

## 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	26/09/2020 11:22
Date Of Accident	25/09/2020 02:50
Exact Location Of Accident	VICTORIA ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ3196K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOO JIN HONG
NRIC No	SXXXX381A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98375976
Alternative Phone No	OFFICE-98375976

### Vehicle Particulars

Manufacturer	YAMAHA
Model	R15 ABS MANUAL
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/20-511629-WTT
Cover Note Number	

### Driver

Name of Driver	CHOO JIN HONG
NRIC No	SXXXX381A
Date Of Birth	23/10/1997
Occupation	INDOOR
Date Of Driving Pass	28/06/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98375976
Fax Number	
Contact Number	OFFICE-98375976
EEmail Address	NOEMAIL

Address	BLK 316 HOUGANG AVENUE 7 #05-73
Postcode	530316
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	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?	NO
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: : PANG BIAO SOON GENDER: : MALE

#### 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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200925/7026.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT3268C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SOOK ZHEN
NRIC/Passport Number	SXXXX973F

Contact Number 81181587  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHOO JIN HONG  
Approximate Age  
Injuries Sustain BODY & ARM  
Injured person in which vehicle? FBQ3196K  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PANG BIAO SOON  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBQ3196K  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

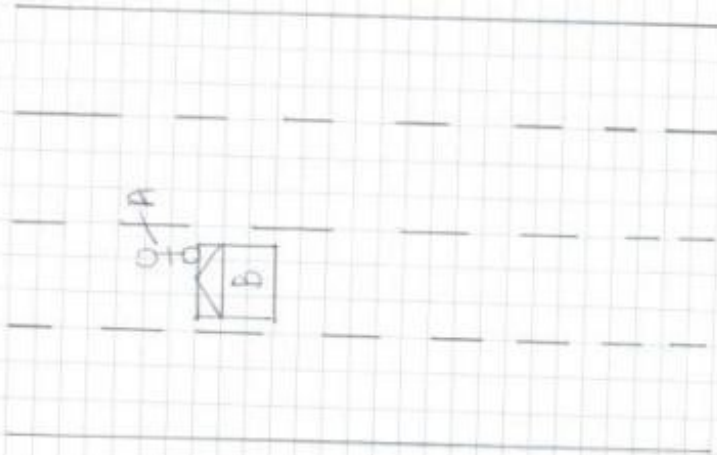
  
\_\_\_\_\_  
Policy holder's signature  
Date / time:

  
\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN



A: FBO 3196K B: SLT 3268C

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### DECLARATION

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

1+  
Policy holder's signature  
Date & time:

1+  
Driver's signature  
(if driver is not policy holder)  
Date & time:

[Signature]  
reporting centre personnel's Signature  
NRIC/FIN No.:

Draw 5

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200925/7026

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

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Report No: T/20200925/7026

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2020 17:09		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOO JIN HONG			Address: 316 HOUGANG AVENUE 7 #05-73 SINGAPORE 530316		
ID Type / ID No.: NRIC NO / S9736381A			Contact No.: Home/Office: Mobile: 98375976		
Nationality: SINGAPORE CITIZEN			Email: JINHONG1905@GMAIL.COM		
Sex: Male	Age: 22	Date of Birth: 23/10/1997	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2020 02:50	Type of Location:
Location: VICTORIA STREET				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ3196K	Motorcycle	YAMAHA	R15 ABS MANUAL	Blue		0
SLT3268C	Car					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200925/7026

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

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Report No. T/20200925/7026

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ3196K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT20511629	07/09/2020	06/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	CHOO JIN HONG	ID No.	S9736381A	
Related Vehicle	FBQ3196K (Motorcycle)	Contact No.	98375976	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	05	Degree of	Serious	
Pillion				
Name	PANG BIAO SOON	ID No.	S9790852D	
Related Vehicle	FBQ3196K (Motorcycle)	Contact No.	87484989	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	NG SOOK ZHEN	ID No.	S8829973F	
Related Vehicle	SLT3268C (Car)	Contact No.	81181587	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200925/7026

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

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Report No. T/20200925/7026

### CONTINUATION OF REPORT

#### Brief Details.

On the stated date and time, I was traveling along Victoria Street with my pillion. As the traffic light was red, I slowed down my vehicle (FBQ3196K) and came to a stop. Out of sudden, I felt an impact from my rear causing my bike (FBQ3196K) to fall down. Vehicle(SLT3268C) had collided onto the rear of my bike. Me and my pillion sustained injuries and was given 5 and 3 days of MC.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200925/7026

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

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Report No. T/20200925/7026

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
25/09/2020 17:09

Classification Of Case:

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



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Accident Photo

