

## 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	26/11/2020 14:53
Date Of Accident	22/11/2020 12:00
Exact Location Of Accident	UPP PAYA LEBAR RD TOWARDS SERANGOON CTRL (LP:93)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP5484X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK JIN YOU (GUO JINYOU)
NRIC No	SXXXX623D
Email Address	PD@WELIAISE.COM
Mobile Phone No	(LOCAL) +65-90221451
Alternative Phone No	OTHERS-90221451

### Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300-292CC
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/20-508974-WTT
Cover Note Number	

### Driver

Name of Driver	QUEK JIN YOU (GUO JINYOU)
NRIC No	SXXXX623D
Date Of Birth	13/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2016
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90221451
Fax Number	
Contact Number	OTHERS-90221451
Email Address	PD@WELIAISE.COM

Address	BLK 161 TAMPINES STREET 12 #02-211
Postcode	521161
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: : PHANG SZE MEE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 109 TAMPINES STREET 11 #01-261 , <b>POSTCODE:</b> 521109 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7819999 - <b>FAX NO:</b> 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201122/2061

#### 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	SLW341C
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 QUEK JIN YOU (GUO JINYOU)  
Approximate Age  
Injuries Sustain SERIOUS INJURIES  
Injured person in which vehicle? FBP5484X  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PHANG SZE MEE  
Approximate Age  
Injuries Sustain SERIOUS INJURIES  
Injured person in which vehicle? FBP5484X  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

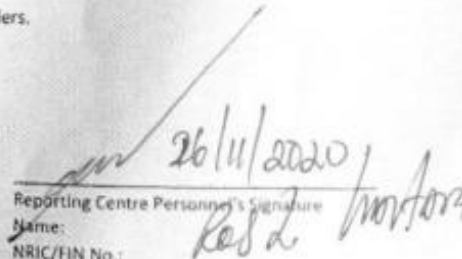
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

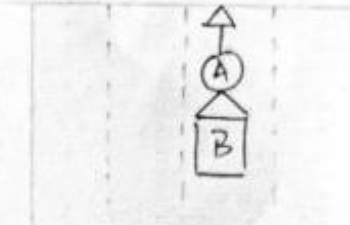
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Res 2  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



VEH (A) FBP 5484X  
VEH (B) SLW 341C

Upper Paya Lehar Road.  
on 22/11/2020 @ 1200 Hrs.


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report T/2020/122/2061


[The remaining lines of the form are crossed out with a large 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:

 26/11/2020  
Reporting Centre Person's Signature  
Name: [Signature]  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201122/2061

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No. 1800-7819999

1 of 4

Report No. T/20201122/2061

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2020 18 55	Vide Report No.:	Station Diary No.: 21
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### Informant's Particulars

Name of Informant: QUEK JIN YOU	Address: APT BLK 161 TAMPINES STREET 12 #02-211 SINGAPORE 521161		
ID Type / ID No.: NRIC NO / S9120623D	Contact No.: Home/Office: Mobile: 90221451		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 29	Date of Birth: 13/06/1991	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: Police officer	Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/11/2020 12:00	Type of Location: Straight Road
Location:  UPPER PAYA LEBAR ROAD				
Lamp Post Number: 93				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
FBP5484X	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Seriously Damaged	1
SLW341C	Car				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP5484X	MSIG INSURANCE (SINGAPORE) PTE. LTD	60907630	26/04/2020	25/04/2021

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201122/2061

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

2 of 4

Report No. T/20201122/2061

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Pillion</b>			
Name	Phang Sze Mee	ID No.	G2684740R
Related Vehicle	FBP5484X (Motorcycle)	Contact No.	88743991
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/11/2020	Date Discharge	22/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Rider</b>			
Name	QUEK JIN YOU	ID No.	S9120623D
Related Vehicle	FBP5484X (Motorcycle)	Contact No.	90221451
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	22/11/2020	Date Discharge	22/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Driver</b>			
Name	Seck Pow Foo	ID No.	S0110494B
Related Vehicle	SLW341C (Car)	Contact No.	97712532
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 the above mentioned date time and location, I was riding along Upper Paya Lebar Rd near the junction of Pillai Road. It is a 3 lane road. I was on the first lane. Traffic light was amber and I was going to stop. I noticed on my rear view mirror the said mentioned vehicle had swerve in from the right side lane. It was going too fast. I could not swerve to anywhere as all the vehicle are also coming to a stop. Thus the said vehicle hit onto the rear of my motorcycle causing myself and my pillion to be flung off from the motorcycle. Traffic Police and ambulance came down. Neither of us were conveyed. We went to the hospital by our own means. Both myself and the pillion received 3 days mc from Changi General Hospital.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201122/2061

