

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	15/10/2020 10:07
Date Of Accident	27/09/2020 06:50
Exact Location Of Accident	AYE TWDS CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW3618G
Insured/Policyholder	
Name Of Registered Owner	WONG CHEN POH
NRIC No	SXXXX263I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97354672
Alternative Phone No	OFFICE-97354672

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	PTE 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/20-410468CA
Cover Note Number	

Driver

Name of Driver	WONG CHEN POH
NRIC No	SXXXX263I
Date Of Birth	03/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1987
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97354672
Fax Number	
Contact Number	OFFICE-97354672
EMail Address	NOEMAIL

Address	BLK 385 BT BATOK WEST AVE 5 #06-342
Postcode	650385
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	ALF6304 (MOTORCYCLE)
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	POLICE STATION OF ORIGIN-QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSTOWN N.P.C , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

* REFER TO POLICE REPORT ATTACHED

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	ALF6304
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	WONG CHEN POH
Approximate Age	
Injuries Sustain	CHEST AND RIBS INJURIES
Injured person in which vehicle?	FW3618G
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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. 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.

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 650515
Tel: 6567 3427 / 6560 3312
Fax: 8563 0722
Email: vacbb@singnet.com.sg



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.:

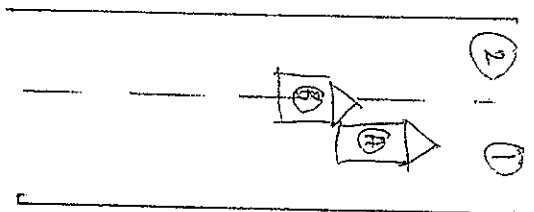
15-10-20

Accident Sketch Plan Pg. 1

SKETCH PLAN

① FW 3618G

(B) UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature

Date & Time:

15-10-20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

UDAC BUKIT BATOK (VAC)

511 P¹ R P² R 5123

8. 10. 1950

Tel: 0207 843 1475 3312

Fax: 6509 0122

Email: vaccb@singnet.com.sg

Name:

NRIC/FIN No.:

Addendum Sheet Pg. 1



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
UEN: S665500206 / 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 : _____ Vehicle Registration No: FW 36189
Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 27.09.2020 Time of Accident : 06:50
Place of Accident : A.Y.E Twos Clementi Road
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 to Third Party Information
with Attached Police Report.

IDAC BUKIT BATOK (VAC)

511 Bukit Batok Rd #23

Singapore 670055

Tel: 6587 5277 Fax: 6587 5312

Fax: 6589 0722

Email: vacbb@singnet.com.sg

Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201019/2051

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3

Report No. T/20201019/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2020 14:04		Vide Report No.: T/20201009/2029		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: WONG CHEN POH			Address: APT BLK 385 BUKIT BATOK WEST AVENUE 5 #06-342 SINGAPORE 650385		
ID Type / ID No.: NRIC NO / S1833263I			Contact No.: Home/Office: Mobile: 97354672		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 03/12/1967	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2020 06:50	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: . Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
ALF6304	Motorcycle					0
FW3618G	Motorcycle	YAMAHA	RXZ	Yellow	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FW3618G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72232260	05/03/2020	04/03/2021

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201019/2051

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20201019/2051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG CHEN POH	ID No.	S1833263I
Related Vehicle	FW3618G (Motorcycle)	Contact No.	97354672
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	27/09/2020	Date Discharge	06/10/2020
No. of Days granted Medical Leave	46	Degree of Injury	Serious

Brief Details.

The Accident Happen on 27/09/2020 at about 0650hrs, along AY near Exit 9 indicating 9KM. I was traveling straight towards the T-Junction of Clementi Road/ West Coast Highway. Suddenly, a Malaysian Motorbike ALF collided onto the rear of my motorbike (FW3618G). Both of us skidded and my back had hit onto the other motorbike and we skidded to the front together. Subsequently, ambulance came to the scene, however, Traffic Police had not arrive yet.

I was conveyed to NUH where I was warded from the 27/09/2020 till 06/10/2020. Afterwhich I had received 20 days of MC dated from 27/09/2020 to 16/10/2020. I have also received extension for my MC dated from 17/10/2020 till 11/11/2020. I wish to state that my previous report lodged was not in detail and hence, I was advised by my lawyers to lodge this updated report which is more in detail. I wish to state that I had suffered Trauma, closed Fractured Rib, COPD due to the accident.



