

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 | 12/10/2020 16:02 |
| Date Of Accident | 23/08/2020 22:00 |
| Exact Location Of Accident | ALONG NEW UPPER CHANGI ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBH5180P |
| Insured/Policyholder | |
| Name Of Registered Owner | LING KIM CHWEE |
| NRIC No | SXXXX226E |
| Email Address | QAAQLING@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87192705 |
| Alternative Phone No | OTHERS-87192705 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | MIO I-125CC |
| 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/20-413708-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LING KIM CHWEE |
| NRIC No | SXXXX226E |
| Date Of Birth | 28/02/1953 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/05/1984 |
| Driving Experience | 36 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87192705 |
| Fax Number | |
| Contact Number | OTHERS-87192705 |
| Email Address | QAAQLING@GMAIL.COM |

| | |
|---|--|
| Address | BLK 117 PASIR RIS STREET 11 #09-525 |
| Postcode | 510117 |
| 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 - CROSS JUNCTION |
| 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: : SOZIMA SILUG JULIAN GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BEDOK DIVISION HQ |
| Police Station Address | ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20200901/7046

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 | SLT8530L |
| 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 LING KIM CHWEE
Approximate Age
Injuries Sustain SERIOUS INJURIES
Injured person in which vehicle? FBH5180P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES

Address
Postcode

DETAILS OF INJURED PERSON 2

Name SOZIMA SILUG JULIAN
Approximate Age
Injuries Sustain SERIOUS INJURIES
Injured person in which vehicle? FBH5180P
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:


12/10/2022

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

Accident Sketch Plan

SKETCH PLAN



(A) FBH 5180P

(B) SLT 8530L

Along NHW UPPER
ABOUT ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer To Police Report No: 6/20200901/7046

[The remaining lines of the form are crossed out with a diagonal line.]

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: [Signature]
NRIC/FIN No: [Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20200901/7046

1 of 2

POLICE REPORT (NP299)

Report No. G/20200901/7046

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

| | | |
|---|--|---------------------|
| Date/Time Report Made 01/09/2020 20:11 | Vide Report No. | Station Diary No. |
| Name Of Informant LING KIM CHWEE | Address 117 PASIR RIS STREET 11 #09-525 SINGAPORE 510117 | |
| ID Type / ID No. NRIC NO / S1180226E | Contact No. Home/Office: | Mobile: 87192705 |
| Nationality SINGAPORE CITIZEN | Email Address qaaqling@gmail.com | |
| Occupation Taxi driver | Sex Male | Age 64 |
| Institution/School Name | Date of Birth 28/02/1956 | Race Chinese |
| Date/Time Of Incident 23/08/2020 22:00 | Location Of Incident NEW UPPER CHANGI ROAD | |

Brief details.

On the above mentioned date and time, I was riding my motorbike FBH 5180P along New Upper Changi Road towards Changi Road direction, with 1 pillion on board namely SOZIMA SILUG JULIAN, G7893574Q.

As I was approaching the junction of Siglap Road, I had slowed down a little to look out for oncoming traffic, I saw that there were no cars at said junction. As such, I continued proceeding straight.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 01/09/2020 20:11 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20200901/7046

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200901/7046

When I was about to go past said junction, a yellow car SLT8530L suddenly appeared at fast speed on my right from the opposite direction.

SLT8530L was turning at an extremely fast speed. I attempted to jam on my brakes and swerve but could not avoid the collision as SLT8530L was coming at me too fast.

I was flung together with my bike due to the impact. I landed on the right side of my body and my bike landed on the inside of my right leg. The right side of my head hit the ground hard and I could not get up. A passerby who is my witness came over to assist me. During this time, I saw my pillion lying on the ground at the other side of the road.

Ambulance came and conveyed me and my pillion to Changi General Hospital. I suffered Multiple injuries with the most serious being a torn ligament in my right middle finger and debridement of my right leg.

I had surgery on my right leg and was hospitalised from 24/08/2020 to 29/08/2020. I was given 33 days HL from 24/08/2020 to 25/09/2020 upon discharge.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 01/09/2020 20:11 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

