

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 19/05/2022 15:56 (SGT)
Date of Accident 21/04/2022 18:00 (SGT)
Exact Location of Accident Near 13 Marsiling Ln, Singapore 730013
Additional Location Information JUNCTION OF MARSILING LANE / MARSILING ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ339K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEOH SE MENG
NRIC No S2707850H
Email Address peiyun94@alive.com
Mobile Phone No (Phone) +65-83135197
Alternative Phone No +65-83135197

VEHICLE PARTICULARS

Manufacturer Honda
Model Fs150f
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 150

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MSD/VMS/21-425365-CA
Cover Note Number -

DRIVER

Name of Driver YEOH SE MENG
NRIC No S2707850H

Date Of Birth	29/07/1958
Occupation	Indoor
Date Of Driving Pass	22/09/1988
Driving experience	33 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83135197
Alt. Phone Number	+65-83135197
Email Address	peiyun94@alive.com
Address	BLK 106 WOODLANDS ST 13 #03-180
Address complement	-
Postcode	730105
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?	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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED- MOTOR AT TP COMPOUND SHARON HAN FROM MSIG HAD GIVEN WAIVER ON 19/05/22 TO SUBMIT WITHOUT MOTOR TO BE IN AT REPORTING CENTER FOR REPOTING

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	SH8345K
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	UNKNOWN MOTOR RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	YEOH SE MENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD ,LH LEG , LH HAND , CHEST ,BACK , LH SHOULDER INJURED . FBQ339K
Injured person in which vehicle?	FBQ339K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

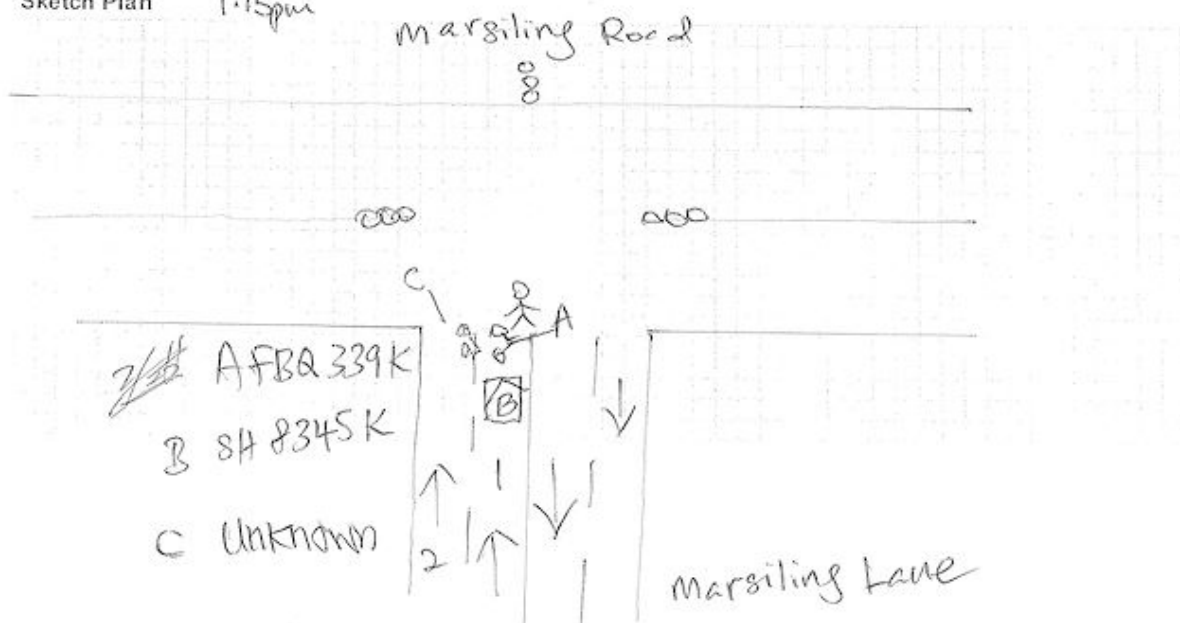
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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 19/5/2022
Sketch Plan 1.15pm

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

Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

Refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 19/5/2022



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

Witnessed by Reporting Centre
Personnel

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE**DATE OF ISSUE:** 28/06/2021

AGENCY: A0074-001-10237
 COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/21-425365-CA**INSURED:**

NAME: YEOH SE MENG
ADDRESS: 105 WOODLANDS ST 13
 #03-180
 SE 730105

NRIC NO: S2707850H
DATE OF BIRTH: 29/07/1958 (62 yrs)
DRIVING EXP: 22/09/1988 (32 yrs)
CONTACT NO: 83135197

BUSINESS OR PROFESSION: CRANE OPERATOR

PERIOD OF INSURANCE FROM: 19/07/2021 **TO** 18/07/2022
 12:01AM

REGISTRATION NUMBER: FBQ339K**CUBIC CAPACITY:** 149**MAKE OF VEHICLE:** HONDA**YEAR OF REGISTRATION:** 2019

INSURED ESTIMATE OF VALUE: PMV
 PREVAILING MARKET VALUE

SEATING CAPACITY: 2**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q M23**PREMIUM:** 184.00**EXCESS:** \$300(FIRE&THEFT) \$600(ENDT 2K)**GST @ 7%** 12.88**TOTAL :** 196.88

NO CLAIM BONUS OF 20% IS ALLOWED

**NAME OF EMPLOYER AND/OR
 HIRE PURCHASE OWNER:**

REPLACING POLICY NO: MSD/VMS/20-414206-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers



















**SINGAPORE
POLICE FORCE**



T/20220430/2079

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20220430/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2022 17:36		Vide Report No.:		Station Diary No.: 77	
Informant's Particulars					
Name of Informant: YEOH SE MENG			Address: APT BLK 105 WOODLANDS STREET 13 #03-180 SINGAPORE 730105		
ID Type / ID No.: NRIC NO / S2707850H			Contact No.: Home/Office: Mobile: 83135197		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 63	Date of Birth: 29/07/1958	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Crane operator (on-site)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/04/2022 18:00	Type of Location: T-Junction
Location: MARSILING LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ339K	Motorcycle	HONDA	FS150F	Blue	Seriously Damaged	0
SH8345K	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220430/2079

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20220430/2079

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ339K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72307850	19/07/2021	18/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YEOH SE MENG		ID No. S2707850H
Related Vehicle	FBQ339K (Motorcycle)		Contact No. 83135197
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 Serious

Brief Details.

On 21/04/2022 at about , while I was riding my personal motorcycle (FBQ339K) along Marsiling Lane of a 2 lane road. I was on the right lane of a T junction and I was stationary with another motorcycle on the left as the traffic light was red, suddenly I felt an impact from the rear causing me to flung forward of my motorcycle. After the collision, I was semi-conscious and subsequently being conveyed to Khoo Teck Puat Hospital. I was hospitalized and I am discharged on the 29/04/2022. I was then given 23 days of hospitalization leave for further follow up from the injuries sustained from the accident. I am aware that a taxi (SH8345K) had collided onto both me and another motorcyclist as pictures were send to me.

I was contacted by the TP IO to lodge a police report about the accident after discharge.



**SINGAPORE
POLICE FORCE**



T/20220430/2079

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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20220430/2079

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 /

SGT 3 LEE JIAN HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/04/2022 17:36

Officer In Charge Of Case:

TP / GIT /

STAFF SGT NUR ADELINA BINTE

MOHAMMAD FUAT

Contact No.: 65476066

Classification Of Case:

NP168