

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 13/04/2021 13:58 (SGT)
Date of Accident 05/04/2021 09:30 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH3398S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG THONG SEONG
NRIC No SXXXX042H
Email Address SOONHINMOTORS70@GMAIL.COM
Mobile Phone No (Phone) +65-86255688
Alternative Phone No +65-86255688

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
Transmission Manual
CC 135

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number MSD/VMS/20-512693-WTT
Cover Note Number -

DRIVER

Name of Driver WONG THONG SEONG
NRIC No SXXXX042H

Date Of Birth	05/08/1974
Occupation	Outdoor
Date Of Driving Pass	17/09/2005
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86255688
Alt. Phone Number	+65-86255688
Email Address	SOONHINMOTORS70@GMAIL.COM
Address	BLK 639 YISHUN ST 61 #09-164
Address complement	-
Postcode	760639
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?	No
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210405/2105

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	SMU6852D
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 WONG THONG SEONG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? FBH3398S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -


SKETCH PLAN**IMPORTANT NOTICE**

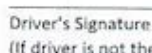
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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:

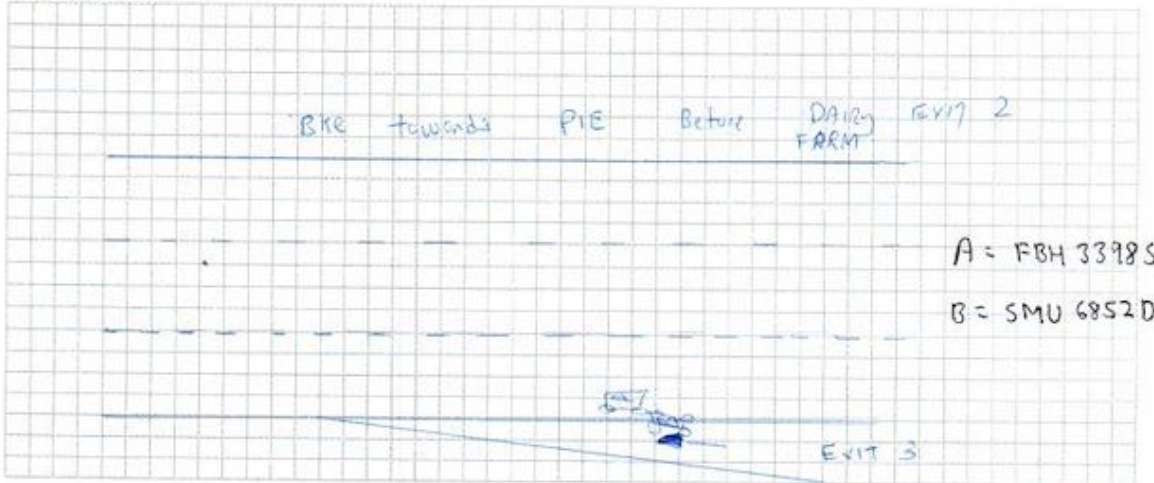
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~PLEASE REFER TO POLICE REPORT~~

On 05/04/2021 at about 0930 HRS I was riding my motorcycle FBH3398S along BKE towards PIE on the third lane. Vehicle B, SMU6852D exiting from Exit 3 made a change of lane & collided with my left REAR SIDE causing me & the motorcycle crash onto the railing at the side of the ROAD.

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.:

