

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	01/09/2020 16:16
Date Of Accident	29/08/2020 13:30
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR5515H
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Insured/Policyholder

Name Of Registered Owner	HOW BOON CHANG (HOU WENZHANG)
NRIC No	SXXXX925H
Email Address	STEVENHOW1984@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98760575
Alternative Phone No	OFFICE-98760575

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-03 ABS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/20-507648-WTT
Cover Note Number	

Driver

Name of Driver	HOW BOON CHANG (HOU WENZHANG)
NRIC No	SXXXX925H
Date Of Birth	10/10/1984
Occupation	INDOOR
Date Of Driving Pass	23/02/2018
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98760575
Fax Number	
Contact Number	OFFICE-98760575
Email Address	STEVENHOW1984@HOTMAIL.COM

Address	BLK 293D COMPASSVALE CRES #13-31
Postcode	544293
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	DRIZZLING
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200831/2035

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	SJJ7737R
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	HOW BOON CHANG (HOU WENZHANG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FR5515H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

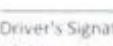
IMPORTANT NOTICE

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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.


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



A = FR 5515 H
 B = STJ 7737 R

PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200831/2035

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200831/2035

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20200831/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2020 12:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HOW BOON CHANG			Address: APT BLK 293D COMPASSVALE CRESCENT #13-31 COMPASSVALE BOARDWALK SINGAPORE 544293		
ID Type / ID No.: NRIC NO / S8432925H			Contact No.: Home/Office: Mobile: 98760575		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 10/10/1984	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: SALES SERVICE ADVISOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/08/2020 13:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		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
FR5515H	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Black		0
	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FR5515H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60900260	20/03/2020	19/03/2021

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200831/2035

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20200831/2035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HOW BOON CHANG	ID No.	S8432925H
Related Vehicle	FR5515H (Motorcycle)	Contact No.	98760575
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/08/2020	Date Discharge	30/08/2020
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Car)	Contact No.	NIL
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 29/08/2020 AT ABOUT 1330HRS, I WAS TRAVELLING ALONG PIE BETWEEN FIRST AND SECOND LANE. THE TRAFFIC CONDITION WAS HEAVY AND CONGESTED. UPON APPROACHING KIM KEAT FLYOVER, THERE WAS AN OPENING ON THE SECOND LANE. I SLOWED DOWN TO OBSERVE WHETHER ANY CARS HAD THE INTENTION TO CHANGE LANE TO LANE 2. I CONTINUED TO TRAVEL AT THE SAME TIME AFTER NOTICING NOBODY HAD THE INTENTION TO CHANGE LANE.

OUT OF A SUDDEN, A VEHICLE FROM MY RIGHT SIDE CUT INTO MY LANE WITHOUT SIGNALLING AND APPLIED BREAK IN FRONT OF ME. I COULDN'T STOP MY BIKE IN TIME THUS MY RIGHT HANDLEBAR COLLIDED WITH HIS REAR LEFT SIDE OF HIS CAR. I LOST CONTROL AND FELL DOWN ON THE ROAD.

I WAS CONSCIOUS AT THAT TIME AND ONE OF THE ROAD USERS CALLED AN AMBULANCE FOR ME. I WAS CONVEYED TO TTSH AFTER THE AMBULANCE ARRIVED. I INJURED MY RIGHT ELBOW, ARM, LOWER BACK AND BOTH OF MY KNEECAPS. THE DOCTOR GAVE ME TOTAL 7 DAYS OF MC.

THERE WAS NO MECHANICAL FAULTS IN MY BIKE BEFORE THE ACCIDENT HAPPENED. THERE WAS NO CAMERA INSTALLED IN MY BIKE. THAT'S ALL.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200831/2035

3 of 4

Report No: T/20200831/2035

CONTINUATION OF REPORT

IO IN CHARGE: IO INTAN

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200831/2035

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20200831/2035

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:
TP /
ONG PENG HUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
31/08/2020 12:33

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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
UTN: S66550020G / 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 : MNA120075326 Vehicle Registration No: FR5515H
Name (as shown in NRIC) : HOW BOON CHANG (HOU WENZHANG) NRIC/FIN/Passport No : SXXXX925H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98760575
Email Address : _____
Date of Accident : 29/08/2020 Time of Accident : 13:30
Place of Accident : PIE
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 POLICY NUMBER TO MSD/VMS/20-507648-WTT

Policyholder / Driver's Signature
Date:



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