

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 25/03/2021 10:00 (SGT)
Date of Accident 18/03/2021 19:10 (SGT)
Exact Location of Accident Orchard Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FF1616P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BEK ZHI EN LESTER
NRIC No SXXXX314A
Email Address LESTERBEK@GMAIL.COM
Mobile Phone No (Phone) +65-98628213
Alternative Phone No +65-98628213

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Mt-15
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
Transmission Manual
CC 155

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number MSD/VMS/20-419152-CA
Cover Note Number -

DRIVER

Name of Driver BEK ZHI EN LESTER
NRIC No SXXXX314A

Date Of Birth	20/11/1995
Occupation	Indoor
Date Of Driving Pass	07/06/2016
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98628213
Alt. Phone Number	+65-98628213
Email Address	LESTERBEK@GMAIL.COM
Address	33 BISHAN ST 11 #24-11
Address complement	-
Postcode	579820
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 - Change/cross lane
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210319/2300

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	SHF33D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	PUAH KEE SENG
NRIC No	SXXXX773E
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	BEK ZHI EN LESTER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FF1616P
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.
- (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

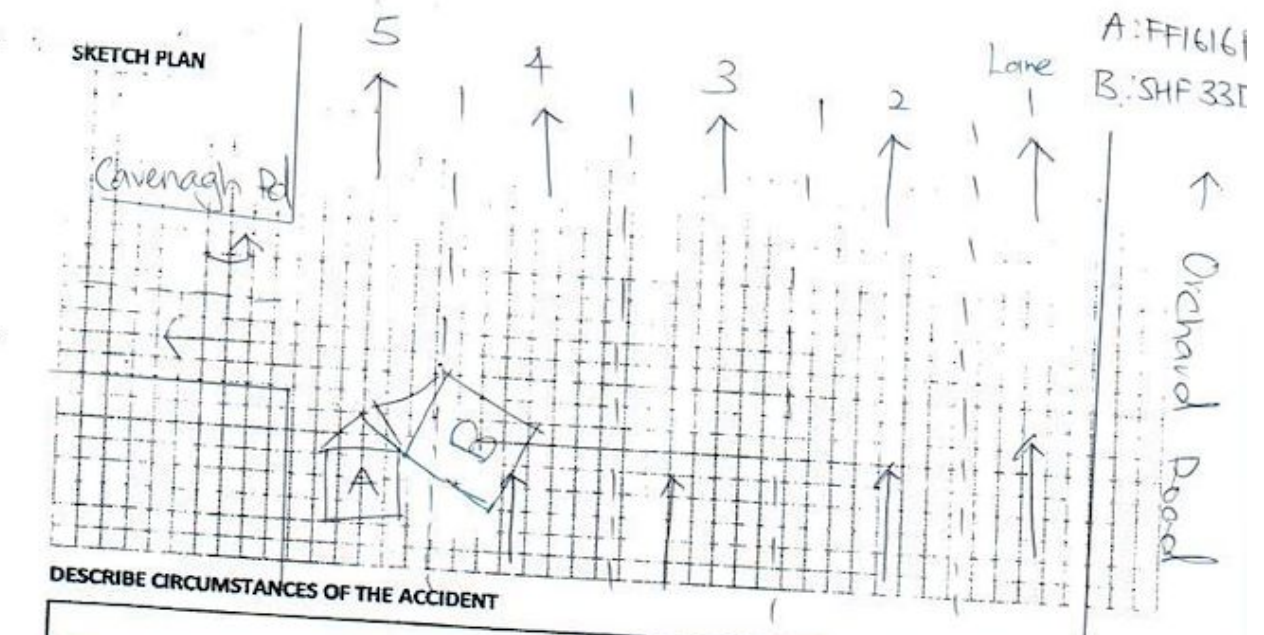
Date & Time: 22/3/21
1530pm

GIARMC SketchPlanForm_V3


Driver's Signature
(If driver is not the policyholder)

Date & Time: 22/3/21
1530pm


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Report No. T/10210319/2300

DECLARATION

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

WRSBHT
Policyholder's Signature
Date & Time: 22/3/21
1530pm
GUARDMC SketchPlanForm_V3

WRSBHT
Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/3/21
1530pm

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





















SINGAPORE POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20210319/2300

1 of 3

Report No. T/20210319/2300

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2021 02:04		Vide Report No.:		Station Diary No.: 8
Informant's Particulars				
Name of Informant: BEK ZHI EN, LESTER		Address: 33 BISHAN STREET 11 #24-11 SINGAPORE 579820		
ID Type / ID No.: NRIC NO / S9544314A		Contact No.: Home/Office: Mobile: 98628213		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 25	Date of Birth: 20/11/1995	Type of Informant: Rider	
Race: Chinese		Language: English		Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/03/2021 19:10	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Plate No.	Type	Make	Model	Colour	Damage	Other
FF1616P	Motorcycle	YAMAHA	MT15	Blue	Slightly Damaged	0
SHF33D	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Maroon	Slightly Damaged	0

Details of Vehicle Insurance				
Plate No.	Insurance Company	Policy No.	Start Date	End Date
FF1616P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72276480	07/11/2020	06/11/2021



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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20210319/2300

2 of 3

Report No. T/20210319/2300

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	BEK ZHI EN, LESTER		ID No.
Related Vehicle	FF1616P (Motorcycle)	Contact No.	98628213
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	PUAH KEE SENG		ID No.
Related Vehicle	SHF33D (Car)	Contact No.	88330131
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 the 19/03/21 at 1910hrs, I was travelling along Orchard Rd towards Bras Basah Rd on my bike FF1616P on the fourth lane. Suddenly, a taxi, SHF33D which was travelling along the second lane tried to cut across the lanes on the left attempting to turn into Cavenagh Rd. Since I was between the taxi and the road he was turning into, the cab collided front first into the right side of my motorcycle. I fell from my bike and landed on the road. I did not lose consciousness and stood back up.

Subsequently, the other driver and I exchanged particulars. An ambulance soon arrived at the scene and conveyed me back to Raffles Medical Hospital after accessing me. I was given 5 days of MC at the hospital. I did not have any cameras on my motorcycle during the accident.



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Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20210319/2300

3 of 3

Report No. T/20210319/2300

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 /
SCSGT(1) MOHAMED ZAFIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN
Contact No.: 65476090

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/03/2021 02:04

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 061

SIGNATURE