

# 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 ..... 16/03/2021 15:55 (SGT)  
Date of Accident ..... 08/03/2021 10:33 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF SIMS AVE (NEAR LORONG 31 GEYLANG)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG4399M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE NAM HUAT  
NRIC No ..... SXXXX401E  
Email Address ..... CST\_1111@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96273829  
Alternative Phone No ..... +65-96273829

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Jupiter mx 135  
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/20-510104-WTT  
Cover Note Number ..... 30/11/2020-16/07/2021

### DRIVER

Name of Driver ..... LEE NAM HUAT  
NRIC No ..... SXXXX401E  
Date Of Birth ..... 18/07/1961  
Occupation ..... Outdoor

Date Of Driving Pass .....	16/11/1984
Driving experience .....	36 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96273829
Alt. Phone Number .....	+65-96273829
Email Address .....	CST_1111@HOTMAIL.COM
Address .....	BLK 325 UBI AVENUE 1 #03-705
Address complement .....	-
Postcode .....	400325
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? .....	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/20210310/7003.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJY7900G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

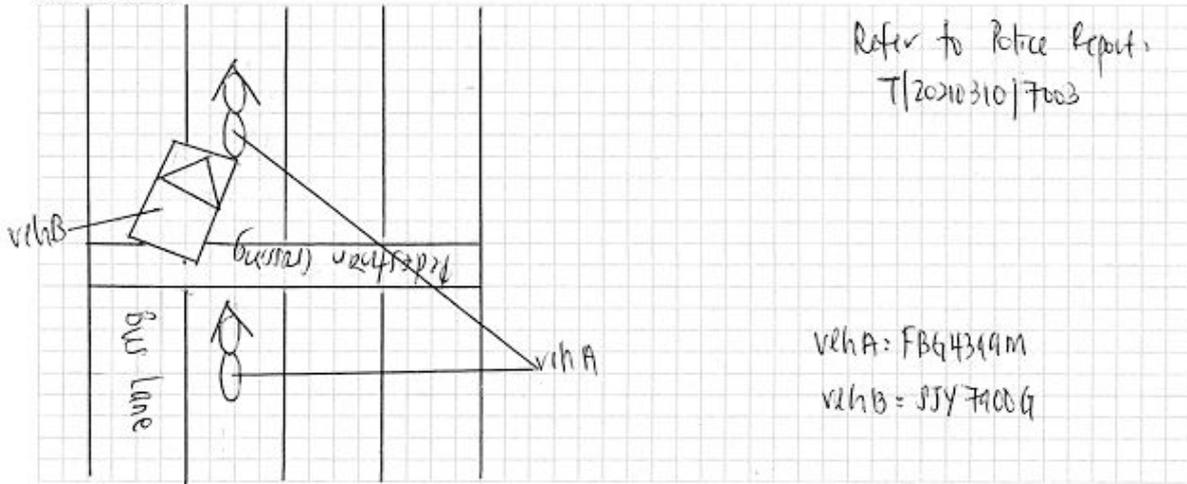
Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	LEE NAM HUAT
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	MULTIPLE ABRASIONS ON BOTH HANDS, LEFT ELBOW KNEE & LEFT ANKLE.
Injured person in which vehicle? .....	FBG4399M
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN



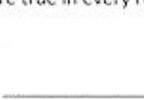
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/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:

