

# 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 ..... 10/03/2022 16:35 (SGT)  
Date of Accident ..... 04/02/2022 07:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JALAN BUKIT MERAH  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBH5417H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ZHANG XIAO JIAN  
Passport No/FIN ..... G7234653Q  
Email Address ..... CS8558CS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-81135185  
Alternative Phone No ..... +65-81135185

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fz16  
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 ..... 150

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... MSD/VMT/21-427587-CA  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ZHANG XIAO JIAN  
Passport No/FIN ..... G7234653Q

Date Of Birth .....	20/04/1969
Occupation .....	Indoor
Date Of Driving Pass .....	18/06/2018
Driving experience .....	3 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81135185
Alt. Phone Number .....	+65-81135185
Email Address .....	CS8558CS@GMAIL.COM
Address .....	BLK 2 PETIR ROAD #13-04 MAYSPRINGS
Address complement .....	-
Postcode .....	S678265
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 .....	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 .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER POLICE REPORT : T/20220214/2074

#### 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 .....	SHD3672A
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 .....	ZHANG XIAO JIAN
Gender .....	Male
Phone No .....	(Phone) +65-81135185
Address .....	BLK 2 PETIR ROAD #13-04 MAYSPRINGS
Address Complement .....	-
Post Code .....	S678265
Approximate Age Years Old .....	52
Injuries Sustained .....	RIGHT ANKLE, ARM, LEG, AND NECK
Injured person in which vehicle? .....	FBH5417H
Were seat belts worn? .....	No
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' 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.

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 No. T/20220214/2074

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

Witnessed by Reporting Centre Personnel
















**SINGAPORE  
POLICE FORCE**


T/20220214/2074

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20220214/2074

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/02/2022 19:42	Vide Report No.:	Station Diary No.: 104
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**Informant's Particulars**

Name of Informant: ZHANG XIAOJIAN		Address: APT BLK 2 PETIR ROAD #13-04 MAYSPRINGS SINGAPORE 678265	
ID Type / ID No.: FIN NO / G7234653Q		Contact No.: Home/Office: Mobile: 81135185	
Nationality: CHINESE		Email:	
Sex: Male	Age: 52	Date of Birth: 20/04/1969	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: SENIOR FOREMAN		Driving Licence Information: Class: 2B,3C Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/02/2022 07:30	Type of Location: T-Junction
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBH5417H	Motorcycle	YAMAHA	FZ 15	Blue	Seriously Damaged	0
SHD3672A	TAXI				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH5417H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT21427587	19/01/2022	18/01/2023



**SINGAPORE  
POLICE FORCE**



T/20220214/2074

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Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20220214/2074

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZHANG XIAOJIAN	ID No.	G7234653Q
Related Vehicle	FBH5417H (Motorcycle)	Contact No.	81135185
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	04/02/2022	Date Discharge	07/02/2022
No. of Days granted Medical Leave	46	Degree of Injury	Serious

**Brief Details.**

On 04/02/2022 at about 0730hrs, I was riding my motorcycle (FBH5417H) on the 1st of the 3 lane road along Jalan Bukit Merah towards CTE. As I was approaching the T-Junction of Kim Tian Road, I noticed that the traffic light was about to turn red. Hence, I slowed down my motorcycle and prepared to stop. I came to a complete stop then out of a sudden, I felt a strong impact from the rear of my motorcycle. A taxi (SHD3672A) had collided onto the rear portion of my motorcycle. Upon impact, my motorcycle surge forward and came to a stop somewhere after the traffic junction. I sustained a fracture on my right ankle, abrasions on my arms and legs and injuries on my neck area. Ambulance came and I was conveyed to Singapore General Hospital. I was admitted on 04/02/2022 and was discharged on 07/02/2022. I was given 46 days of MC dated on 04/02/2022 to 21/03/2022. I have no in vehicle camera installed on my motorcycle.

Report No. T/20220214/2074  
2021/4/2074



**SINGAPORE  
POLICE FORCE**



T/20220214/2074

3 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20220214/2074

**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 J / SGT 3 NURSHUHADAH BINTE SULAIMAN 
Signature Of Interpreter: Not applicable
SIGNATURE

Signature Of Informant: 
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Date/Time: 14/02/2022 19:42
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Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236
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Classification Of Case:
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Authentication Stamp  
NP 068