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109 Tampines Street 11 #01-261  
SINGAPORE 521109  
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3 of 4

Report No T/20201122/2061

CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201122/2061

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

4 of 4

Report No: T/20201122/2061

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:

G /

Sr Staff Sgt DZULHILMI BIN OMAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

22/11/2020 18:55

Classification Of Case:

SIGNATURE

Accident Photo



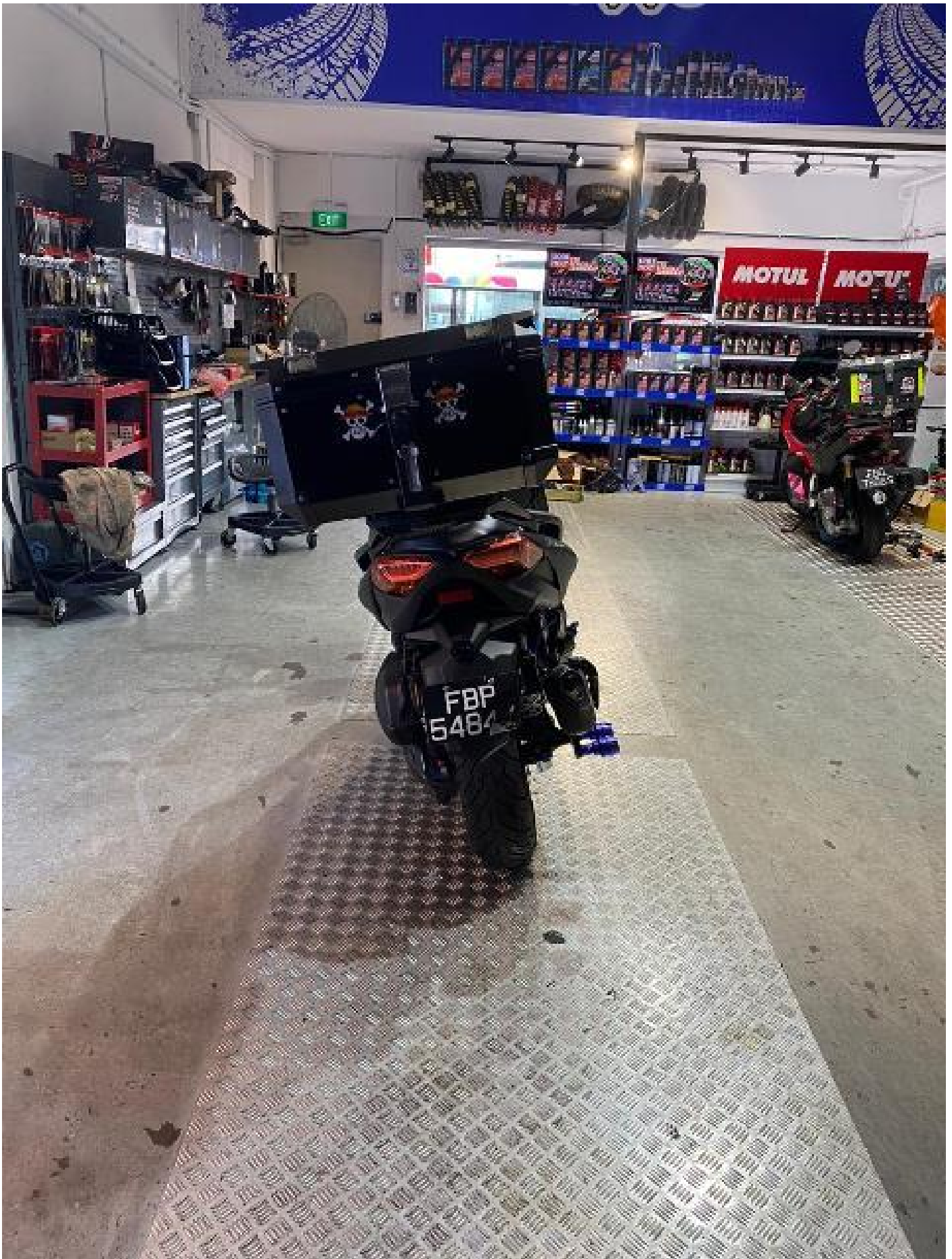
Accident Photo



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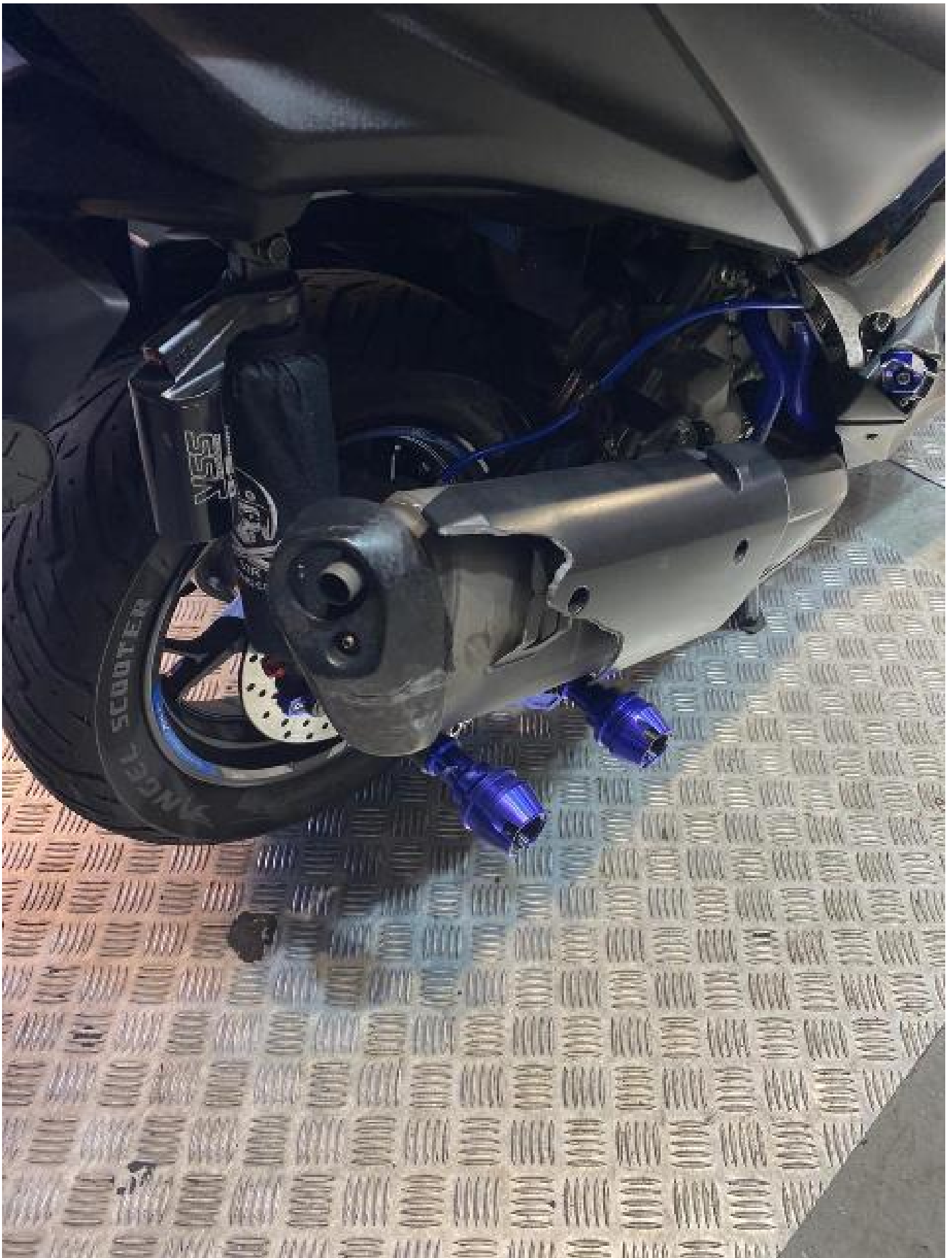




Accident Photo



Accident Photo



Accident Photo

