

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 23/08/2021 09:56 (SGT)
Date of Accident 03/08/2021 20:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE EXIT JALAN BOON LAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF4589L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG KEE LOY
Work Permit No F7175025Q
Email Address ANCHIEENG@GMAIL.COM
Mobile Phone No (Phone) +65-82980062
Alternative Phone No +65-82980062

VEHICLE PARTICULARS

Manufacturer Honda
Model Tiger
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 200

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 60921820
Cover Note Number -

DRIVER

Name of Driver WONG KEE LOY

Date Of Birth	25/05/1975
Occupation	Outdoor
Date Of Driving Pass	29/02/1996
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82980062
Alt. Phone Number	+65-82980062
Email Address	ANCHIEENG@GMAIL.COM
Address	171 KALLANG WAY #03-01/04
Address complement	-
Postcode	349250
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	Side Swipe
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 vehicle 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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER ATTACHED.

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	SHC3709J
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 KEE LOY
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
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

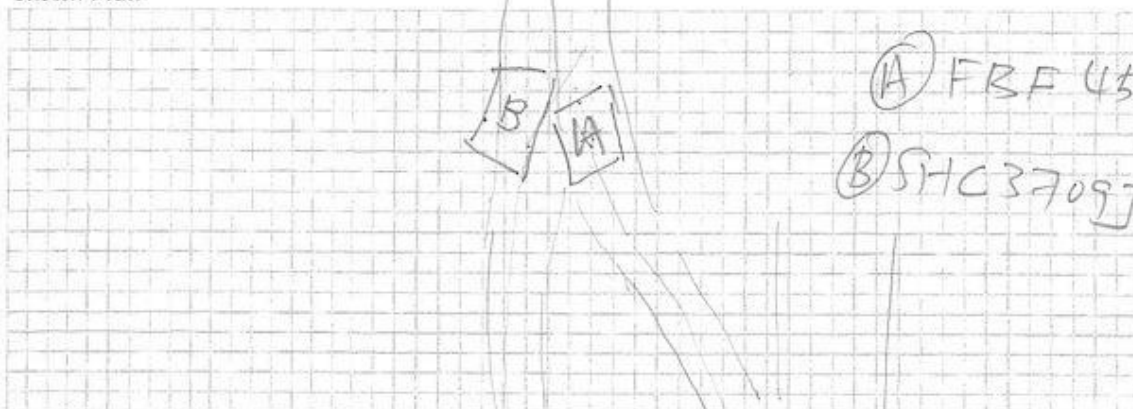
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 attached.

Declaration

We declare the foregoing particulars are true in every respect.

 17/8/2021
Policyholder's Signature / Date & Time

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

 
Witnessed by Reporting Centre Personnel













**SINGAPORE
POLICE FORCE**



T/20210808/2022

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20210808/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2021 14:43	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars

Name of Informant: WONG KEE LOY	Address: 171 KALLANG WAY #03-01/04 SINGAPORE 349250		
ID Type / ID No.: FIN NO / F7175025Q	Contact No.: Home/Office: Mobile: 82980062		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 46	Date of Birth: 25/05/1975	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: Lorry driver	Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/08/2021 20:30	Type of Location:
Location: JALAN BOON LAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF4589L	Motorcycle	HONDA	TIGER GL200R M	Black	Slightly Damaged	0
SHC3709J	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF4589L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60921820	24/08/2020	23/08/2021



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T/20210808/2022

Police Station Of Origin:
Jurong West N.P.C
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Tel No: 1800-2689999

2 of 3

Report No. T/20210808/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG KEE LOY	ID No.	F7175025Q
Related Vehicle	FBF4589L (Motorcycle)	Contact No.	82980072
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	03/08/2021	Date Discharge	08/08/2021
No. of Days granted Medical Leave	13	Degree of Injury	Serious
Driver			
Name	Jeremy Koh Meng Huat	ID No.	S1813246Z
Related Vehicle	SHC3709J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/08/2021 around 2030 hrs, I was riding my motorcycle (FBF4589L) along AYE. I then make an exit at Jalan Boon Lay. When I turn into Jalan Boon Lay, a taxi (SHC3709J) abruptly changed in to my lane while not maintaining a safe distance. My motorcycle's handle bar then hit the back of the taxi. I lost control of my motorcycle and fell onto the road and skidded forward at a distance. After which, the taxi driver assisted me to the side of the road. I exchanged particulars with the taxi driver and ambulance was called. I suffered serious injury on the left side of my arms, legs and body.

Traffic police and ambulance arrived at scene and I was then conveyed to NUH for 6 days and was given 13 days of MC from 08/08/21 to 20/08/21.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20210808/2022

3 of 3

Report No. T/20210808/2022

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:

J/
SC2 AMIR HAMZAH BIN MASNAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Sgt.3 MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Authentication Stamp

NP168

Signature No:

Singapore Police Force

Signature Of Informant:

Date/Time:

08/08/2021 14:43

Classification Of Case: