

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 07/05/2021 10:16 (SGT)
Date of Accident 10/08/2020 20:25 (SGT)
Exact Location of Accident Tampines Street 43, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK9705J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HOO SHYH GIA
NRIC No SXXXX166Z
Email Address HOO.SHYHGIO@GMAIL.COM
Mobile Phone No (Phone) +65-97515671
Alternative Phone No +65-97515671

VEHICLE PARTICULARS

Manufacturer Honda
Model WW150 (PCX150)
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 - Reporting only
Vehicle Category Motorcycle
Transmission Manual
CC 153

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number MSD/VMS/20-508622-WTT
Cover Note Number -

DRIVER

Name of Driver HOO SHYH GIA
NRIC No SXXXX166Z

Date Of Birth	11/09/1971
Occupation	Indoor
Date Of Driving Pass	23/06/1989
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97515671
Alt. Phone Number	+65-97515671
Email Address	HOO.SHYHGIO@GMAIL.COM
Address	BLK 868A TAMPINES AVE 8
Address complement	#11-530
Postcode	521868
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	Collided into Bicyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	Tampines East Neighbourhood Police Post (e-Kiosk)
Police Station Address	Blk 263 Tampines Street 21 #01-138 Singapore 520263
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE 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	BICYCLE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 UNKNOWN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? BICYCLE
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? No

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 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.
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.


Policyholder's Signature / Date & Time

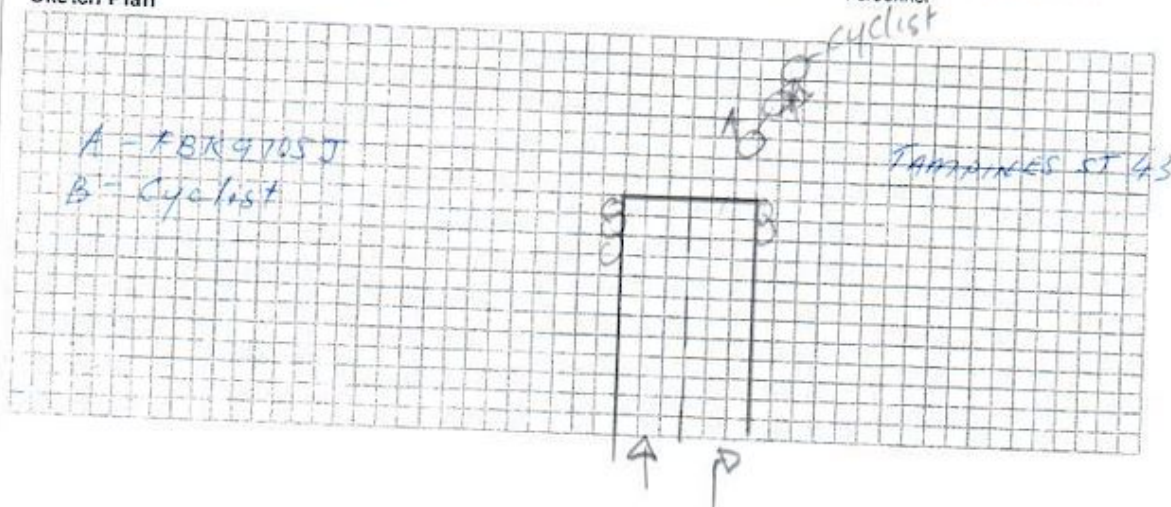
03/05/21

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


Witnessed by Reporting Centre Personnel

07/05/21

Sketch Plan



Describe Circumstances of the Accident

P/s refer to the police report.

Declaration

We declare the foregoing particulars are true in every respect.



03/05/21

Policyholder's Signature / Date & Time

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

afm 07/05/21

Witnessed by Reporting Centre Personnel

ROAD TRAFFIC ACT (CHAPTER 276)
(SECTIONS 133, 134, 135)

Date of Offence : 10 Aug 2020 8:25pm

Vehicle Number : FBK9705J

Place of Offence : TAMPINES STREET 43 JUNCTION OF TAMPINES
AVENUE 9

Vehicle Type : MOTORCYCLE

Offence(s):

YOU HOO SHYH GIO ARE CHARGED THAT YOU ON 10 AUGUST 2020 AT ABOUT 8.25 PM ALONG TAMPINES STREET 43 JUNCTION OF TAMPINES AVENUE 9 SINGAPORE, DID DRIVE/RIDE MOTOR VEHICLE FBK9705J ON A ROAD WITHOUT DUE CARE AND ATTENTION OR WITHOUT REASONABLE CONSIDERATION FOR OTHER PERSONS USING THE ROAD, TO WIT, BY FAILING TO GIVE WAY TO CYCLIST AND RESULTED IN A COLLISION WITH A CYCLIST, WHICH WAS CROSSING AT THE DESIGNATED PEDESTRIAN CROSSING FROM YOUR LEFT AND HURT WAS CAUSED TO ONE JAEYAN LOW YANFENG BY SUCH DRIVING, YOU HAVE THEREBY COMMITTED AN OFFENCE PUNISHABLE UNDER SECTION 65(4)(a) OF THE ROAD TRAFFIC ACT, CHAPTER 276.

Amount Demerit Points

500 9



Note: If you are convicted of a road traffic offence in future, the Court sentencing you for that future offence, may take account your previous compounded traffic offence(s) as an aggravating factor.

PAYMENT DetailsPayment Reference No. :
0022 0101 6053 5112Due Date:
26 Mar 2021Total Amount:
\$500

NP 403A

www.police.gov.sg/p















ROAD TRAFFIC ACT (CHAPTER 276)
(SECTIONS 133, 134, 135)

Date of Offence : 10 Aug 2020 8:25pm

Vehicle Number : FBK9705J

Place of Offence : TAMPINES STREET 43 JUNCTION OF TAMPINES
AVENUE 9

Vehicle Type : MOTORCYCLE

Offence(s):

YOU HOO SHYH GIO ARE CHARGED THAT YOU ON 10 AUGUST 2020 AT ABOUT 8.25 PM ALONG TAMPINES STREET 43 JUNCTION OF TAMPINES AVENUE 9 SINGAPORE, DID DRIVE/RIDE MOTOR VEHICLE FBK9705J ON A ROAD WITHOUT DUE CARE AND ATTENTION OR WITHOUT REASONABLE CONSIDERATION FOR OTHER PERSONS USING THE ROAD, TO WIT, BY FAILING TO GIVE WAY TO CYCLIST AND RESULTED IN A COLLISION WITH A CYCLIST, WHICH WAS CROSSING AT THE DESIGNATED PEDESTRIAN CROSSING FROM YOUR LEFT AND HURT WAS CAUSED TO ONE JAEYAN LOW YANFENG BY SUCH DRIVING, YOU HAVE THEREBY COMMITTED AN OFFENCE PUNISHABLE UNDER SECTION 65(4)(a) OF THE ROAD TRAFFIC ACT, CHAPTER 276.

Amount Demerit Points

500 9



Note: If you are convicted of a road traffic offence in future, the Court sentencing you for that future offence, may take account your previous compounded traffic offence(s) as an aggravating factor.

PAYMENT DetailsPayment Reference No. :
0022 0101 6053 5112Due Date:
26 Mar 2021Total Amount:
\$500

NP 403A

www.police.gov.sg/p