

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 17:05 |
| Date Of Accident | 25/09/2020 11:40 |
| Exact Location Of Accident | BOUNDARY RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBQ6554R |
| Insured/Policyholder | |
| Name Of Registered Owner | AU MAN SHUN |
| NRIC No | SXXXX549I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97380483 |
| Alternative Phone No | OFFICE-97380483 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | HONDA |
| Model | TIGER GL200R 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 |
| Fleet Policy | NO |
| Policy Number | MSD/VMT/19-505770-WTT |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | AU MAN SHUN |
| NRIC No | SXXXX549I |
| Date Of Birth | 02/11/1974 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/11/2019 |
| Driving Experience | 0 YEAR AND 10 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97380483 |
| Fax Number | |
| Contact Number | OFFICE-97380483 |
| Email Address | NOEMAIL |

| | |
|---|------------------|
| Address | 68 BOUNDARY ROAD |
| Postcode | 549983 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | HOUGANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4890999 - FAX NO: 63128989 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20200925/2140.

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 | XB917M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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 | AU MAN SHUN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | FBQ6554R |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| 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.

X

Policyholder's Signature
Date & Time:

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

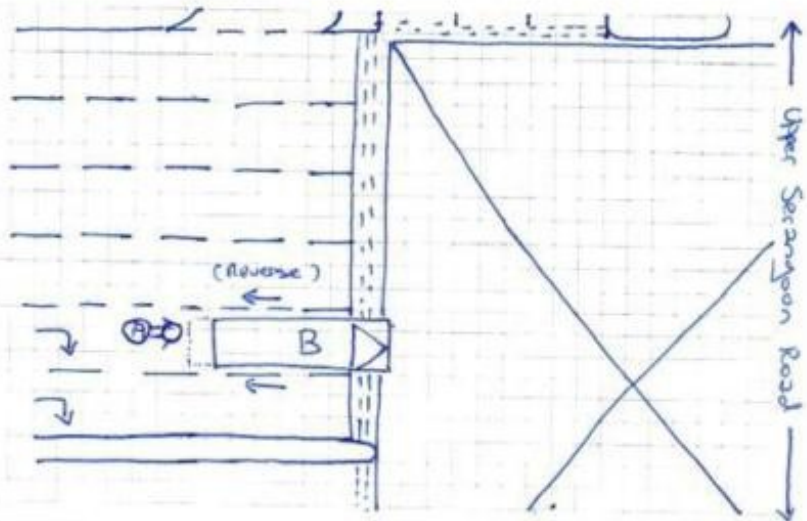
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vehicle
A - FBQ 6554R

Vehicle
B - XB 917M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

Report Number
: T/20200925/2140

Recording officer : SGT 2 KOH YEW WOI

Officer in Charge : TP Sr Staff Sgt Syed Zayid Muhammad.

Vehicle A - FBQ 6554R

Vehicle B - XB 917M

DECLARATION

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

2

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/20200925/2140

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

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Report No: T/20200925/2140

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 25/09/2020 23:27 | Vide Report No.: | Station Diary No.: 167 |
|--|------------------|---------------------------|

| Informant's Particulars | | | | |
|--|------------|---|------------------------------|--|
| Name of Informant: AU MAN SHUN | | Address: 68 BOUNDARY ROAD SINGAPORE 549983 | | |
| ID Type / ID No.: NRIC NO / S7470549I | | Contact No.: Home/Office: Mobile: 97380483 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 45 | Date of Birth: 02/11/1974 | Type of Informant: Driver | |
| Race: Chinese | | Language: | Institution / School Name: | |
| Occupation: SELF EMPLOYED | | Driving Licence Information: Class: 2B,3,4,5 Date of Expiry: | | |

| General Information of the Accident | | | | |
|--|------------------|---|--|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 25/09/2020 11:40 | Type of Location: X-Junction |
| Location: BOUNDARY ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|-------|---------------------------|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBQ6554R | Motorcycle | HONDA | TIGER GL200R MANUAL | Red | Slightly Damaged | 0 |
| XB917M | TRAILER | | | | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|---|----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBQ6554R | MSIG INSURANCE (SINGAPORE) PTE. LTD. | MSDTMT19505770 | 13/12/2019 | 12/12/2020 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200925/2140

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

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Report No. T/20200925/2140

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | AU MAN SHUN | ID No. | S7470549I |
| Related Vehicle | FBQ6554R (Motorcycle) | Contact No. | 97380483 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3,4,5 Date of Expiry: NIL |
| Date Treatment | 25/09/2020 | Date Discharge | 25/09/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | GUO XINBO | ID No. | G5181939Q |
| Related Vehicle | XB917M (TRAILER) | Contact No. | 96398126 |
| 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 25/09/2020 at about 1141hrs, I was travelling along Boundary road on my motorcycle bearing plate number: FBQ6554R at the most right lane. My intention was to make a right turn at the X-junction of Boundary Road and Upper Serangoon Road. I came to a stop on the 2nd right lane and I was queuing behind a trailer truck bearing plate number: XB917M / TRC6504U. Both my motorcycle and the trailer truck was stationary at this point in time. My motorcycle was directly behind his left rear wheel. Out of a sudden, the trailer start to reverse backwards. I initially thought that maybe the trailer truck was just inching backwards, however the trailer truck continue to reverse to the point that the hydraulic system of the trailer truck was pressing onto my front wheel resulting in my motorcycle to fall onto the side. I quickly jumped out of my motorcycle before I was pin by my motorcycle. As I jumped out of the motorcycle, I suffered superficial abrasions and bruise on my left knee. The trailer truck only stop when the vehicle behind me horned.

The driver came out and made a check on me. We observed that my motorcycle suffered damage to front brake disc, front brake disc pump and bend on the right front handle bar brake. Whereas the hydraulic system of the trailer truck was damaged as well. We exchanged particulars and I also got the contact number of the driver who was behind me. HP: 93865711 who mentioned that he doesn't mind being the witness. However, he is unsure whether did his camera capture the said incident. Once everything was done, I made my way to work. During work, I start to feel even more pain and as such I decided to make a visit to the hospital and was given 3 days of MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200925/2140

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

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Report No. T/20200925/2140

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20200925/2140

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

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Report No. T/20200925/2140

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 KOH YEW WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/09/2020 23:27

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

