

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	28/07/2020 14:11
Date Of Accident	02/06/2020 08:40
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ8984A
Insured/Policyholder	
Name Of Registered Owner	SHEE SHEIK JOO
NRIC No	SXXXX738C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98584773
Alternative Phone No	OFFICE-98584773

Vehicle Particulars

Manufacturer	YAMAHA
Model	X1110M
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/19-504783-WTT
Cover Note Number	

Driver

Name of Driver	SHEE SHEIK JOO
NRIC No	SXXXX738C
Date Of Birth	26/10/1985
Occupation	INDOOR
Date Of Driving Pass	03/11/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98584773
Fax Number	
Contact Number	OFFICE-98584773
EEmail Address	NOEMAIL

Address	BLK 671 WOODLANDS DRIVE 71 #08-47
Postcode	730671
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200602/2028. VEHICLE HAS BEEN SCRAPPED.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU1755E
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	SHEE SHEIK JOO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FZ8984A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

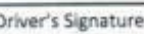
Accident Sketch Plan


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.

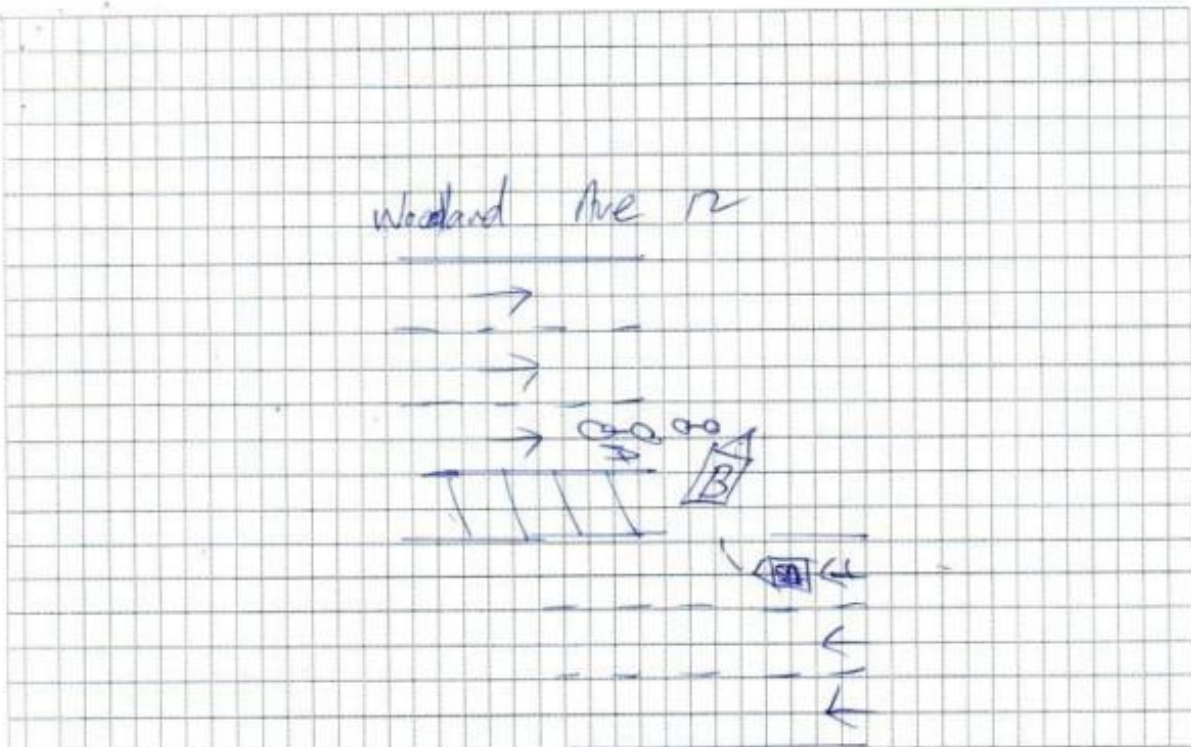

Policyholder's Signature Date
& Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/20200602/2028

DECLARATION

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

7.
Policyholder's Signature Date
& Time:

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

7.
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200602/2028

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20200602/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2020 13:34	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars

Name of Informant: SHEE SHEIK JOO		Address: APT BLK 671 WOODLANDS DRIVE 71 #08-47 SINGAPORE 730871	
ID Type / ID No.: NRIC NO / S8560738C		Contact No.: Home/Office: Mobile: 98584773	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 34	Date of Birth: 28/10/1985	Type of Informant: Rider
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: MECHANICAL ENGINEER		Driving Licence Information: Class: 2B.3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/06/2020 08:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 GAMBAS AVENUE WOODLANDS AVENUE 12 Gambas Ave towards Woodlands Ave 12, Near MEGA @ Woodlands Close				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
FZ8984A	Motorcycle	YAMAHA	X1 110 M	Blue	Seriously Damaged	0
SGU1755E	Car		MERCEDES BENZ	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FZ8984A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19504783	04/12/2019	03/12/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200602/2028

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20200602/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHEE SHEIK JOO	ID No.	S8560738C
Related Vehicle	FZ8984A (Motorcycle)	Contact No.	98584773
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	Slight
Driver			
Name	TAN POH CHUAN	ID No.	S7117184A
Related Vehicle	SGU1755E (Car)	Contact No.	94505795
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	NIL

Brief Details.

On the above mentioned date and time, I was turning from Gambas Ave to Woodlands Ave 12 and travelling straight. Before reaching the traffic light near to MEGA @ Woodlands close, I noticed that there was a lorry stopping behind the yellow box which was also blocking the vehicle from opposite road of Woodlands Ave 12 turning into my road.

At that point of time, vehicle-SGU1755E was making a U-turn into my road from the opposite side of Woodlands Ave 12, and it was blocked by the Lorry. Hence, my vehicle- FZ8984A's front side then knocked into vehicle-SGU1755E's side bumper.

Due to the collision, I was injured and being conveyed by ambulance to KTPH. There was Traffic Police attended to my scene. I was also given 5 days MC by Dr Liu, Michael from KTPH.

I am lodging this report for record purpose and also to claim from insurance company.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200602/2028

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20200602/2028

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:

L/
SC2 ZHUANG DENGHUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:
02/06/2020 13:34

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt SYED MUHAMMAD BIN SYED
FARID ALBAR

Contact No. 85476090

Authentication Stamp

NP168

Classification Of Case:



Thank You!

You have applied to deregister your vehicle.

If you have uploaded disposal document, it may take up to 3 working days to process your application. If your vehicle is under financing, rebates can be used once we have processed your disposal documents and your financing is settled.

If you have authorised someone to deregister vehicle, please inform him/her to send it to an LTA-appointed scrapyard/EPZ by 13 Jun 2020. If not, the vehicle will not be deregistered.

Vehicle to be deregistered

Vehicle number:	Make/Model:
FZ8984A	YAMAHA/X1 110 M
Engine Number:	Chassis Number:
5YW038714	5YW038714
First Registration Date:	Propellant:
30 Nov 2005	Petrol

Transaction Details

Business Transaction Ref. No.:	Business Transaction Date:
20200606104103560553	06 Jun 2020
Business Transaction Time:	
10:41:03	

Printed on 06 Jun 2020 10:41:23

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