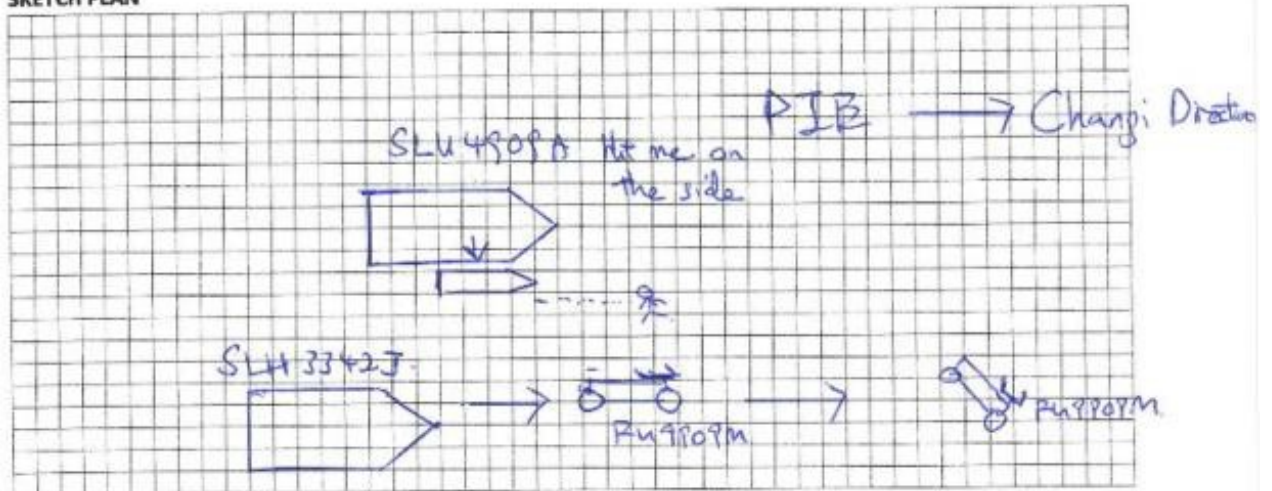
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

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

01 NOV 2019

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191101/2084

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4

Report No. T/20191101/2084 /

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2019 13:35		Vide Report No.: E/20191031/0111		Station Diary No.: 67	
Informant's Particulars					
Name of Informant: ONG HONG KIAT			Address: APT BLK 871C TAMPINES STREET 86 #14-46 SINGAPORE 523871		
ID Type / ID No.: NRIC NO / S1735845F			Contact No.: Home/Office: Mobile: 93833956		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 01/12/1966	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/10/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU9909M	Motorcycle	HONDA	PHANTOM	Blue	Seriously Damaged	0
SLH3342J	Car					0
SLU4909A	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Common Statement



**SINGAPORE
POLICE FORCE**



T/20191101/2084

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20191101/2084

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU9909M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18391576	01/12/2018	30/11/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG HONG KIAT		ID No. S1735845F
Related Vehicle	FU9909M (Motorcycle)		Contact No. 93833956
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	31/10/2019		Date Discharge 31/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 31/10/2019 at about 8:00pm, I was riding (V1: FU9909M) at PIE after the Eunos Flyover. The traffic was heavy. I was on the third lane and moving to the left. As I was moving, a vehicle (V2: SLU4909A) that was driving on the left lane from the slip road behind me was making a change to her right lane, suddenly hit me from my left side and the impact caused me to be thrown off my bike and skid on the road.

Another vehicle (V3: SLH3342J) that was driving on the second lane also hit onto my bike as it skid on the road due to the accident.

Subsequently, a witness (V3) that was driving behind me assisted me along with the other two involved vehicles. V3 also provided me with her in-vehicle camera which captured the incident.

I had injuries all over my body as open-wounds, cuts and bruises generally on my face, both my hands and palms, my knees and both my legs.

Traffic Police was at scene to assist. My motorbike has been towed my Traffic Police.

I was conveyed to Changi General Hospital and discharged with 5 days MC. I will be doing a follow-up for my injuries.

V2 informed me she lodged a police report E/20191031/0111.

Particulars of Persons Involved:

Witness - V3
Name: Gabby
HP: 98246583

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191101/2084

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Tel No: 1800-5871999

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Report No. T/20191101/2084

CONTINUATION OF REPORT

Driver of V2
Name: Juliana Binte Kamis
HP: 96899631

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191101/2084

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20191101/2084

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:

G /
Sgt 2 NURUL DIANA BINTE MOHAMAD
ROSLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/11/2019 13:35

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Classification Of Case:

Authentication Stamp
NP168




Accident Sketch Plan



ORIGINAL

MEDICAL CERTIFICATE

EMD2019215663

Name ONG HONG KIAT		NRIC No. S1735845F
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>01-Nov-2019</u> to <u>05-Nov-2019</u> inclusive.		
Type of medical leave granted:		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____	<input type="checkbox"/> Maternity Leave,	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave,	Operated on: _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments:		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic	Ward No.	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.
Emergency Medicine	CGH Accident & Emergency	 WILLIAM LOW TIONG KENG, 54206A
Changi General Hospital	Date 31-Oct-2019	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

