

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 Submission 26/11/2020 18:19 (SGT)
Date of Accident 19/11/2020 18:30 (SGT)
Exact Location of Accident Lentor Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG8067U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIA HAI SOON
NRIC No SXXXX155I
Email Address haisoon1220@gmail.com
Mobile Phone No (Phone) +65-91448256
Alternative Phone No +65-91448256

VEHICLE PARTICULARS

Manufacturer Yamaha
Model JUPITER LC135 135cc
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage ThirdPartyFireTheft
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 27/12/1956
Occupation Indoor

Date Of Driving Pass	11/01/1996
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91448256
Alt. Phone Number	+65-91448256
Email Address	haisoon1220@gmail.com
Address	BLK 121A CANBERRA STREET #09-711
Address complement	-
Postcode	751121
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
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 Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

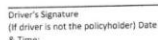
Name of injured person CHIA HAI SOON
Address
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS INJURIES
Injured person in which vehicle? FBG8067U
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

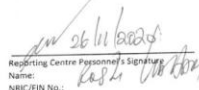

SKETCH PLAN

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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:

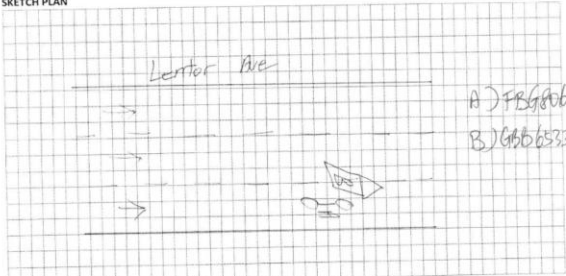

Driver's Signature (If driver is not the policyholder) Date & Time:


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

GIA/RAC SketchPlanForm_V3

1

SKETCH PLAN





A) FBG80674
B) GAB6532E

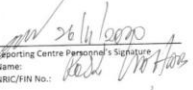
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/2020119/2126

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.: _____

GUAMMC SketchPlanForm_V3









**SINGAPORE
POLICE FORCE**



T/20201119/2128

1 of 3

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

Report No. T/20201119/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2020 23:51	Vide Report No.: L/20201119/0112	Station Diary No.: 198
Informant's Particulars		
Name of Informant: CHIA HAI SOON		Address: APT BLK 121A CANBERRA STREET #09-711 SINGAPORE 751121
ID Type / ID No.: NRIC NO / S1220155I	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:	Date/Time of Accident:	Type of Location:
	No	No	19/11/2020 18:30	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



**SINGAPORE
POLICE FORCE**



T/20201119/2126

2 of 3

Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 766827
Tel No: 1800-8529999

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.



SINGAPORE
POLICE FORCE



T/20201119/2126

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

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	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0020 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S66309206 / GST Reg. No.: MM0017735

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: MNA420105447 Vehicle Registration No: FEG 8067U
 Name (as shown in NRIC): CHAI HAI SOON NRIC/FIN/Passport No: S 12201551
 (*Vehicle Driver / Vehicle Owner) (*Please delete as appropriate)
 Address: BLK 121A CAN BEER STREET #09-711 Singapore (751211)
 Contact (Tel): - Mobile No.: 91448356
 Email Address: hai soon1220@gmail.com
 Date of Accident: 19/11/2020 Time of Accident: 18:30
 Place of Accident: LENTOR AVENUE
 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:

To INCLUDE EMAIL add: hai soon1220@gmail.com

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Person's Signature
 Name: Bob Lim
 NRIC/FIN No.: 8888 8888
 Date: 31/12/2020