

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 | 23/09/2020 13:56 |
| Date Of Accident | 02/09/2020 08:00 |
| Exact Location Of Accident | YIO CHU KANG RD TWDS HOUGANG AVE 9 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBM1073R |
| Insured/Policyholder | |
| Name Of Registered Owner | YONG TECK LOY |
| NRIC No | SXXXX858G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98062962 |
| Alternative Phone No | OFFICE-98062962 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | FZN150 |
| 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/20-414666-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YONG TECK LOY |
| NRIC No | SXXXX858G |
| Date Of Birth | 16/06/1959 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/12/1984 |
| Driving Experience | 35 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98062962 |
| Fax Number | |
| Contact Number | OFFICE-98062962 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 408B FERNVALE ROAD #25-22 |
| Postcode | 792408 |
| 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: : NGOI FOONG YIN GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SENGKANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800 - 3438999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20200904/2093 & T/20200923/2028.

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 | SKX9035J |
| 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 YONG TECK LOY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBM1073R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NGOI FOONG YIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBM1073R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

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. 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)**

(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.

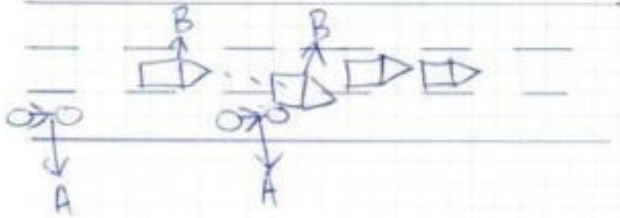
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Accident Sketch Plan

SKETCH PLAN



A) FBM1073R

B) SKX9035J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER 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: _____

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200904/2093

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20200904/2093

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 04/09/2020 17:13 | Vide Report No.: | Station Diary No.: 84 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|---|------------------------------|-----------------------------|
| Name of Informant: YONG TECK LOY | Address: APT BLK 408B FERNVALE ROAD #25-22 SINGAPORE 792408 | | |
| ID Type / ID No.: NRIC NO / S2689858G | Contact No.: Home/Office: 68758289 Mobile: 98062962 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 61 | Date of Birth: 16/06/1959 | Type of Informant: Rider |
| Race: Chinese | Language: Mandarin | | Institution / School Name: |
| Occupation: Waiter | Driving Licence Information: Class: 2B Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|---|---|---|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 02/09/2020 08:00 | Type of Location: X-Junction |
| Location: YIO CHU KANG ROAD | | | | |
| 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 Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|--------|-------|------------------|-----------------|
| FBM1073R | Motorcycle | YAMAHA | FZN150 | Red | Slightly Damaged | 1 |
| | Car | | | | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|----------------|------------|-------------|
| FBM1073R | MSIG INSURANCE (SINGAPORE) PTE. LTD. | MSDSMT20414666 | 15/07/2020 | 14/07/2021 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200904/2093

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200904/2093

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | YONG TECK LOY | ID No. | S2689858G |
| Related Vehicle | FBM1073R (Motorcycle) | Contact No. | 68758289 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 02/09/2020 | Date Discharge | 02/09/2020 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Serious |
| 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 02/09/2020 at about 8 am, I was riding my motorcycle bearing registration plate no. FBM1073R along lane 1 of Yio Chu Kang Road towards Hougang Avenue 9 when another car which was travelling on lane 2 suddenly cut into my lane. Immediately, I applied emergency brake on my motorcycle but I still collided onto the rear right corner of the car. Due to the collision, I lost control of my motorcycle before my pillion (wife) and I fell onto the road.

Thereafter, Traffic Police Officers and ambulance arrived at the accident scene before my wife and I were conveyed to Sengkang General Hospital.

I suffered abrasions to both my knee caps and both my arms and hands. I was given 7 days of medical leave.

I am lodging this report as instructed by the Traffic Police Investigation Officer.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200904/2093

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20200904/2093

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:

F /

Sr Staff Sgt LEE SHAO WEI

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

04/09/2020 17:13

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476083

Classification Of Case:

394.0025

Authentication Stamp

NP168



Police Report



**SINGAPORE
POLICE FORCE**



T/20200923/2028

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

1 of 3

Report No. T/20200923/2028

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 23/09/2020 11:28 | Vide Report No.: T/20200904/2093 | Station Diary No.: 40 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: YONG TECK LOY | | | Address: APT BLK 408B FERNVALE ROAD #25-22 SINGAPORE 792408 | | |
| ID Type / ID No.: NRIC NO / S2689858G | | | Contact No.: Home/Office: Mobile: 98062962 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 61 | Date of Birth: 16/06/1959 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: Chinese | | Institution / School Name: |
| Occupation: Waiter | | | Driving Licence Information: Class: 2B Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 02/09/2020 08:00 | Type of Location: X-Junction |
| Location: YIO CHU KANG ROAD | | | | |
| 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 Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|--------|-------|------------------|-----------------|
| FBM1073R | Motorcycle | YAMAHA | FZN150 | Red | Slightly Damaged | 0 |
| SKX9035J | Car | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--------------------------------------|----------------|------------|-------------|
| FBM1073R | MSIG INSURANCE (SINGAPORE) PTE. LTD. | MSDSMT20414666 | 15/07/2020 | 14/07/2021 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200923/2028

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

2 of 3

Report No. T/20200923/2028

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Pillion | | | |
| Name | NGOI FOONG YIN | ID No. | S2567994F |
| Related Vehicle | FBM1073R (Motorcycle) | Contact No. | 91147184 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 02/09/2020 | Date Discharge | 02/09/2020 |
| No. of Days granted Medical Leave | 31 | Degree of Injury | NIL |
| Rider | | | |
| Name | YONG TECK LOY | ID No. | S2689858G |
| Related Vehicle | FBM1073R (Motorcycle) | Contact No. | 98062962 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 02/09/2020 | Date Discharge | 02/09/2020 |
| No. of Days granted Medical Leave | 31 | Degree of Injury | NIL |
| Rider | | | |
| Name | YONG TECK LOY | ID No. | S2689858G |
| Related Vehicle | FBM1073R (Motorcycle) | Contact No. | 98062962 |
| Hospital/Clinic | SENGKANG POLYCLINIC | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 07/09/2020 | Date Discharge | 07/09/2020 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | NIL |

Brief Details.

Reference to my previous Police report T/20200904/2093, I wish to add in the other car involved plate number, SKX9035J, and also include my pillion(Wife) details and MC given. That is all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200923/2028

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

3 of 3

Report No. T/20200923/2028

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:
F /
Sgt 2 BOH YONG SENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/09/2020 11:28

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168

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



Accident Photo



Accident Photo

