

# 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 ..... 15/06/2021 16:35 (SGT)  
Date of Accident ..... 14/06/2021 07:30 (SGT)  
Exact Location of Accident ..... BKE, Singapore  
Additional Location Information ..... TOWARDS KJE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS2551P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JOHNATHAN TONG WEI XUAN  
NRIC No ..... SXXXX975Z  
Email Address ..... johnathanhq@gmail.com  
Mobile Phone No ..... (Phone) +65-93293580  
Alternative Phone No ..... +65-93293580

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Mtn155  
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 ..... 155

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... MSD/VMS/21-515456-WTT  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JOHNATHAN TONG WEI XUAN  
NRIC No ..... SXXXX975Z

Date Of Birth .....	17/10/1994
Occupation .....	Indoor
Date Of Driving Pass .....	04/07/2019
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93293580
Alt. Phone Number .....	+65-93293580
Email Address .....	johnathanhq@gmail.com
Address .....	BLK 752 PASIR RIS ST 71
Address complement .....	#09-84
Postcode .....	510752
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 .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210614/2097

#### 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 .....	SLQ3071T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	HUDZAIFAH
Contact Number .....	(Phone) +65-84282504
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 .....	JOHNATHAN TONG WEI XUAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBS2551P
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

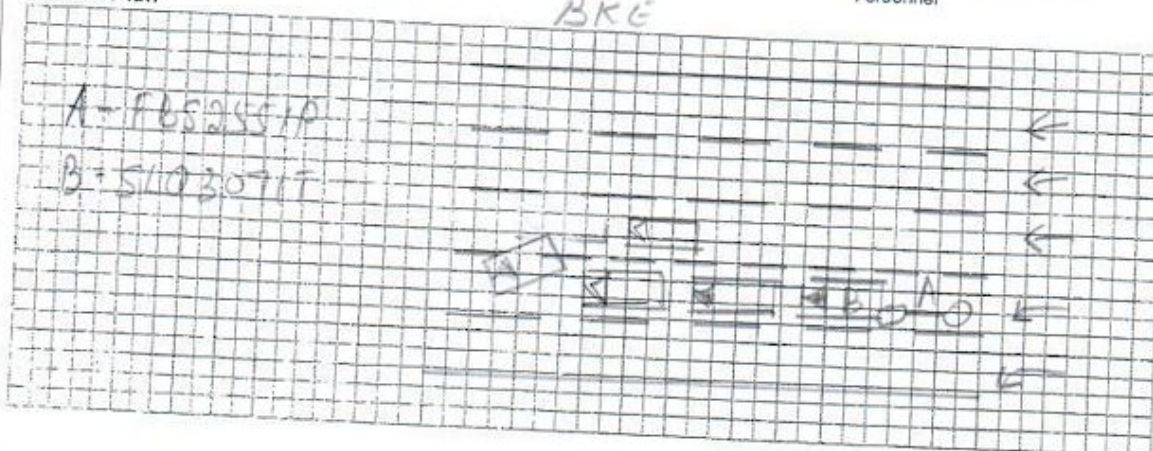
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

*Please refer to the police report: T/20210614/2097*

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]* 15/06/21

Policyholder's Signature / Date & Time

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

*[Signature]* 15/06/21  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210614/2097

2 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20210614/2097

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS2551P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60945591	01/03/2021	28/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	JOHNATHAN TONG WEI XUAN		ID No.	S9437975Z
Related Vehicle	FBS2551P (Motorcycle)		Contact No.	93293580
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	14/06/2021		Date Discharge	14/06/2021
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Driver				
Name	HUDZAIFAH		ID No.	NIL
Related Vehicle	SLQ3071T (Car)		Contact No.	84282504
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 14/6/2021 at about 7:30am, I was travelling along BKE towards KJE on FBS2551P. I was travelling at about 50 km/h and was intending to exit at exit 5 to KJE. I was 1 and half car length away from SLQ3071T in front of me. I was signaling left to exit from the 3rd lane and momentarily checked my left blind spot to change lane. As I turn back forward, the vehicle in front of me had applied the brakes. I could not stop in time and collided to the rear of SLQ3071T.

I then fell to the right after the collision. I was assisted by few other riders that was passing by to the shoulder. The driver from SLQ3071T came forth and asked for my particulars. I felt pain on the right shoulder but I was able to walk around but I was still in a daze. I took photos of the scene and the damages of the car. After the incident, the driver continued his way. I Stayed and called for EMAS recovery for towing and they arrived 30mins later.

They towed my motorcycle to the nearest carpark near Dairy Farm Road and subsequently called the towing crew to tow it to the workshop.



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T/20210614/2097

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Report No. T/20210614/2097

**CONTINUATION OF REPORT**

My motorcycle had had a dented right foot peg, scratches on the right-side crash bar, scratches on the right tank and front rims, right bar end was dislodged and slight dent on the handlebar.

SLQ3071T had dent on the rear bumper only and the driver was not injured.

I visited Changi General Hospital and sustained a broken right ring finger nail and received 2 days medical leave.

















