

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 05/01/2022 15:33 (SGT)
Date of Accident 03/09/2021 16:20 (SGT)
Exact Location of Accident Penang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE6348H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOO KOK LIANG
NRIC No SXXXX760C
Email Address klsoo@ymail.com
Mobile Phone No (Phone) +65-88684884
Alternative Phone No +65-88684884

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb4008j
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 399

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number MSD/VMT/21-424652-CA
Cover Note Number -

DRIVER

Name of Driver SOO KOK LIANG
NRIC No SXXXX760C

Date Of Birth	14/06/1972
Occupation	Outdoor
Date Of Driving Pass	08/04/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88684884
Alt. Phone Number	+65-88684884
Email Address	klsoo@ymail.com
Address	BLK 211 BOON LAY PLACE #06-149
Address complement	-
Postcode	640211
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	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210909/2036

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	SMJ4312S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	TANG WEI YANG, HENRY (DONG WEIYANG, HENRY)
NRIC No	SXXXXX374A
Contact Number	(Phone) +65-98777190
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	SOO KOK LIANG
Gender	Male
Phone No	(Phone) +65-88684884
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBE6348H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

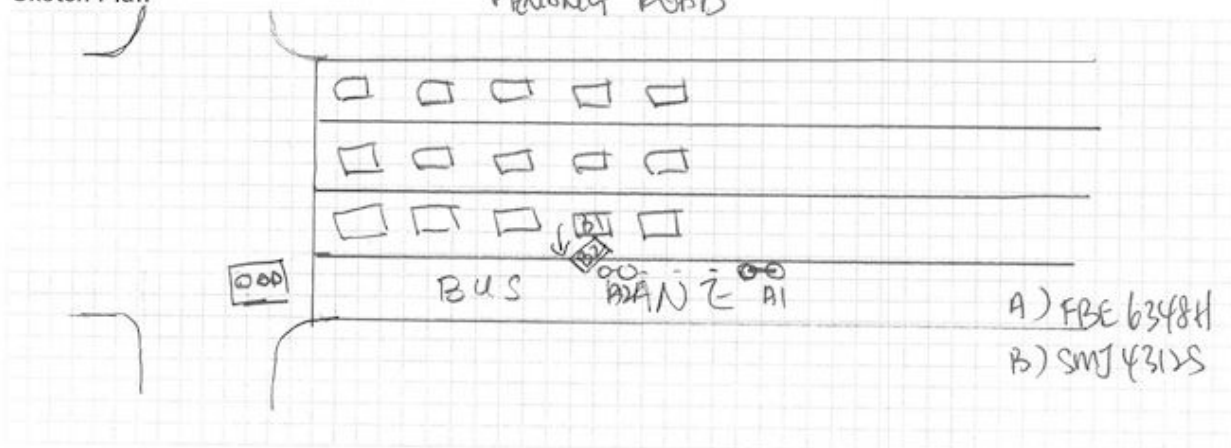
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


Refer to Police Report 7/20210909/2026

Declaration

We declare the foregoing particulars are true in every respect.

 05/JAN/2022
Policyholder's Signature / Date & Time

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

 05/JAN/2022
Witnessed by Reporting Centre Personnel




































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999



T/20210909/2036

1 of 3

Report No: T/20210909/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2021 12:45	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: SOO KOK LIANG		Address: APT BLK 211 BOON LAY PLACE #06-149 SINGAPORE 640211	
ID Type / ID No.: NRIC NO / S7266760C		Contact No.:	Mobile: 88684884
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 49	Date of Birth: 14/06/1972	Type of Informant: Rider
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B, 2A, 3, 4, 5	
		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/09/2021 16:20	Type of Location: X-Junction
Location: PENANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6348H	Motorcycle	HONDA	CB4008J M	Black	Seriously Damaged	0
SMJ4312S	Car	HONDA		Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE6348H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT21424652	06/07/2021	05/07/2022



**SINGAPORE
POLICE FORCE**



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Report No. T/20210909/2036

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SOO KOK LIANG	ID No.	S7266760C
Related Vehicle	FBE6348H (Motorcycle)	Contact No.	88684884
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	08/09/2021
No. of Days granted Medical Leave	19	Degree of Injury	Serious
Driver			
Name	TANG WEI YANG, HENRY (DONG WEIYANG, HENRY)	ID No.	S8131374A
Related Vehicle	NIL	Contact No.	98777190
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 03/09/2021 at about 1620hrs, I was riding my motorbike (FBE6348H) along Penang Road and was about to reach the traffic light at the junction of Penang Road x Oxley Road (To my memory). I was at the left most lane and the light had just turned green before I reached the junction. A black Honda car (SMJ4312S) had seen the opportunity to turn out of the 2nd last lane into my lane, and did so, hence hitting onto my right handle of my motorbike. I was then unable to regain control of my motorbike, tried to mitigate the blow before falling on my left shoulder a few metres ahead. I was able to exchange particulars with the other party and was conveyed by ambulance to Raffles Hospital for my injuries. I was discharged on the same day by Raffles Hospital, before being admitted into Singapore General Hospital on 04/09/2021 and received 19 days MC for my injuries. I would like to state that I have a camera on my motorbike, which had been towed away from the scene.



**SINGAPORE
POLICE FORCE**



T/20210909/2036

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Report No. T/20210909/2036

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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

A /

Sgt 2 MICH KOH EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/09/2021 12:45

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp

NP168



Signature

Singapore Police Force