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

**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.:



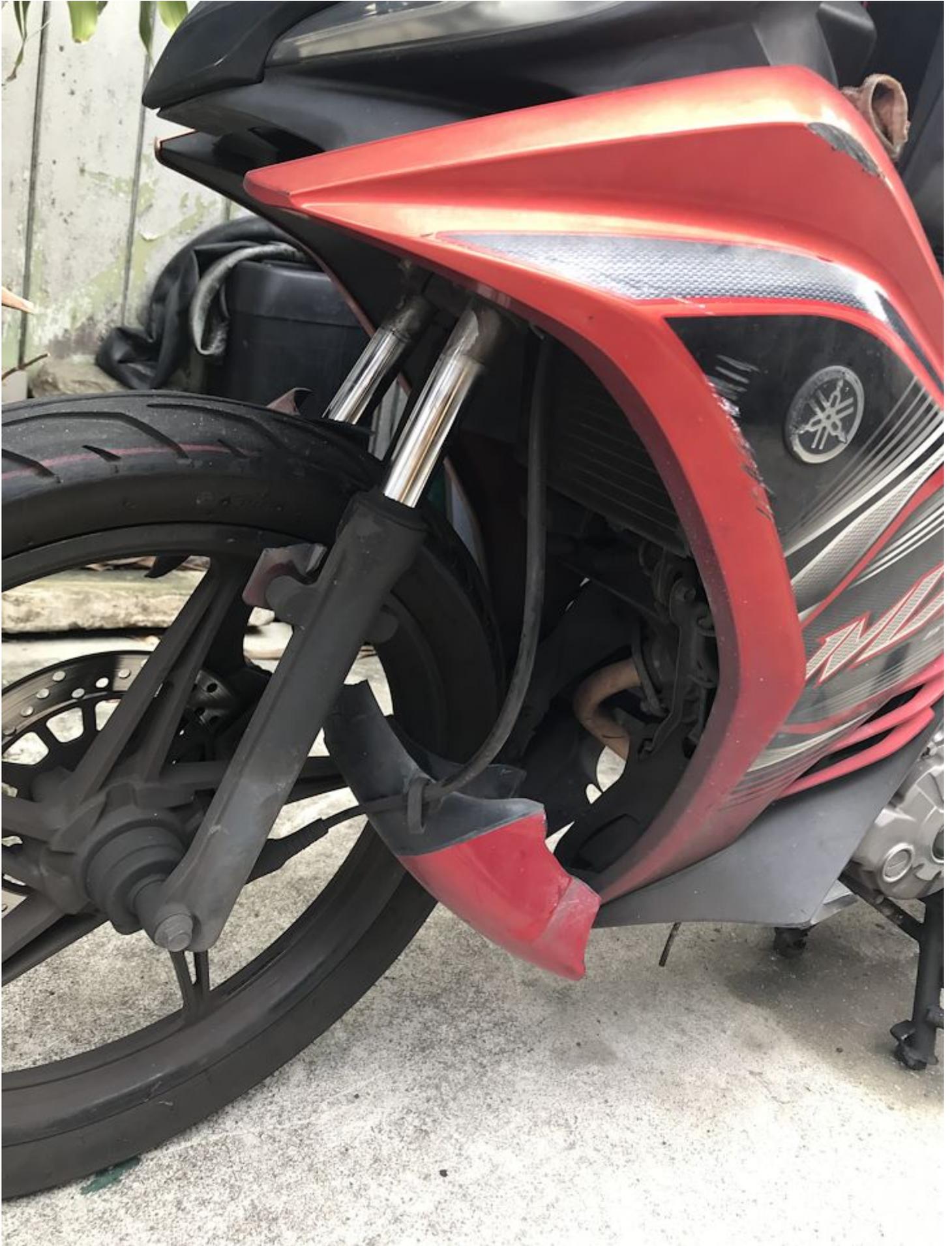
















**SINGAPORE  
POLICE FORCE**



T/20210310/7003

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

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Report No. T/20210310/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
10/03/2021 10:35

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

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



T/20210310/7003

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Report No. T/20210310/7003

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210310/7003

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

2 of 4

Report No. T/20210310/7003

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG4399M	MSIG INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	LEE NAM HUAT	ID No.	S1484401E	
Related Vehicle	FBG4399M (Motorcycle)	Contact No.	96273829	
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL	
Date	08/03/2021	Date	09/03/2021	
No. of Days granted Medical Leave	07	Degree of	Slight	
Passenger				
Name	Unknown Passenger	ID No.	NIL	
Related Vehicle	SJY7900G (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

I was riding my motorcycle (Yamaha/FBG4399M) along Sims Ave on the third lane of 4 and i had stop at the traffic light (near Lorong 31 Geylang).

When the traffic light turn green, I checked the traffic and when it is clear, I rode my motorcycle when a vehicle knocked me from the left side of my motorcycle causing me to flung out of my motorcycle. The vehicle stop a few metres away and help me. The vehicle that knocked me is Mercedes/SJY7900G. Ambulance soon came and I was brought to Raffles Hospital. I suffered some abrasions on both hands, left below knee and left ankle.

I was given outpatient treatment and given 1 week of medical leave (Medical Certificate: 454110)

I am lodging this report for Traffic Police Investigation.





