

# 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 ..... 18/03/2022 15:06 (SGT)  
Date of Accident ..... 21/02/2022 21:30 (SGT)  
Exact Location of Accident ..... Hougang, Singapore  
Additional Location Information ..... HOUGANG AVE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBD6831J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LIBERTY CREDIT PTE LTD  
Company Reg No ..... 201629703D  
Email Address ..... Libertycreditsg@gmail.com  
Mobile Phone No ..... (Phone) +65-83992405  
Alternative Phone No ..... +65-83992405

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... FZ6S  
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 ..... Manual  
CC ..... 600

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... MSD/VMT/21-424075-CA A0074-001/10900  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YAN JUNFENG  
NRIC No ..... S9174975J

Date Of Birth .....	20/08/1991
Occupation .....	Indoor
Date Of Driving Pass .....	26/09/2012
Driving experience .....	9 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97256080
Alt. Phone Number .....	-
Email Address .....	junfeng991@hotmail.com
Address .....	APT BLK 936 HOUGANG STREET 92 #07-65
Address complement .....	-
Postcode .....	S530936
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Major/Minor Rd
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 .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.

#### 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 .....	SHB734K
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 .....	YAN JUNFENG
Gender .....	Male
Phone No .....	(Phone) +65-97256080
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBD6831J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

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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.



*A*

*A*



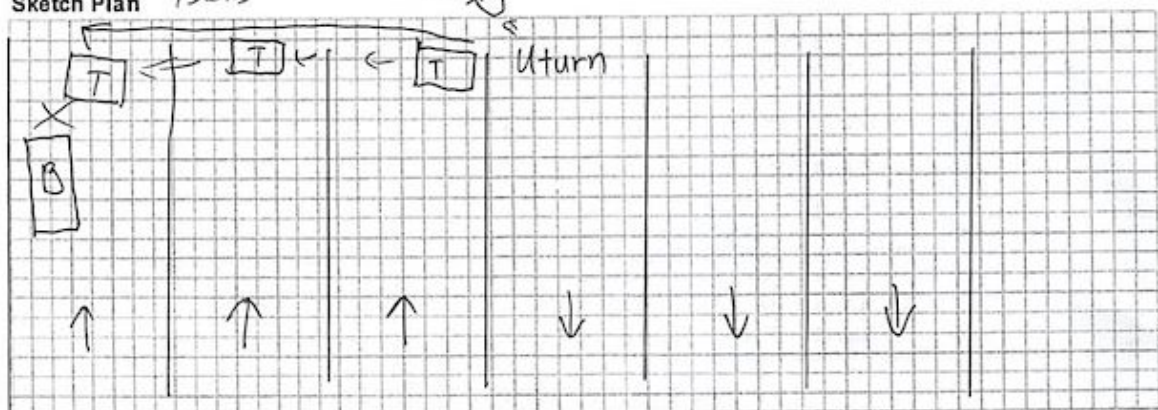
*J*

Policyholder's Signature / Date & Time  
18 MAR 2022  
15:20hs

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time  
18 MAR 2022  
15:20hs

Witnessed by Reporting Centre Personnel



B: FBD 6831 J  
T: SHB 734 K

## Describe Circumstances of the Accident

Please refer to police report.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
18 MAR 2022  
1500hs

Driver's Signature (If driver is not the policyholder) / Date & Time  
18 MAR 2022  
1500hs



Witnessed by Reporting Centre Personnel











1 of 2

## Report No. F/20220225/7014

Date/Time Report Made 25/02/2022 10:40	Vide Report No.	Station Diary No.
Name Of Informant YAN JUNFENG	Address 936 HOUGANG STREET 92 #07-65 SINGAPORE 530936	
ID Type / ID No. NRIC NO / S9174975J	Contact No. Home/Office:                      Mobile: 97256080	
Nationality SINGAPORE CITIZEN	Email Address JUNFENG991@HOTMAIL.COM	
Occupation Administration manager	Sex Male	Age 30
Institution/School Name	Date of Birth 20/08/1991	Race Chinese
Date/Time Of Incident 21/02/2022 21:30 - 21/02/2022 22:30	Location Of Incident 936 HOUGANG STREET 92 #07-65 SINGAPORE 530936	

I was travelling straight along Hougang Ave 3 when a taxi from the opposite direction made a u turn and collided into me. I was conveyed to the hospital.

Subjects Involved	
Suspect	
Person Name	Unknown

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2022 10:40
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



F/20220225/7014

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220225/7014

Gender	Male	Age	72-72
Race	Chinese	Language	English
Occupation	Taxi driver	Mobile No	97500230
<b>Victim</b>			
Person Name	YAN JUNFENG		
ID Type	NRIC NO	ID No	S9174975J
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Administration manager	Address	936 HOUGANG STREET 92 #07-65 SINGAPORE 530936
Mobile No	97256080	Is Informant A Victim?	Yes
Person Name YAN JUNFENG (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2022 10:40
Officer In-Charge Of Case:	Classification Of Case:















