

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 22/09/2021 17:00 (SGT)
Date of Accident 21/09/2021 19:00 (SGT)
Exact Location of Accident Bukit Batok East Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR4796S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAU KIM SENG
NRIC No SXXXX629C
Email Address jameslau48@singnet.com.sg
Mobile Phone No (Phone) +65-96176370
Alternative Phone No +65-96176370

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV150
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 Auto
CC 149

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number MSD/VMS/21-425505-CA
Cover Note Number -

DRIVER

Name of Driver LAU KIM SENG
NRIC No SXXXX629C

Date Of Birth	09/11/1966
Occupation	Indoor
Date Of Driving Pass	23/05/1992
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96176370
Alt. Phone Number	+65-96176370
Email Address	jameslau48@singnet.com.sg
Address	BLK 300 BUKIT BATOK WEST AVENUE 5 #08-386
Address complement	-
Postcode	650390
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?	No
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210922/2035

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	GBB1662M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	TAY KIAT BOON
NRIC No	SXXXX306J
Contact Number	(Phone) +65-88143264
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	LAU KIM SENG
Gender	Male
Phone No	(Phone) +65-96176370
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR4796S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

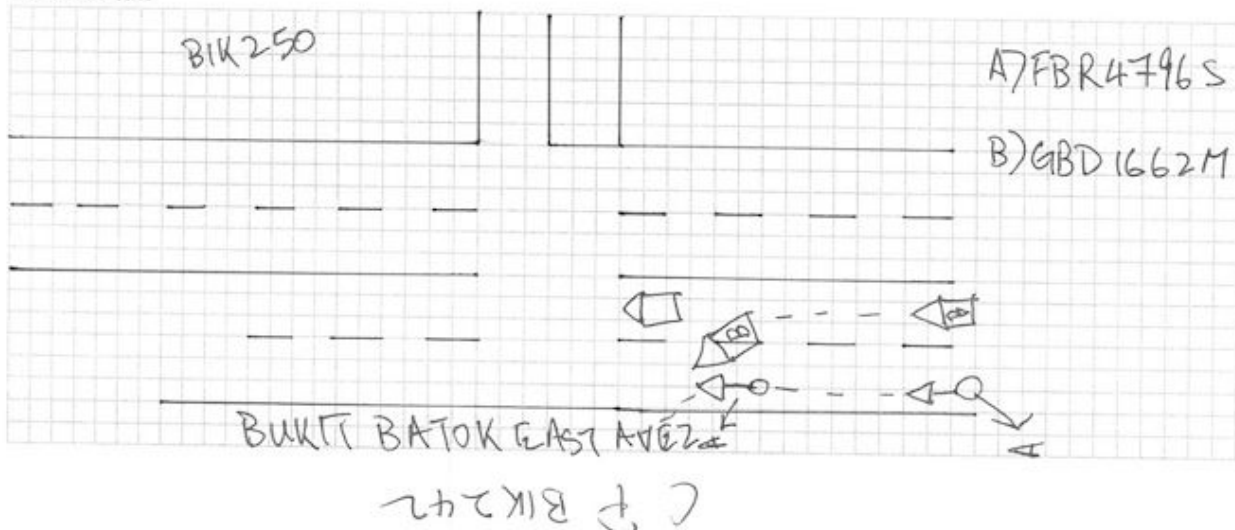


Policyholder's Signature / Date & Time



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


28/09/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

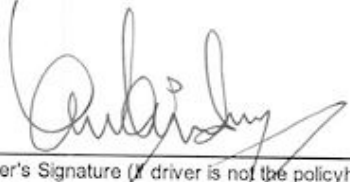
Describe Circumstances of the Accident

Refer police report T/20210922/2035

Declaration

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

 28/09/2021
Witnessed by Reporting Centre Personnel





































**SINGAPORE
POLICE FORCE**



T/20210922/2035

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20210922/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2021 13:21		Vide Report No.:		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: LAU KIM SENG			Address: APT BLK 390 BUKIT BATOK WEST AVENUE 5 #08-386 SINGAPORE 650390		
ID Type / ID No.: NRIC NO / S1750629C			Contact No.: Home/Office: Mobile: 96176370		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 09/11/1966	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Private security officer			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: 21/09/2021 19:00	Type of Location: Straight Road
Location: BUKIT BATOK EAST AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR4796S	Motorcycle				Seriously Damaged	0
GBD1662M	Lorry				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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Tel No: 1800-4719999

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Report No. T/20210922/2035

CONTINUATION OF REPORT

Rider			
Name	LAU KIM SENG	ID No.	S1750629C
Related Vehicle	FBR4796S (Motorcycle)	Contact No.	96176370
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/09/2021	Date Discharge	21/09/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	TAY KIAT BOON	ID No.	S9007306J
Related Vehicle	GBD1662M (Lorry)	Contact No.	88143264
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 21/09/21 at about 1900hrs, I was riding on my motorcycle registration number FBR4796S along Bukit Batok East Avenue 2 towards PIE on lane 2 of a two lane road. After riding passed by Ar-Raudhah mosque, I saw from a distance there was one vehicle on lane 1, made a stop to make a right turn. Suddenly one pick up lorry registration GBD1662M which was travelling on lane 1, suddenly cut into my lane. It subsequently collided onto the front part of my motorcycle. The impact of the collision caused the motorcycle and me to fall. The driver of the lorry then stopped and came over to me to assist me. The left side of the lorry was damaged. Both the right and left as well as the front part of my motorcycle were damaged. I suffered injuries on my left ankle and also my left and right elbow. I seek medical at Ng Teng Fong Hospital as was given 7 days of MC. I do not have any camera install on me.



**SINGAPORE
POLICE FORCE**



T/20210922/2035

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20210922/2035

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
D /
Sgt 3 MUHAMMAD ZAMIR BIN
MAZELAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/09/2021 13:21

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404



SINGAPORE
POLICE FORCE

Classification Of Case:

SIGNATURE