**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 (Co. Reg. No. 2004122120)  
 4 Shenton Way, #21-01, SGX Centre 2,  
 Singapore 068807  
 Tel +65 6827 7888 Fax +65 6827 7800  
 msig.com.sg

Agency :  
 Endorsement No : A0633-001/W0803  
 Vehicle No : MSD/VMT/20-E171370-WT  
 Policy No : FBG4399M  
 Name : MSD-VMT/20-510104-WT  
 LEE NAM HUAT

Effective Date : 30-11-2020  
 Expiry Date : 16-07-2021  
 Effective Time : 1627PM

Notwithstanding anything within stated to the contrary, it is hereby declared and agreed that as from the above stated effective date, the following amendment(s) is/are made to this policy :-

( 1 ) COMM USE (FOOD/PARCEL DELIVERY SVCS EXTN)

It is hereby declared and agreed that the Policy is extended to cover use for food and/or parcel delivery services. Item (iii) under 'The Policy does not cover' is deemed to be deleted. Extension is subject to a minimum pro-rated additional premium of S\$50.00

Withdrawal of this extension, a refund premium is allowed based on pro-rata basis and subject to a minimum retention of S\$50.00 on the additional premium paid. No refund will be payable if any claim has arisen during the period of the extended cover.

In view of the above change(s), the undermentioned charge(s) is/are payable to the company.

Addt. Premium : 50.00  
 GST @ 7 % : 3.50

Subject otherwise to the terms, conditions and exception of this policy.

SUBJECT TO PREMIUM WARRANTY CLAUSE ATTACHED

For MSIG INSURANCE (SINGAPORE) PTE. LTD.

WTT Insurance Agencies Pte Ltd  
 Underwriting Agents

PAGE : 1  
 DATE : 30/11/2020

Motor Workshop  
 Stephanie  
 86778052

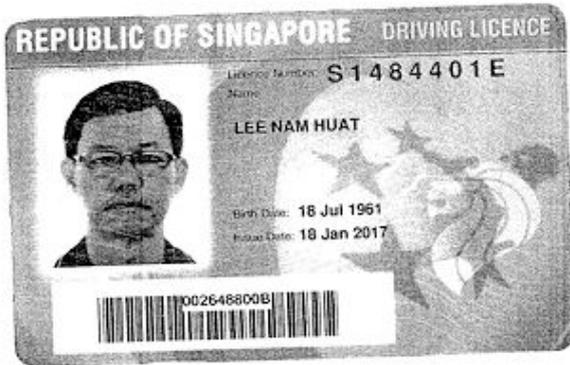
**RafflesHospital****MEDICAL CERTIFICATE**No: 454110Name: LEE NAM HUAT NRIC/Passport/FIN\*: S1484401EThis is to certify that the abovementioned is unfit for duty for 7 day(s)  
from 08/03/2021 (dd/mm/yy) to 14/03/2021 (dd/mm/yy).Type of leave Granted:  Outpatient Sick Leave  
 Post Surgery Leave  
 Maternity Leave  
 Hospitalisation / Post Hospitalisation\* LeaveAdmission Date: 08/03/2021 Discharge Date: 09/03/2021**This certificate is not valid for absence from court or other judicial proceedings.**DR RAVINDRA KUMAR KARUTURI  
Resident Physician  
MBBS (India)  
MCR ID: 114550E  
RafflesHospital

Signature and Name of Medical Practitioner

09/03/2021

Date of Issue

RH(M)/MEA/005/01





W 730803  
 MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 msig.com.sg

### CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)  
 The Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)  
 The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition (Republic of Singapore))  
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)  
 Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMT/20-510104-WTT A0633-001/W0803 S131452

SUM INSURED : TPL  
 EXCESS : NIL

1. Index mark and Registration Number of Vehicle S1484401B  
 FBG4399K  
 YAMAHA 134 c.c.
2. Name of Policyholder LEE NAM HUAT
3. Effective date of the Commencement of Insurance  
 for the purposes of the Act 1627PM 30/11/2020
4. Date of Expiry of Insurance 16/07/2021
5. Persons or Classes of Persons entitled to drive  
 a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations on Use  
 Use for domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover:
1. Use for hire or reward.
  2. Use for racing, pace-making, reliability trial or speed-testing.
  3. Use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof."

30/11/2020 (L)  
 WTT-CI-04(04/14)

WTT INSURANCE AGENCIES PTE LTD  
 Underwriting Agent  
 For MSIG Insurance (Singapore) Pte. Ltd.