GIARMC SketchPlanForm_V3



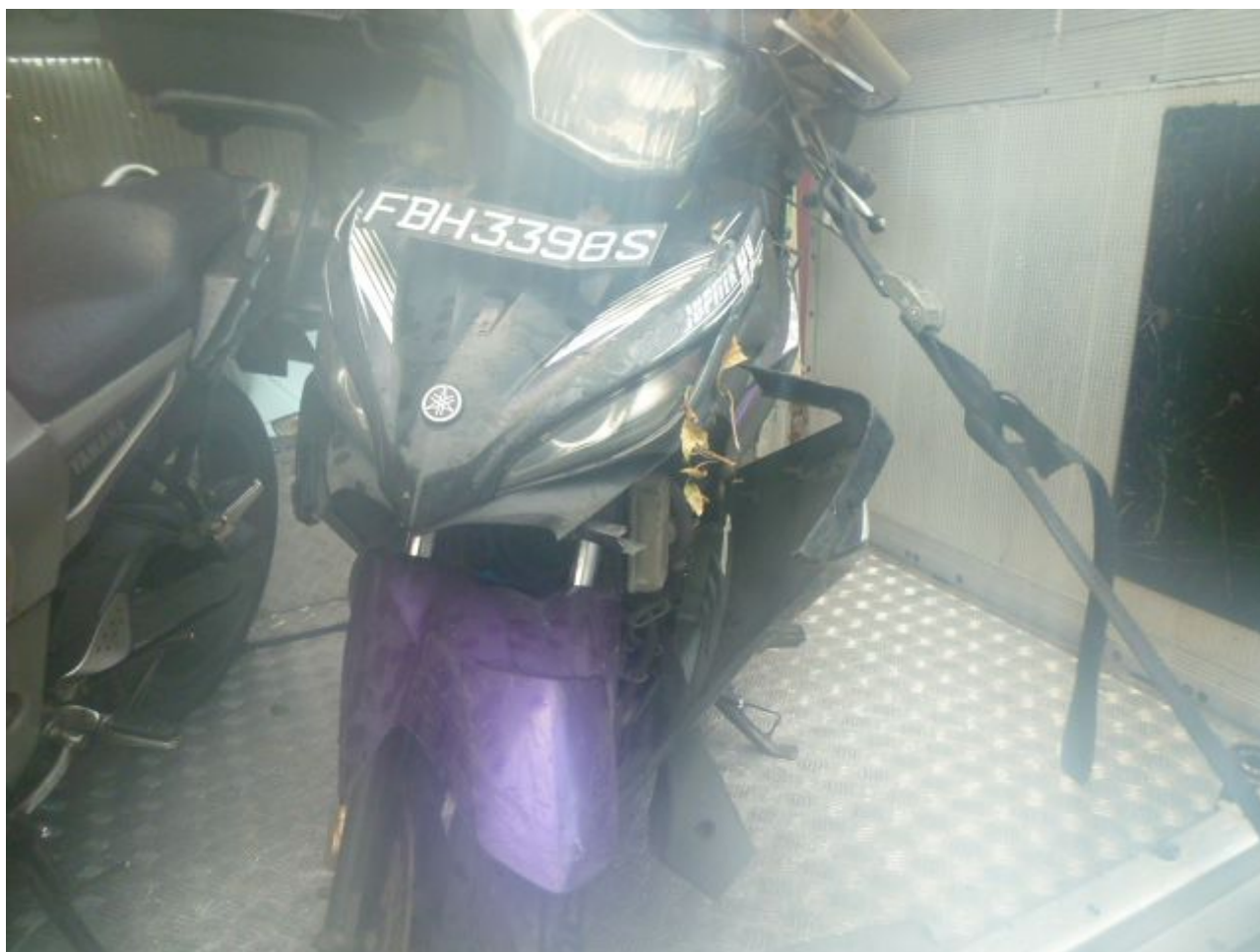




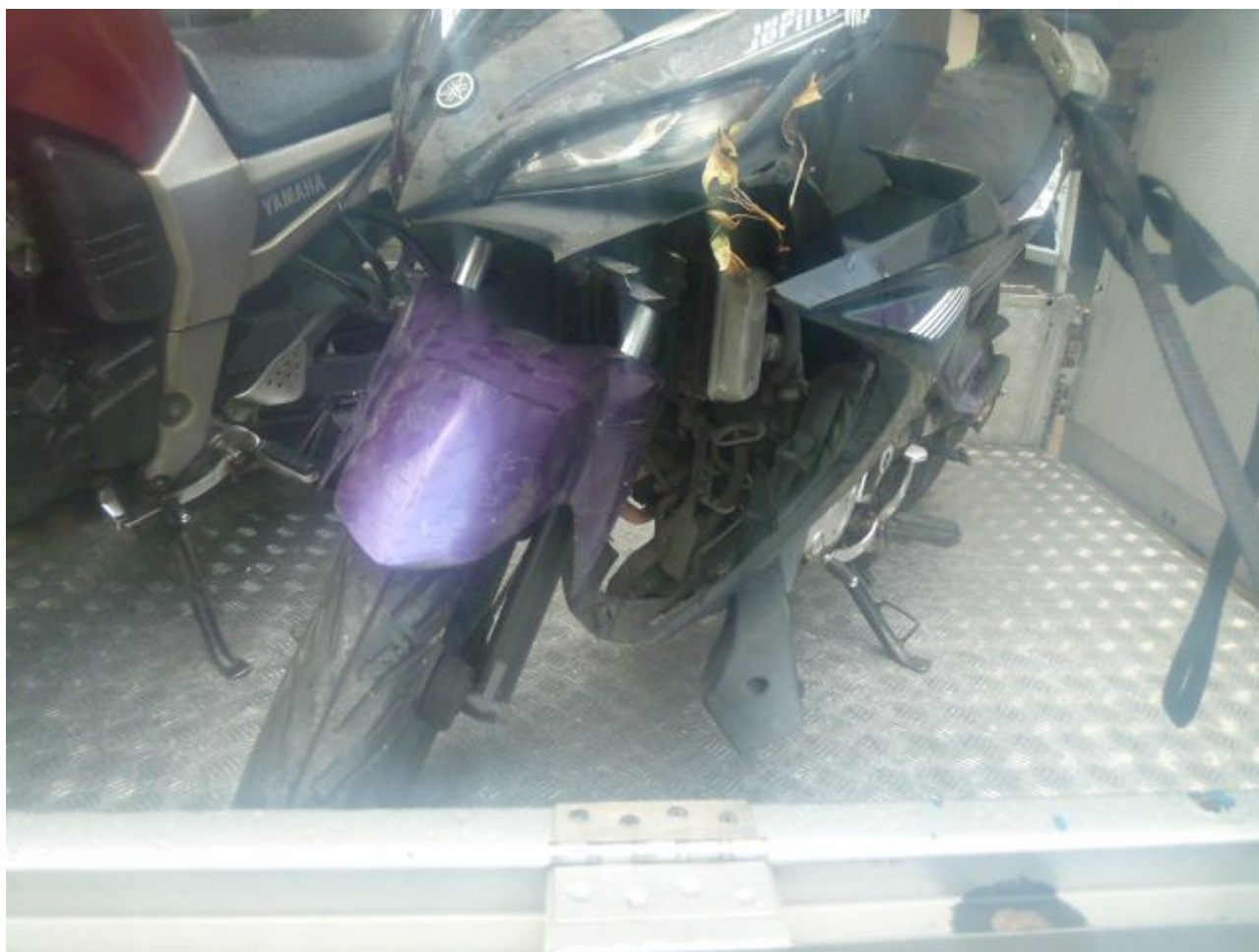


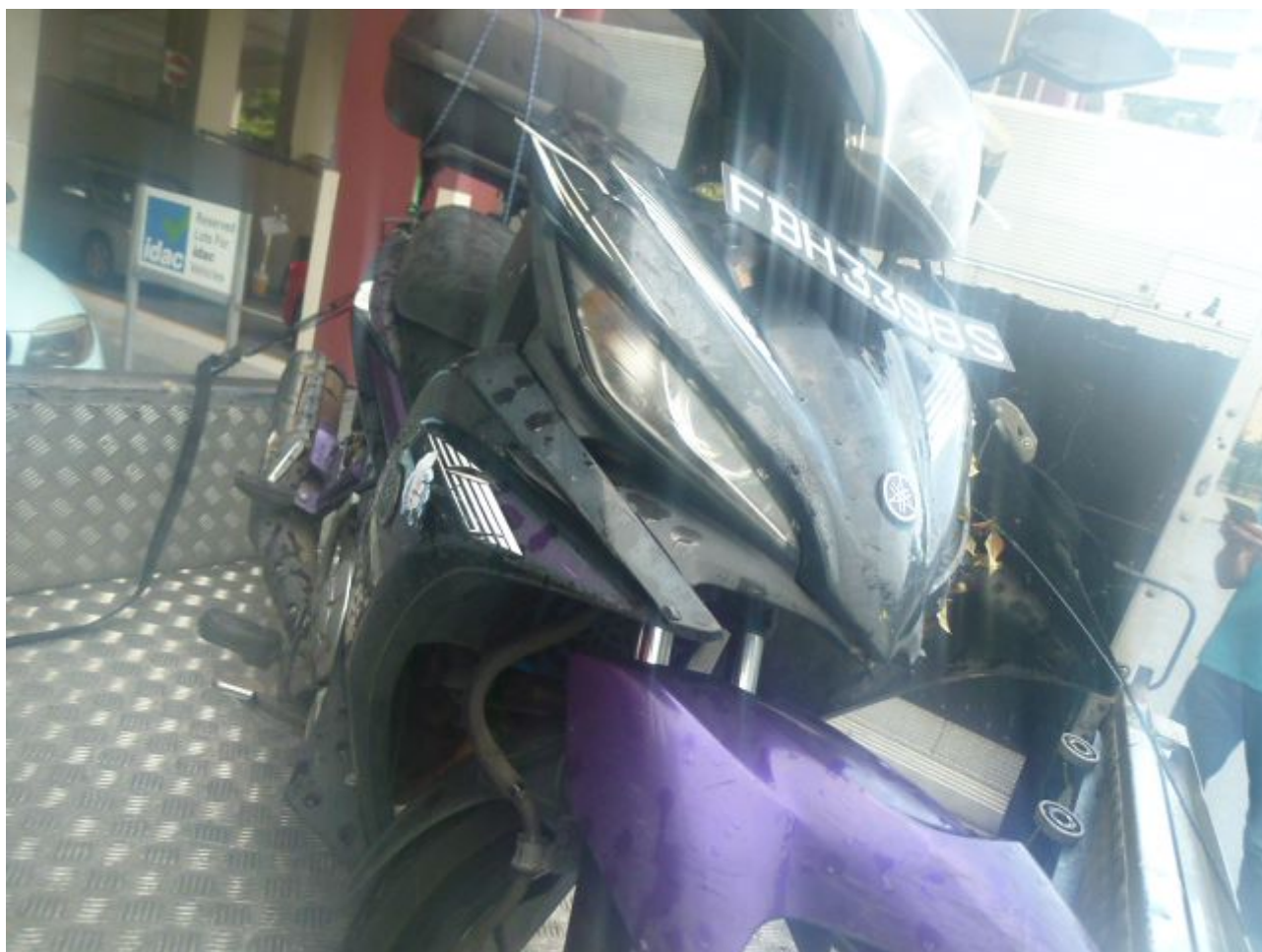














**SINGAPORE
POLICE FORCE**



T/20210405/2105

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 4

Report No. T/20210405/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2021 18:22	Vide Report No.:	Station Diary No.: 92
--	------------------	--------------------------

Informant's Particulars

Name of Informant: WONG THONG SEONG			Address: APT BLK 639 YISHUN STREET 61 #09-164 SINGAPORE 760639		
ID Type / ID No.: NRIC NO / S7488042H			Contact No.: Home/Office: Mobile: 86255688		
Nationality: MALAYSIAN			Email: stevenongah@gmail.com		
Sex: Male	Age: 46	Date of Birth: 05/08/1974	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONTRACTOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2021 09:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH3398S	Motorcycle	YAMAHA	JUPITER MX (HC)	Purple	Seriously Damaged	0