**SINGAPORE
POLICE FORCE**



T/20201019/2051

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20201019/2051

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:
D /
Sgt 2 MOHAMAD FARHAN BIN MOHAMED

Signature Of Informant:

pc1

Signature Of Interpreter:
Not applicable

Date/Time:
19/10/2020 14:04

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224 SN 49

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE



T/20201009/2029

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

1 of 3

Report No. T/20201009/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2020 10:17			Vide Report No.: D/20200927/0064		Station Diary No.:
Informant's Particulars					
Name of Informant: WONG CHEN POH			Address: 385 BUKIT BATOK WEST AVENUE 5 #06-342 GOODVIEW GARDENS SINGAPORE 650385		
ID Type / ID No.: NRIC NO / S1833263I			Contact No.: Home/Office: Mobile: 97354672		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 03/12/1967	Type of Informant: Rider		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2020 06:50	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW3618G	Motorcycle	YAMAHA	RXZ	Yellow		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW3618G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72232260	05/03/2020	04/03/2021

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201009/2029

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

2 of 3

Report No. T/20201009/2029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG CHEN POH	ID No.	S1833263I
Related Vehicle	FW3618G (Motorcycle)	Contact No.	97354672
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/09/2020	Date Discharge	06/10/2020
No. of Days granted Medical Leave	20	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE TIME AND PLACE

I WAS ON AYE(MCE) 9KM SLIP ROAD INTO NUH WHEN I REMEMBER I WAS TURNING LEFT GOING INTO SLIP ROAD . WHEN I WAS TURNING LEFT AT SLIP ROAD, ANOTHER MOTORBIKE WAS TRAVELLING FAST NEAR TO ME AND APPEARED ON MY LEFT AND HIT ONTO MY SIDE AND BOTH OF US SKIDDED AND MY BACK HIT ONTO THE OTHER MOTORCYCLE AND WE SKIDDED TO THE FRONT TOGETHER. SUBSEQUENTLY AMBULANCE CAME AND TRAFFIC POLICE HAS NOT ARRIVED YET. AFTER I WAS DISCHARGED TP CONTACTED ME AND ASK ME TO LODGE A REPORT. I DO NOT HAVE THE OTHER PARY'S PARTICULARS. THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20201009/2029

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

3 of 3



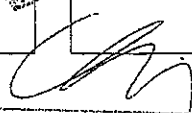
Report No. T/20201009/2029

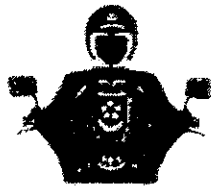
CONTINUATION OF REPORT

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 / LIM CHIN KIAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/10/2020 10:17
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476224	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature: 



Traffic Police
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

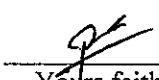
NP168 No:	T/20201009/2029	Name:	Wong Chen Poh
Accident Date/Time:	27/09/2020 0650hrs	Address:	Blk 385 Bukit Batok West Ave 5
Vehicles Involved:	FW3618G		#06-342
	ALF6304		S650385
		NRIC No:	S1833263I
		Tel No:	97354672
		Date:	15/10/2020 1210hrs


Dear Sir / Madam

I wish to amend as follows:

With reference to the traffic accident report reference, T/20201009/2029, I wish to amend on the following details:

I wish to add in the vehicle involved in the incident with me is ALF6304.


Yours faithfully


HONG KAH NORTH NP
BLK 370 BUKIT BATOK STREET 31
SINGAPORE 650370
TEL: 1800-567 9990

IDENTITY CARD NO. S1833263I



Name

WONG CHEN POH

王 傾 堡

Race

CHINESE

Date of birth

03-12-1967

Country/Place of birth

SINGAPORE

Sex

M

S1833263I



REPUBLIC

DRIVING LICENCE

Licence Number: S1833263I

Name:

WONG CHEN POH

Birth Date: 03 Dec 1967

Issue Date: 22 Oct 2003



000943103K

5239058



NRIC No. S1833263I



Date of Issue

15-11-2013

Address

APT BLK 385 BUKIT BATOK WEST AVENUE 5
#06-342
SINGAPORE 650385

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	29 Dec 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Nov 1992
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	11 Sep 2000
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	07 Nov 2000

NP 278A



**MSIG**

CA 537759
 MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
 The Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)
 The Motor Vehicles (Third Party Risks and Compensation) Act (C.A.P. 189 of the Revised Edition) (Republic of Singapore)
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
 Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMT/20-410468-CA A0074-001/10014

SUM INSURED : TPL
 EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FW3618G**
2. Name of Policyholder **YAMAHA** **133 c.c.**
WONG CHEN POH
3. Effective date of the Commencement of Insurance
 for the purposes of the Act
4. Date of Expiry of Insurance **1201AM 05/03/2020**
04/03/2021
5. Persons or Classes of Persons entitled to drive
 a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for the carriage of goods (other than samples) in connection with any trade or business.
4. Use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof."

Repl CN: 72232260
 29/02/2020 (SL)
 CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.