

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 31/12/2020 09:54 (SGT)
Date of Accident 30/12/2020 09:20 (SGT)
Exact Location of Accident Redhill Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN7138T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN JACKIE
NRIC No SXXXX503F
Email Address ghostofash89@gmail.com
Mobile Phone No (Phone) +65-91002137
Alternative Phone No +65-91002137

VEHICLE PARTICULARS

Manufacturer Yamaha
Model MT-03 ABS
Variant -
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 - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number MSD/VMS/20-512264-WTT
Cover Note Number -

DRIVER

Name of Driver TAN JACKIE
NRIC No SXXXX503F
Date Of Birth 26/12/1989
Occupation Indoor

Date Of Driving Pass	20/02/2010
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91002137
Alt. Phone Number	+65-91002137
Email Address	ghostofash89@gmail.com
Address	BLK 58 LENGKOK BAHRU
Address complement	#09-533
Postcode	150058
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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?	No
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:D/20201230/7024

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	SJZ8330P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HAN HWEE JUAN
NRIC No	SXXXX444I

Contact Number	(Phone) +65-91713823
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	TAN JACKIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	KNEE INJURY
Injured person in which vehicle?	FBN7138T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

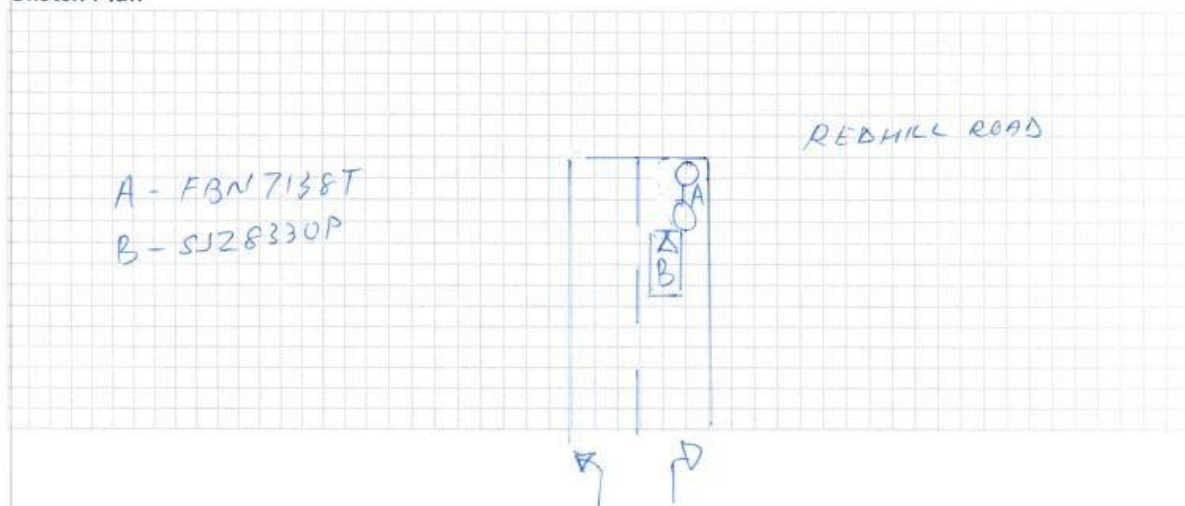
SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

J 30/12/2020
Policyholder's Signature / Date & Time

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

sfym 31/12/20
Witnessed by Reporting Centre Personnel


Sketch Plan

Describe Circumstances of the Accident


Pls refer to the police report: D/30201230/7024

Declaration

We declare the foregoing particulars are true in every respect.

 30/12/2020
Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

 31/12/20
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



D/20201230/7024

1 of 2

POLICE REPORT (NP299)

Report No. D/20201230/7024

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 30/12/2020 16:00	Vide Report No.	Station Diary No.
Name Of Informant TAN JACKIE	Address 58 LENGKOK BAHRU #09-533 SINGAPORE 150058	
ID Type / ID No. NRIC NO / S8946503F	Contact No. Home/Office:	Mobile: 91002137
Nationality SINGAPORE CITIZEN	Email Address GHOSTOFASH@HOTMAIL.COM	
Occupation Shop sales assistant	Sex Male	Age 31
Institution/School Name	Date of Birth 26/12/1989	Race Chinese
	Language English	
Date/Time Of Incident 30/12/2020 09:20 - 30/12/2020 09:30	Location Of Incident 58 LENGKOK BAHRU #09-533 SINGAPORE 150058	

Brief details.

i was travelling onto this Redhill road t-Junction, wanted to turn right, I stopped at the stop line to check for traffic clear before i move on to turn right, as i stopped someone from the back hit me at my rear left of my bike. As I tired to hold my bike weight all lead to Right side and causes my knee to injured due to my leg holding the weight of the bike which in result i got 3 day MC from Dr Steven Ang Aesthetic & family clinic.

Subjects Involved	
Victim	
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: 30/12/2020 16:00
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

















**SINGAPORE
POLICE FORCE**



D/20201230/7024

1 of 2

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**SINGAPORE
POLICE FORCE**



D/20201230/7024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201230/7024

Person Name	TAN JACKIE		
ID Type	NRIC NO	ID No	S8946503F
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Shop sales assistant	Address	58 LENGKOK BAHRU #09-533 SINGAPORE 150058
Mobile No	91002137	Is Informant A Victim?	Yes
Person Name	TAN JACKIE (Informant)		

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: 30/12/2020 16:00
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	