SMU6852D	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH3398S	MSI@ INSURANCE (SINGAPORE) PTE. LTD.	60930560	09/11/2020	08/11/2021



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20210405/2105

2 of 4

Report No. T/20210405/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG THONG SEONG	ID No.	S7488042H
Related Vehicle	FBH3398S (Motorcycle)	Contact No.	86255688
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/04/2021	Date Discharge	05/04/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	HENRY LIM	ID No.	NIL
Related Vehicle	SMU6852D (Car)	Contact No.	97873965
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 05/04/2021 at about 0930hrs, I was riding my motorcycle, FBH3398S, travelling on the 3rd lane along BKE towards PIE.

I then felt a huge thud from the left rear side of my motorcycle and the next thing I knew I was rolling towards the left side of the expressway with the motorcycle and had hit the railing at the side of the road.

Another rider came to render assistance. The driver of the car, SMU6852D, alighted and brought me to the nearest hospital.

I was given 14 days MC from period of 05/04/2021 to 18/04/2021. My injuries are abrasion on my left hand and left elbow, abrasion on upper back, fractured left big toe and contusion on the left side of the hip.

I have left my motorcycle at the side of the road as both of my side mirrors, front mud guard and steering were damaged.

That is all.



**SINGAPORE
POLICE FORCE**



T/20210405/2105

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 4

Report No. T/20210405/2105

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210405/2105

4 of 4

Report No. T/20210405/2105

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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:
L /
Staff Sgt TUTIK HUMAIRA BINTE MOHAMED
TAHIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476179

Authentication Stamp
NP168

Signature Of Informant:

信祥

Date/Time:
05/04/2021 18:22

Classification Of Case:

SN 085

