

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	04/01/2021 14:25 (SGT)
Date of Accident	18/12/2020 16:00 (SGT)
Exact Location of Accident	Bishan Street 11, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL2544Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SU HAU
NRIC No	SXXXX145J
Email Address	jameswee.sh@gmail.com
Mobile Phone No	(Phone) +65-91183314
Alternative Phone No	+65-91183314

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cbf190wh
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 - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MSD/VMS/20-415469-CA
Cover Note Number	-

DRIVER

Name of Driver	TAN SU HAU
NRIC No	SXXXX145J
Date Of Birth	19/05/1992

Date Of Driving Pass	05/04/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91183314
Alt. Phone Number	+65-91183314
Email Address	jameswee.sh@gmail.com
Address	BLK 144 BISHAN ST 12 #08-538
Address complement	-
Postcode	570144
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	Side Swipe
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201230/2075

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	SKT6267Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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 SU HAU
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? FBL2544Y
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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' 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

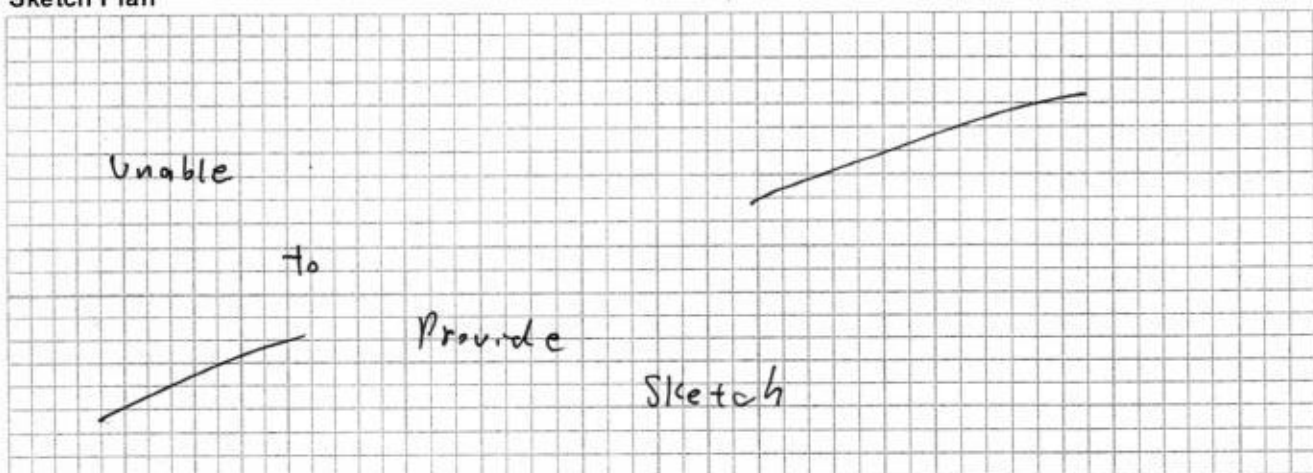
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

Sketch Plan



Unable to provide Sketch

Refer to Police Report T/20201230/2075

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20201230/2075

1 of 3

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

Report No. T/20201230/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2020 15:11	Vide Report No.: E/20201218/0131	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAN SU HAU		Address: APT BLK 144 BISHAN STREET 12 #08-538 BISHAN GREEN SINGAPORE 570144	
ID Type / ID No.: NRIC NO / S9217145J		Contact No.: Home/Office: Mobile: 91183314	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 19/05/1992	Type of Informant: Rider
Race:		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/12/2020 16:00	Type of Location:
Location: BISHAN STREET 11				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL2544Y	Motorcycle	HONDA	CBF190WH	Orange		0
SKT6267Y	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL2544Y	MSIG INSURANCE (SINGAPORE)	72259480	29/07/2020	28/07/2021



**SINGAPORE
POLICE FORCE**



T/20201230/2075

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

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Report No. T/20201230/207

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN SU HAU	ID No.	S9217145J
Related Vehicle	NIL	Contact No.	91183314
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 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 AND TIME,

I WAS HEADING OUT TO GEYLANG FROM MY HOUSE TO PURCHASE FOOD, AND I AM UNABLE TO RECALL HOW I WAS INVOLVED IN AN ACCIDENT AND HOW I FELL

THAT IS ALL



**SINGAPORE
POLICE FORCE**



T/20201230/2075

3 of 3

Report No. T/20201230/2075

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

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 /
LEE CHEN EN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476178

Authentication Stamp

NO 120

Signature Of Informant:

Date/Time:
30/12/2020 15:11

Classification Of Case:



**SINGAPORE
POLICE FORCE**

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 28/07/2020

AGENCY: A0074-001-10238
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/20-415469-CA

INSURED:

NAME: TAN SU HAU
ADDRESS: 144 BISHAN ST 12
#08-538
SE 570144NRIC NO: S9217145J
DATE OF BIRTH: 19/05/1992 (28 yrs)
DRIVING EXP: 05/04/2018 (2 yrs)
CONTACT NO: 91183314

BUSINESS OR PROFESSION: STUDENT

PERIOD OF INSURANCE FROM: 29/07/2020 TO 28/07/2021
12:01AM

REGISTRATION NUMBER: FBL2544Y

CUBIC CAPACITY: 184

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2016

INSURED ESTIMATE OF VALUE: PMV
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23 97 - INSURED

EXCESS: \$300(FIRE&THEFT) \$600(ENDT 2K)

PREMIUM: 229.50

GST @ 7% 16.07

TOTAL : 245.57

NO CLAIM BONUS OF 15% IS ALLOWED

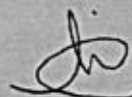
NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: SOON HIN MOTORS PTE LTD

REPLACING POLICY NO: MSD/VMS/19-402059-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.



Approved Insurers

ACCIDENT STATEMENT

ACCIDENT DATE: (18/12/20) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: Bishan St 11

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 2544Y
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda CBF 190WH 154CC manual
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Tan Su Han (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 91183314
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKT 6267 Y. MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

James wee . sh

Email = james wee . sh @ gmail . com

fax =

video = No.

* CI

* bike photo by
 Saturday