

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 | 08/05/2020 17:52 |
| Date Of Accident | 06/05/2020 18:55 |
| Exact Location Of Accident | JUNCTION OF RAFFLES QUAY AND CROSS STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | FBL2066K |
| Insured/Policyholder | |
| Name Of Registered Owner | EDWARD LEE SHIAO CHUAN |
| NRIC No | SXXXX094H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98072396 |
| Alternative Phone No | OTHERS-98072396 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|-------------------|
| Manufacturer | YAMAHA |
| Model | SNIPER T150-150CC |
| 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 |
| Fleet Policy | NO |
| Policy Number | MSD/VMT/19-401149-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | EDWARD LEE SHIAO CHUAN |
| NRIC No | SXXXX094H |
| Date Of Birth | 03/05/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/04/2014 |
| Driving Experience | 6 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98072396 |
| Fax Number | |
| Contact Number | OTHERS-98072396 |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|----------------------------------------|
| Address | BLK 120 GEYLANG EAST CENTRAL #05-62 |
| Postcode | 380120 |
| 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 - CHANGE/CROSS LANE |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : LEE YEN NEE (WIFE) GENDER: : FEMALE |

Details of Police Action

| | |
|-------------------------------------------|----------------------------------------------------------------------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | GEYLANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200508/2010

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 | SMG8701S |
| Vehicle Make/Model/Colour | MERCEDES |
| 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 EDWARD LEE SHIAO CHUAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBL2066K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LEE YEN NEE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBL2066K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

X



Policyholder's Signature
Date & Time:



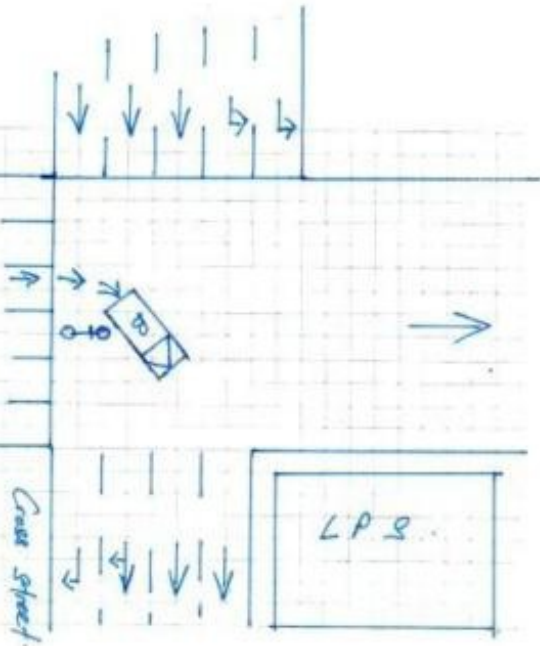
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

Raffles Quay.
(A) FBL 2066K
(B) SMG 87018.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report
No: 7/20200508/2010.

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 Person's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200508/2010

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 4
Report No: T/20200508/2010

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|-------------------------------------|--------------------------|
| Date/Time Report Made: 08/05/2020 11:28 | Vide Report No.: A/20200506/0101 | Station Diary No.: 17 |
|--------------------------------------------|-------------------------------------|--------------------------|

Informant's Particulars

| | | | |
|----------------------------------------------|-------------------------------------------------------------------------|------------------------------|-----------------------------|
| Name of Informant: EDWARD LEE SHIAO CHUAN | Address: APT BLK 120 GEYLANG EAST CENTRAL #05-62 SINGAPORE 380120 | | |
| ID Type / ID No.: NRIC NO / S8269094H | Contact No.: Home/Office: Mobile: 98072396 | | |
| Nationality: MALAYSIAN | Email: | | |
| Sex: Male | Age: 38 | Date of Birth: 03/05/1982 | Type of Informant: Rider |
| Race: Chinese | Language: English | | Institution / School Name: |
| Occupation: UNEMPLOYED | Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------|--------------------------------------------|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/05/2020 18:55 | Type of Location: Straight Road |
| Location: Junction of Road 1 and Road 2 RAFFLES QUAY CROSS STREET Raffles Quay Junction of Cross Street | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|---------------|-------------|-------|------------------|-----------------|
| FBL2066K | Motorcycle | YAMAHA | SNIPER T150 | Red | Slightly Damaged | 1 |
| SMG8701S | Car | MERCEDES BENZ | | Black | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Exp | Date |
|-------------|--------------------------------------|----------------|------------|------------|------|
| FBL2066K | MSIG INSURANCE (SINGAPORE) PTE. LTD. | MSDTMT19401149 | 14/07/2019 | 13/07/2020 | |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200508/2010

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No: T/20200508/2010

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------------------|----------------------------------------|-----------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | EDWARD LEE SHIAO CHUAN | ID No. | S8269094H |
| Related Vehicle | FBL2066K (Motorcycle) | Contact No. | 98072396 |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 07/05/2020 | Date Discharge | 07/05/2020 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight |
| Pillion | | | |
| Name | LIM YEN NEE | ID No. | G6917774W |
| Related Vehicle | FBL2066K (Motorcycle) | Contact No. | 97823939 |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 07/05/2020 | Date Discharge | 07/05/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 06/05/2020 at about 06:55pm, I was riding my motorbike FBL2066K Yamaha/Red with my wife who was my pillion and travelling at the Raffles Quay lane 3. As I was travelling heading towards Shenton Way, out of sudden there was vehicle SMG8701S Mercedes/Black from my left which was at the lane 4 making an illegal right turned towards Cross Street. I wish state that the lane 4 where the Mercedes vehicle were at only can proceed straight direction.

Due to his action I could not stop in time and hit on his right rear bumper and felt off from the bike. I also recalled that both me and wife were skidded about 1m to 2m together with the bike. I was then attended by Traffic Police Officer and Ambulance as such both me and my wife was conveyed to Singapore General Hospital.

I was discharged from SGH of 07/05/2020, was given 07 days medical Leave. I suffered abrasion on my left leg and Swelled on my left body parts.

My wife was discharged together with me and she was given 3 days medical leave as she suffered abrasion on her left arm and leg.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200508/2010

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200508/2010

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20200508/2010

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No: T/20200508/2010

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:

Sgt MUHAMMAD DJAMADIL BIN SIDIK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/05/2020 11:28

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP158



SINGAPORE
POLICE FORCE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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