

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	28/01/2021 19:33 (SGT)
Date of Accident	28/01/2021 07:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along McNair Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4500L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Caleb Chua Chee Keong
NRIC No	SXXXX589A
Email Address	calebchuack74@gmail.com
Mobile Phone No	(Phone) +65-91172232
Alternative Phone No	+65-91172232

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	FZ16ST
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	Comprehensive
Fleet Policy	No
Policy Number	CN:72256290
Cover Note Number	-

DRIVER

Name of Driver	Caleb Chua Chee Keong
NRIC No	SXXXX589A

Date Of Driving Pass	07/08/2003
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91172232
Alt. Phone Number	+65-91172232
Email Address	calebchuack74@gmail.com
Address	Blk 107 Potong Pasir Avenue 1 #09-468
Address complement	-
Postcode	350107
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 - Opening Door of Vehicle
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	Howard Chua Yu Heng
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report

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	SLA3738M
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Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ5906Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

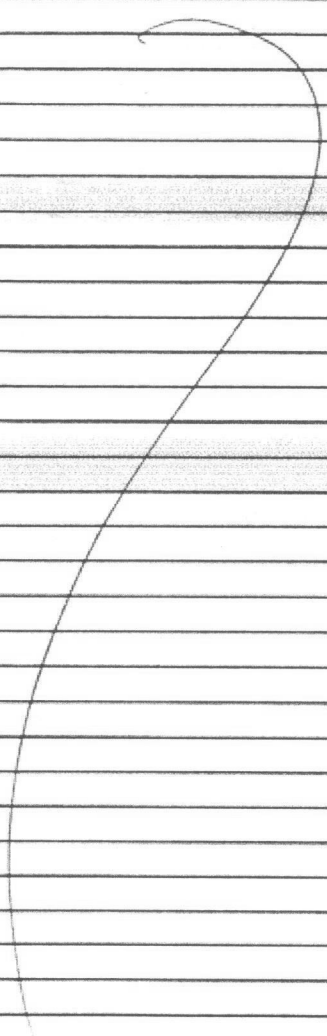
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Caleb Chua Chee Keong
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	46
Injuries Sustained	5 days Medical Leave
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstances of the Accident

refer to police Report no 7/20210122/2019



Declaration

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@idac.com.sg

Witnessed by Reporting Centre
Personnel

28 JAN 2021

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

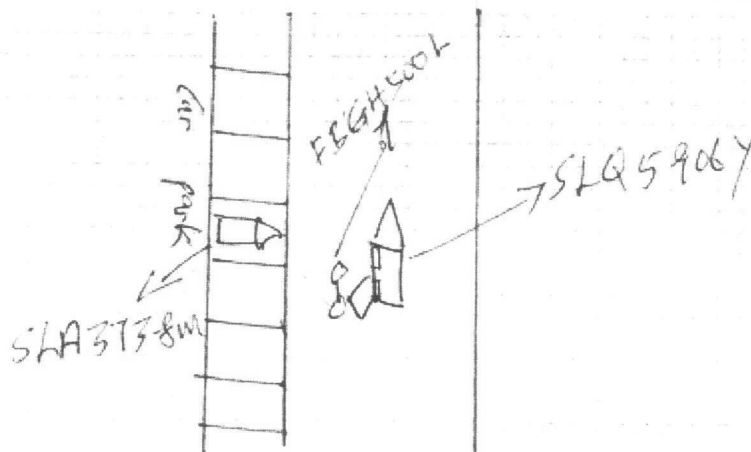
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

28 JAN 2021

Sketch Plan





SINGAPORE POLICE FORCE



T/20210128/2019

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20210128/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2021 10:27	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: CALEB CHUA CHEE KEONG			Address: APT BLK 107 POTONG PASIR AVENUE 1 #09-468 SINGAPORE 350107		
ID Type / ID No.: NRIC NO / S7434589A			Contact No.: Home/Office:		Mobile: 91172232
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 16/10/1974	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SENIOR TECHNICAL OFFICER			Driving Licence Information: Class: 2B,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2021 07:15	Type of Location: Car Park
Location: MCNAIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4500L	Motorcycle	YAMAHA	FZ16ST	Black	Slightly Damaged	1
SLA3738M	Car	HYUNDAI	TL TUCSON FL 1.6 GLS T-GDI DCT 2WD	White	Slightly Damaged	0
SLQ5906Y	Car	KIA	CERATO K3 1.6A SUNROOF	Black	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210128/2019

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

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Report No. T/20210128/2019

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG4500L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72256290	25/07/2020	24/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	HOWARD CHUA YU HENG		ID No.	NIL
Related Vehicle	FBG4500L (Motorcycle)		Contact No.	NIL
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
Rider				
Name	CALEB CHUA CHEE KEONG		ID No.	S7434589A
Related Vehicle	FBG4500L (Motorcycle)		Contact No.	91172232
Hospital/Clinic	HORIZON MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	28/01/2021		Date Discharge	NIL
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Vehicle Owner				
Name	ERIC KOW		ID No.	NIL
Related Vehicle	SLA3738M (Car)		Contact No.	98422696
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



**SINGAPORE
POLICE FORCE**



T/20210128/2019

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Toa Payoh N.P.C

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Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

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Report No. T/20210128/2019

Driver			
Name	YAP LAI ENG	ID No.	SXXXX841J
Related Vehicle	SLQ5906Y (Car)	Contact No.	91448774
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 28/01/2021 at about 0715hrs, I was riding my motorbike at the carpark of Block 111 McNair Road and sending my son Howard to school. There was a vehicle at the carpark (SLQ5906Y) which was parked at the middle of the road between the parked cars and HDB walkway and it was blocking the entire road. As such, I advanced my motorbike from the left of the vehicle in between the parked cars.

Out of a sudden, the rear left passenger door was opened from the vehicle. As such, the door hit against the right side of my cheek and my upper jaw and the right side of my motorbike. Me and my son then fell to the left side and we landed onto a parked vehicle in the parking lot (SLA3738M). My motorbike also landed on the parked vehicle. There was no driver in the parked car.

The driver of SLQ5906Y got out of her vehicle and exchanged particulars with me. I realized that her daughter has actually opened the door without checking and caused the accident. No police or ambulance was called to the accident. As I felt discomfort on my left shoulder and wrist area as well as pain in my left upper jaw and cheek area, I went to seek medical attention after dropping off my son at school. I was given 05 days of unfit for work from 28/01/2021 to 01/02/2021 by Horizon Medical Pte Ltd. My son has also complained of discomfort and I will be fetching him from school to see a doctor as well. I wish to add on that while awaiting for the tow truck, the vehicle owner of the parked car (SLA3738M) provided me with his name and contact number after I informed him of the accident.

As a result of the accident, my motorbike has sustained a broken left mirror, clutch lever as well as scratches all over. I am lodging this report for insurance claims.



SINGAPORE
POLICE FORCE



T/20210128/2019

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Tel No: 1800-2519999

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Report No. T/20210128/2019

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:

E /

Sgt 2 ROLAN LEE KOON LENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

28/01/2021 10:27

Classification Of Case:

SN 168