

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	16/12/2021 11:40 (SGT)
Date of Accident	15/12/2021 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STEVENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB7993D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHO BUN POO
NRIC No	S2558876B
Email Address	BRUCE.CONPEROR@GMAIL.COM
Mobile Phone No	(Phone) +65-85791668
Alternative Phone No	(Home) +65-85791668

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Anf 125
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	125

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	72299120
Cover Note Number	-

DRIVER

Name of Driver	KHO BUN POO
NRIC No	S2558876B

Date Of Birth	25/01/1959
Occupation	Outdoor
Date Of Driving Pass	03/07/1981
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85791668
Alt. Phone Number	(Home) +65-85791668
Email Address	BRUCE.CONPEROR@GMAIL.COM
Address	BLK 798 YISHUN RING RD #03-3350 S760798
Address complement	-
Postcode	-
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	3
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	Yishun South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008522999
Alt. Police Station Phone No	(Fax) +65-68522239
Police Station Address	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT 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	SGM6585M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKK3021G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	KHO BUN POO
Gender	Male
Phone No	(Phone) +65-85791668
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	FBF7993D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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As per police report

Declaration:

All contents of this report are true and correct.

Police Officer's Signature: [Signature]
This

Officer's Signature: [Signature]
X-111111 16/12/2021
1100 h n

Insurance Company Representative's Signature: [Signature]
Printed Name

SKETCH PLAN

IMPORTANT NOTICE

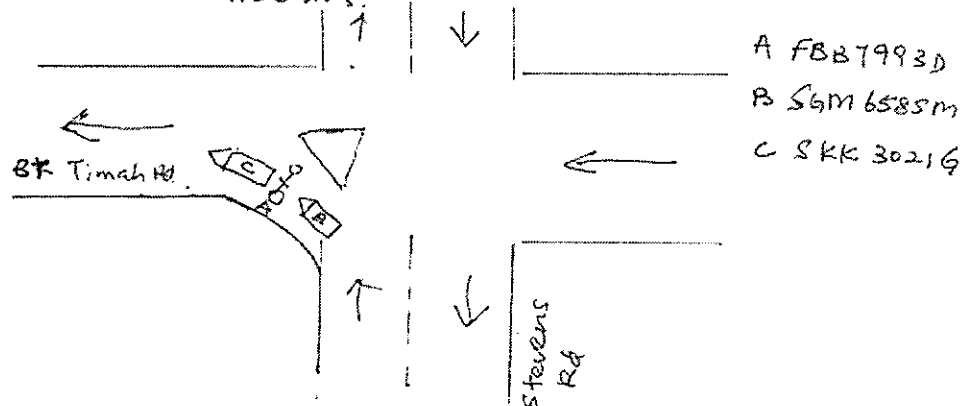
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' 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 handling 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





SINGAPORE POLICE FORCE



T/20211215/2065

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 4

Report No: T/20211215/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2021 17:21	Vide Report No.:	Station Diary No.: 79
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Informant's Particulars

Name of Informant: KHO BUN POO			Address: APT BLK 798 YISHUN RING ROAD #03-3350 SINGAPORE 760798	
ID Type / ID No.: NRIC NO / S2558876B			Contact No.: Home/Office: Mobile: 85791668	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 62	Date of Birth: 25/01/1959	Type of Informant: Rider	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: CONTRACTOR			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/12/2021 12:30	Type of Location: Bend
Location: STEVENS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBF7993D	Motorcycle	HONDA	ANF125MSS A	Black	Slightly Damaged	0
SGM6585M	Car	MAZDA	MAZDA5 5- DOOR WAGON 2.0L SP.6EAT	Grey	Slightly Damaged	1
SKK3021G	Car	PORSCHE	CAYENNE E3 TIP E6	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211215/2065

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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No: T/20211215/2065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB7993D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72299120	23/04/2021	22/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KHO BUN POO		ID No.	S2558876B
Related Vehicle	FBB7993D (Motorcycle)		Contact No.	85791668
Hospital/Clinic	ROY'S FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	15/12/2021		Date Discharge	15/12/2021
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Driver				
Name	Akshay S/O Suthaharan		ID No.	T0034273J
Related Vehicle	SGM6585M (Car)		Contact No.	88775285
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 15/12/2021 at about 1230pm, I was riding along Stevens Rd towards Bukit Timah when I met with an accident. I was behind vehicle SKK3021G and I saw her stopped thus I stopped however the vehicle behind me (SGM6585M) collided to the rear of my motorcycle. All parties came down to check. The driver of SKK3021G checked and noticed that there were not much damage to her vehicle and went off. The rear of my motorcycle was badly dented, the seat on the motorcycle came off and the handle bar is unable to turn back to its original state. The vehicle behind me suffered a broken right headlight as well as dents on the right side of the front bumper.

The incident was attended by traffic police and paramedics from SCDF but no party was conveyed by the ambulance. At about 0300pm, I felt pain in my legs as well as my neck thus I visited the clinic. I was given 4 days of MC thus I am making this report as I was informed by traffic police that if I am given more than 3 days of MC, I have to lodge a police report. I am also making this report for insurance purposes as I feel that the driver that banged into me was a inexperienced driver.



**SINGAPORE
POLICE FORCE**



T/20211215/2065

Police Station Of Origin:
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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20211215/2065

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20211215/2065

Police Station Of Origin:
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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20211215/2065

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

L /

SCSGT(1) POH ZI XUAN
JOSHUA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/12/2021 17:21

Officer In Charge Of Case:
TP / GIT /
Sgt 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Classification Of Case: S11100

Authentication Stamp
NP163

SINGAPORE POLICE FORCE