

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 07/12/2020 16:53 (SGT)
Date of Accident 05/12/2020 20:30 (SGT)
Exact Location of Accident Near 1 Toh Tuck Terrace, Singapore 596638
Additional Location Information TOH TUCK ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ3937B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO YI XUAN
NRIC No S9831846A
Email Address HOYIXUAN7@GMAIL.COM
Mobile Phone No (Phone) +65-81890023
Alternative Phone No (Home) +65-81890023

VEHICLE PARTICULARS

Manufacturer Yamaha
Model R15
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 ThirdParty
Fleet Policy No
Policy Number MSD/VMT/20-408768-CA
Cover Note Number -

DRIVER

Name of Driver HO YI XUAN
NRIC No S9831846A
Date Of Birth 13/09/1998
Occupation Indoor

Date Of Driving Pass	18/11/2019
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81890023
Alt. Phone Number	(Home) +65-81890023
Email Address	HOYIXUAN7@GMAIL.COM
Address	APT BLK 440B BUKIT BATOK WEST AVENUE 8 #12-737
Address complement	-
Postcode	652440
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JONATHAN BONETA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT ATTACH

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	GBE1303U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOKE TECK SOON MARCUS
NRIC No	S9918621F
Contact Number	(Phone) +65-88770424
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	HO YI XUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBJ3937B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JONATHAN BONETA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBJ3937B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	SAMUEL YAP MING HUA
Phone	(Phone) +65-84998891
Email	SAMUELYAP1998@GMAIL.COM

SKETCH PLAN**IMPORTANT NOTICE**

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6. The 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 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.

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok St 23
 Singapore 659345
 Tel: 6567 9427 / 6560 3312
 Fax: 6569 0722
 Email: vacbb@singnet.com.sg

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.:

SKETCH PLAN

ToH Tuke Road.

A - FBJ 3937B

B - GBE 1303U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report.

DECLARATION

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

GP
Policyholder's Signature
Date & Time:

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 659545
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722
Email: var@idacsingapore.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





































**SINGAPORE
POLICE FORCE**



T/20201206/2072

1 of 4

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20201206/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2020 18:48		Vide Report No.:		Station Diary No.: 140
Informant's Particulars				
Name of Informant: HO YI XUAN		Address: APT BLK 440B BUKIT BATOK WEST AVENUE 8 #12-737 SINGAPORE 652440		
ID Type / ID No.: NRIC NO / S9831846A		Contact No.: Home/Office: Mobile: 81890023		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 22	Date of Birth: 13/09/1998	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2020 20:30	Type of Location: Straight Road
Location: TOH TUCK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ3937B	Motorcycle	YAMAHA	YZF-R15 MANUAL	Blue	Slightly Damaged	1
GBE1303U	Van					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ3937B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20408768	08/10/2020	29/04/2021



**SINGAPORE
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T/20201206/2072

Police Station Of Origin:
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659840
Tel No: 1800-6659999

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Report No. T/20201206/2072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	JONATHAN BONETA	ID No.	S9819620Z
Related Vehicle	FBJ3937B (Motorcycle)	Contact No.	97220369
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	HO YI XUAN	ID No.	S9831846A
Related Vehicle	FBJ3937B (Motorcycle)	Contact No.	81890023
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOKE TECK SOON MARCUS	ID No.	S9918621F
Related Vehicle	GBE1303U (Van)	Contact No.	88770424
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 05/12/2020 at about 2030hrs, I was riding along Toh Tuck Road together with a pillion on the one lane road. Thereafter, a van (registration plate: GBE1303U) which was driving next to us and made an abrupt left turn. We then crashed on his front left wheel and skidded along side his van upon impact. The van driver told us that it was our fault. However, the driver didn't give early turn signal and made an abrupt left turn.

I suffered minor abrasions. However, my pillion complain of pain hence we went to Ng Teng Fong Hospital for medical assessment.



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T/20201206/2072

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Report No. T/20201206/2072

CONTINUATION OF REPORT

I wish to add that the driver had passed his Class 3 and 4 license on 09/10/2020 but he didn't display the P plate.



**SINGAPORE
POLICE FORCE**



T/20201206/2072

Police Station Of Origin:
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659840
Tel No: 1800-6659999

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Report No. T/20201206/2072

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: J / Sgt 2 MUHAMMAD MUJAHID BIN SAMSUDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2020 18:48
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULEAZLI BIN ABDULLAH Contact No.: 65474885	Classification Of Case:
Authentication Stamp NP168 