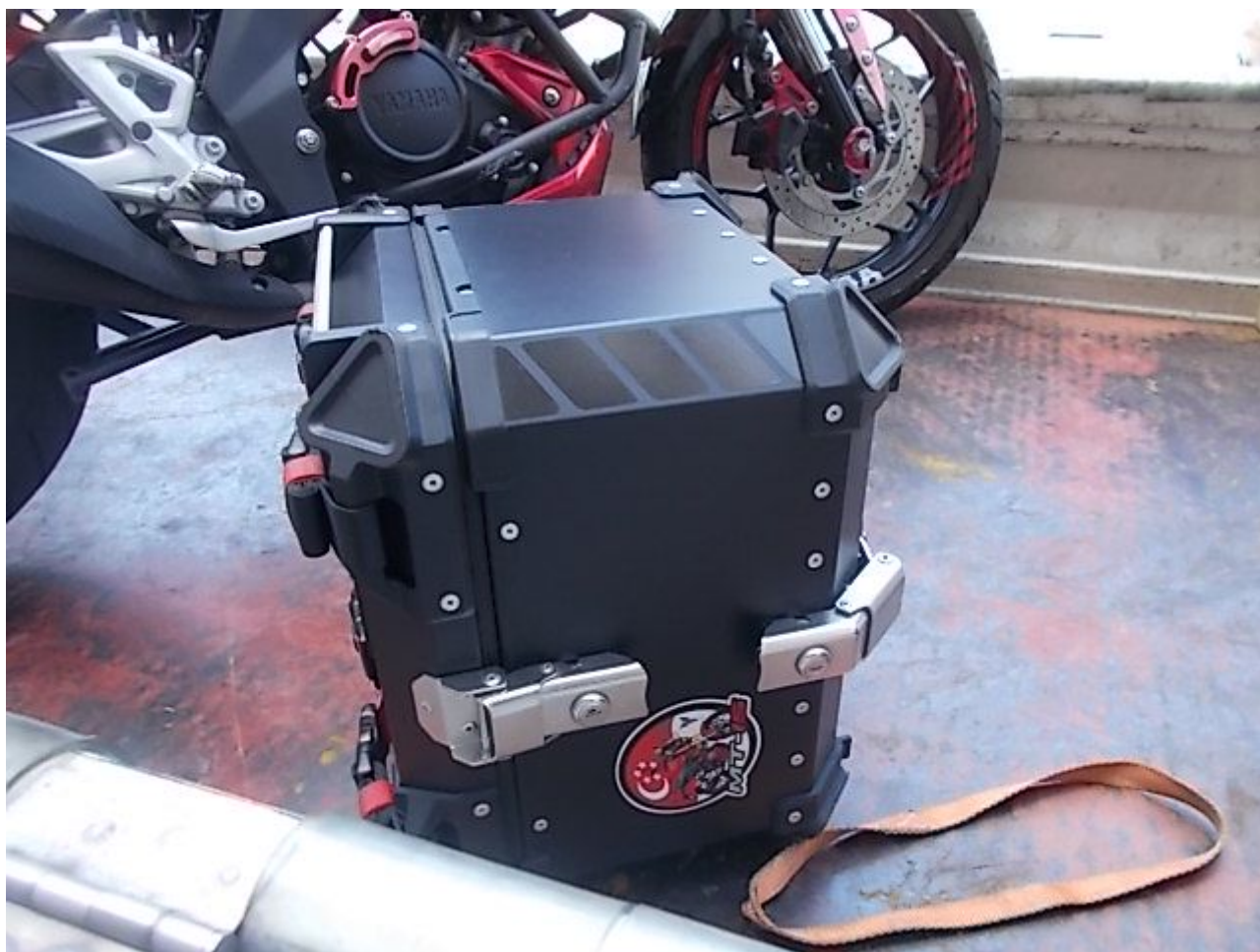


































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519457  
Tel No: 1800-5852999



T/20210614/2097

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Report No. T/20210614/2097

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
14/06/2021 18:43

Vide Report No.:

Station Diary No.:  
57

### Informant's Particulars

Name of Informant: JOHNATHAN TONG WEI XUAN			Address: APT BLK 752 PASIR RIS STREET 71 #09-84 SINGAPORE 510752		
ID Type / ID No.: NRIC NO / S9437975Z			Contact No.: Home/Office: Mobile: 93293580		
Nationality: SINGAPORE CITIZEN			Email: johnathanhq@gmail.com		
Sex: Male	Age: 26	Date of Birth: 17/10/1994	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: 2B,3A		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2021 07:30	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
FBS2551P	Motorcycle	YAMAHA	MTN155	Blue	Slightly Damaged	0
SLQ3071T	Car	TOYOTA	SIENTA HYBRID 1.5X CVT	Yellow	Slightly Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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T/20210614/2097

2 of 4

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Report No. T/20210614/2097

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T/20210614/2097

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Report No. T/20210614/2097

## 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 MUHAMMAD AMINULLAH BIN MOHD  
YUSOF

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:

14/06/2021 18:43

Classification Of Case: