

## 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 18:06
Date Of Accident	19/11/2020 18:30
Exact Location Of Accident	ALONG LENTOR AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG8067U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA HAI SOON
NRIC No	SXXXX155I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91448256
Alternative Phone No	OFFICE-91448256

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER LC135-135CC
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/19-504785-WTT
Cover Note Number	

### Driver

Name of Driver	CHIA HAI SOON
NRIC No	SXXXX155I
Date Of Birth	28/12/1956
Occupation	INDOOR
Date Of Driving Pass	11/01/1996
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91448256
Fax Number	
Contact Number	OFFICE-91448256
Email Address	NOEMAIL

Address	BLK 121A CANBERRA STREET #09-711
Postcode	751121
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

#### 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201119/2126

#### 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	GBB6533E
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	CHIA HAI SOON
Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FBG8067U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

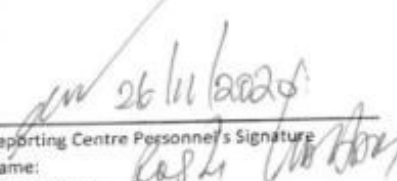
### SKETCH PLAN

#### 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.

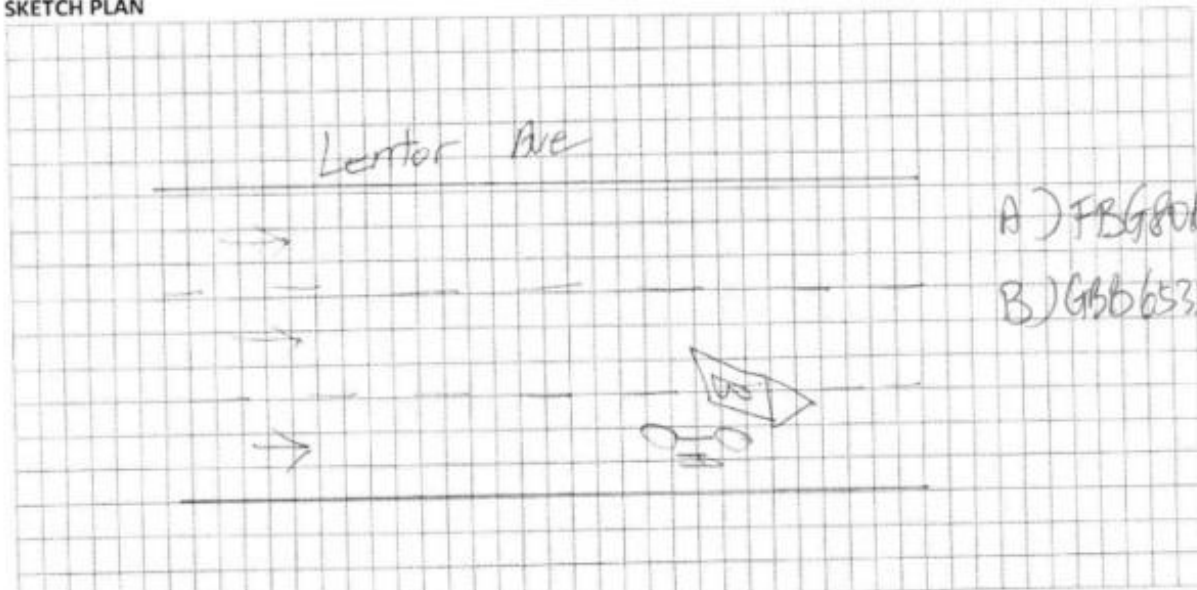
  
\_\_\_\_\_  
Policyholder's Signature Date  
& Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

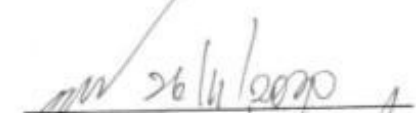
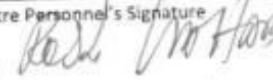
As a police Report T/20201119/2126

## DECLARATION

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

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.:

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201119/2126

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20201119/2126

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2020 23:51		Vide Report No.: L/20201119/0112		Station Diary No.: 198	
<b>Informant's Particulars</b>					
Name of Informant: CHIA HAI SOON			Address: APT BLK 121A CANBERRA STREET #09-711 SINGAPORE 751121		
ID Type / ID No.: NRIC NO / S12201551			Contact No.: Home/Office: Mobile: 91448256		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 28/12/1956	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: REGISTERED TECHNICAL OFFICER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/11/2020 18:30	Type of Location: Straight Road
Location:  LENTOR AVENUE				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: RIDER SELF SKIDDED			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG8067U	Motorcycle	YAMAHA	JUPITER 135 MANUAL	Red	Totally Damaged	0
GBB6533E	Van					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201119/2126

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20201119/2126

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG8067U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19504785	05/12/2019	04/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIA HAI SOON	ID No.	S1220155I
Related Vehicle	FBG8067U (Motorcycle)	Contact No.	91448256
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	19/11/2020	Date Discharge	19/11/2020
No. of Days granted Medical Leave	08	Degree of Injury	Serious

### Brief Details.

On 19/11/2020 at about 1830hrs, I was riding my motorcycle along Lentor Avenue, Lane 1 towards Yishun, just after Lentor Flyover. The road was wet but it was not raining and the traffic was heavy. At that juncture, there was a van that suddenly changed lane from Lane 2 to Lane 1, in front of my motorcycle. I pressed the horn and suddenly jammed brake but I was unable to stop in time. As such, I self skidded and fell into the drain on the road divider. I then called for the Police whilst the van driver called for the Ambulance. The Traffic Police and the Ambulance then arrived and interviewed all parties. I was then conveyed to Khoo Teck Puat Hospital via the Ambulance whilst my motorcycle was brought to the Traffic Police. I had a swollen right leg and ankle, bleeding on right thigh, numbness and swelling on the fingers on my right hand and pain on right shoulder. I was then given 8 days of MC and was informed to have a further check up. I was then asked to lodge a Police Report vide L/20201119/0112.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201119/2126

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
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3 of 3


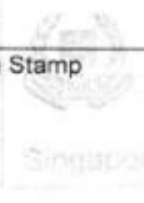
Report No. T/20201119/2126

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: L / Sgt 2 BENJAMIN TAN CHAO FENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2020 23:51
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168 	



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

