

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 21/04/2021 12:11 (SGT)
Date of Accident 17/04/2021 11:00 (SGT)
Exact Location of Accident 86 Bedok North Street 4, Singapore 460086
Additional Location Information OPEN SPACE CAR PARK NEAR ENTRANCE AT BLK 89
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FW1834K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG HUI FONG
NRIC No S8308643B
Email Address WONG.H.F.HUGO@GMAIL.COM
Mobile Phone No (Phone) +65-90774474
Alternative Phone No +65-90774474

VEHICLE PARTICULARS

Manufacturer Honda
Model Deauville
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 649

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number MSD/VMT/21-514234-WTT
Cover Note Number 28/01/2021-27/01/2022

DRIVER

Name of Driver SIOW CHUNG LEONG
NRIC No S2550157H

Date Of Birth	11/09/1957
Occupation	Indoor
Date Of Driving Pass	04/07/1987
Driving experience	33 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91787040
Alt. Phone Number	-
Email Address	WONG.H.F.HUGO@GMAIL.COM
Address	3 JALAN TANJONG
Address complement	-
Postcode	468009
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 on collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WONG CHOON LAN IRENE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210418/2023.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	THE VIDEO IS AT TRAFFIC POLICE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6630A
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 CHOON LAN IRENE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON UPPER RIGHT & CONTUSION ON SHOULDER.
Injured person in which vehicle?	FW1834K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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:

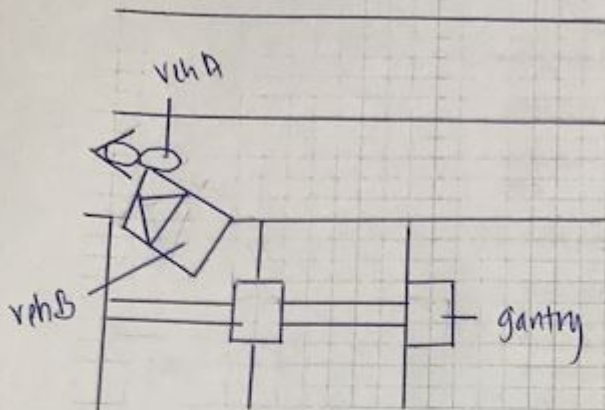
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



Refer to Police Report
7/2011 0418/2023

veh A: FW1834K

veh B: SH 6630 A

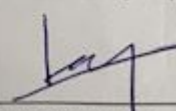
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

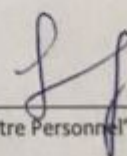
Refer to Police Report

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.:






























**SINGAPORE
POLICE FORCE**


T/20210418/2023

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20210418/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2021 10:46		Vide Report No.: G/20210417/0100		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: SIOW CHUNG LEONG			Address: 3 JALAN TANJONG SINGAPORE 468009		
ID Type / ID No.: NRIC NO / S2550157H			Contact No.: Home/Office: Mobile: 91787040		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 11/09/1957	Type of Informant: Rider		
Race: Chinese			Language: Not App		Institution / School Name:
Occupation: CAR CLEANER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2021 11:00	Type of Location: Car Park
Location: BEDOK NORTH STREET 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW1843K	Motorcycle				Slightly Damaged	1
SH6630A	TAXI				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


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Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20210418/2023

CONTINUATION OF REPORT

Pillion			
Name	WONG CHOON LAN IRENE	ID No.	S1246080E
Related Vehicle	FW1843K (Motorcycle)	Contact No.	87187845
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/04/2021	Date Discharge	17/04/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Rider			
Name	SIOW CHUNG LEONG	ID No.	S2550157H
Related Vehicle	FW1843K (Motorcycle)	Contact No.	91787040
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/04/2021	Date Discharge	18/04/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	TAN YONG CHAI	ID No.	S1195482J
Related Vehicle	SH6630A (TAXI)	Contact No.	97652244
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 17/04/2021 at about 1045-1100hrs, I was travelling on my bike with my pillion along the open space car park of Bedok North Street 4 from Blk 85 towards the carpark exit at Blk 84. While I was near the entrance at Blk 89 Bedok North St 4, a blue Comfort taxi inched out of the stop line and I collided onto the front right bumper of the taxi.

Both my pillion and myself fell on the bike. At that point of time, I was not hurt but my pillion experienced pain on her upper right body and shoulder area (contusion) due to the impact of the fall. My pillion was conveyed to CGH and was given outpatient treatment and MC of 5 days. Thereafter, Traffic Police came and recorded my statement.

There are some damages on the bike, scratches, faulty brake lever and leaking front forks. I am unsure of



**SINGAPORE
POLICE FORCE**



T/20210418/2023

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20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20210418/2023

CONTINUATION OF REPORT

the repair cost.

Earlier today, I went to visit a doctor as I experienced soreness on my right knee and right shoulder and was given 7 days MC.

I was also told to lodge a report by my TP IO Sufiyan, CN: 65476390.



SINGAPORE
POLICE FORCE



T/20210418/2023

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20210418/2023

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:

G /

Staff Sgt LEE WEE CHANG

Signature Of Informant:

Signature Of Interpreter:

Wong Hui Fong /

S8308643B

Date/Time:

18/04/2021 10:46

Officer In Charge Of Case:

TP / GIT /

Sgt 3 INTAN WULANDARI BUDDY SANTOSO

Contact No.: 65476256

Classification Of Case:

Authentication Stamp

NP168

C & K Family Clinic Pte Ltd
108 Upper East Coast Road
Singapore 455297
Tel: 6242 9588 Fax: 6242 9277

C & K Family Clinic

INVOICE

SIOW CHUNG LEONG
Nric : S2550157H

Attended By : DR CHUA TEE LIAN

Invoice No : PI/181498
Date : 18/04/2021

Items	Amount
CONSULTATION FEE	1 visi \$25.00
ANAREX (NORGESIC)	20 tab \$7.00

Paid :	\$27.00	Cash	Grand Total	\$27.00
			Amount paid	\$27.00
			Amount outstanding	\$0.00

C & K Family Clinic Pte Ltd

C & K Family Clinic
C & K Family Clinic Pte Ltd
108 Upper East Coast Road
Singapore 455297
Tel: 6242 9588 Fax: 6242 9277

MEDICAL CERTIFICATE

Certificate No : MC/67372
Date Of Visit : 18/04/2021
Patient Ref No : 33131
This is to certify that :

SIOW CHUNG LEONG
NRIC : S2550157H

is unfit for work for 7 days
from 18/04/2021 to 24/04/2021.


DR CHUA TEE LIAN
M.B.Ch.B. (Leicester)

Note : This certificate is not valid for absence from court.