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 <u>truthful and accurate</u> 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

alorodala.	
	ACCIDENT STATEMENT
Date Of Report	23/06/2020 11:14
Date Of Accident	20/06/2020 21:00
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB4100J
Insured/Policyholder	
Name Of Registered Owner	TAN KENG HIN
NRIC No	SXXXX265E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83858753
Alternative Phone No	OFFICE-83858753
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK 135 M
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/20-410340-CA
Cover Note Number	
Driver	
Name of Driver	TAN KENG HIN

Name of Driver TAN KENG HIN
NRIC No SXXXX265E
Date Of Birth 15/05/1954
Occupation INDOOR
Date Of Driving Pass 30/09/1977

Driving Experience 42 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83858753

Fax Number

Contact Number OFFICE-83858753

EMail Address NOEMAIL

BLK 149 SERANGOON NORTH AVE 1 #12-907 Address

Postcode

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 AFTER RAINED

Road Surface WET

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

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: Police Station Address

SINGAPORE

NO

TEL NO: 1800-4890999 - FAX NO: 63128989 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT F/20200621/2051

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGB5661R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

TAN KENG HIN Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBB4100J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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;
 - 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:
 - 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.:

GIARMC SALIGHERIS Burney ST

Accident Sketch Plan

TCH PLAN		
	СТЕ	
		A= FBB 4100J B= 56B 5661R
	POTO BI C. C. B.	
	ES OF THE ACCIDENT	
Refer	to Police Report	T F/2020 0 621 / 2051
		/
RATION		
	ticulars are true in every respect.	the
older's Signature Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Statistic Statebillioners, Va.

NRIC/FIN No.:





1 of 2

Report No. F/20200621/2051

POLICE REPORT (NP299)

Police Station Of Origin Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Date/Time Report Made 21/06/2020 22:22	Vide Re	eport No.	7.07	Station Diary No.	
Name Of Informant TAN KENG HIN	APT BL	Address APT BLK 149 SERANGOON NORTH AVENUE 1 #12- 907 SINGAPORE 550149			
ID Type / ID No. NRIC NO / S0049265E	Contact No. Home/Office Mobile 83858753		Mobile		
Nationality SINGAPORE CITIZEN	Email Address				
Occupation UNEMPLOYED	Sex Male	Age 66	Date of Birth 15/05/1954	Race Chinese	
Institution/School Name Date/Time Of Incident	Language English Location Of Incident				
20/06/2020 00:00 Brief details.		pressway	•		

On 20/06/2020 at about 2100hrs, I was involved in an accident between my motorcycle (FBB4100J) and a car bearing registration number SGB5661R along CTE expressway. The car collided with the rear of my motorcycle. Both of us then stopped at the road shoulder

When I tried to talk to the driver about the way the driver is driving, the driver was being very aggressive and could not accept my feedback on his driving. We are unable to reach for a private settlement. The driver then scolded me "nabei, chi bai" and I was harrassed by his actions. I then rode off to prevent any

ature Of Informant:
/Time:
8/2020 22:22
sification Of Case
-



police report





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200621/2051

further escalation.

This is the first time such incident has happened. I do not have the driver's particulars. I wish to pursue the matter.

Signature Of Officer Recording The Report:

F / Sgt 3 MUHAMMAD SYAFIQ BIN ROSMANJA

Signature Of Interpreter. Not applicable

Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 CHONG TECK WEI, JEFFREY Contact No.: 64890999

Authentication Stamp

Signature Of Informant:

Date/Time; 21/06/2020 22:22

Classification Of Case:

dip.















