

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 Actual 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	13/01/2023 15:33 (SGT)
Reported by	Both
Date of Accident	11/01/2023 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KB-1 ENTRANCE KAKI BUKIT AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EN3288J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH GIM SENG
NRIC No	SXXXX309Z
Email Address	milogs.goh@gmail.com
Mobile Phone No	(Phone) +65-92995951
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS ES300H CVT
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	Private car
Transmission	Auto
CC	2494

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300304175 QMX

DRIVER

Name of Driver	GOH GIM SENG
NRIC No	SXXXX309Z
Date Of Birth	18/11/1960
Occupation	Indoor

Date Of Driving Pass	01/08/1991
Driving experience	31 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92995951
Alt. Phone Number	-
Email Address	milogs.goh@gmail.com
Address	APT BLK 131B LORONG 1 TOA PAYOH
Address complement	# 14-542
Postcode	312131
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230111/2091

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR4609A
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
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURED
Injured person in which vehicle?	FBR4609A
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' 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.

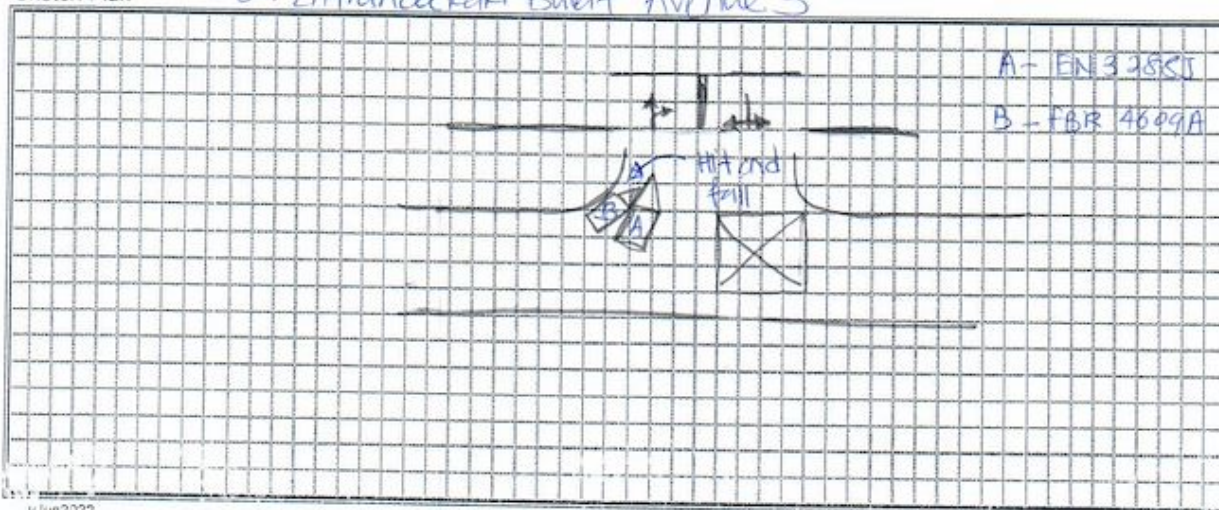
13-01-23 gasee
Policyholder's Signature / Date & Time

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

gasee 13/1/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

KB-1 Entrance Kaki Bukit Avenue 3



Describe Circumstance of the Accident


please Refer to the attached police Report
 — 7/20230111/2091—

Declaration

I/We declare the foregoing particulars are true in every respect.

13-01-23 
 Policyholder's Signature / Date & Time

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

 13/1/2023
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230111/2091

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Report No. T/20230111/2091

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EN3288J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300304175	24/04/2022	23/04/2023

Brief Details.

On 11/01/2023, I was travelling along Kaki Bukit Avenue 3.

I made a left turn into a JTC building KB-1. As I was doing so, I wish to state that I did not signal my intention to do so.

As such, when I made the turn, I felt a collision on the front left portion of my bumper.

Due to the impact, the motorcyclist fell. The rider's colleague then called for ambulance services, where the rider was conveyed to the ambulance.

I wish to state that at this point of time, I did not suffer any pain from the accident. My vehicle had some scratches. The rider's colleague then parked his motorcycle somewhere nearby.

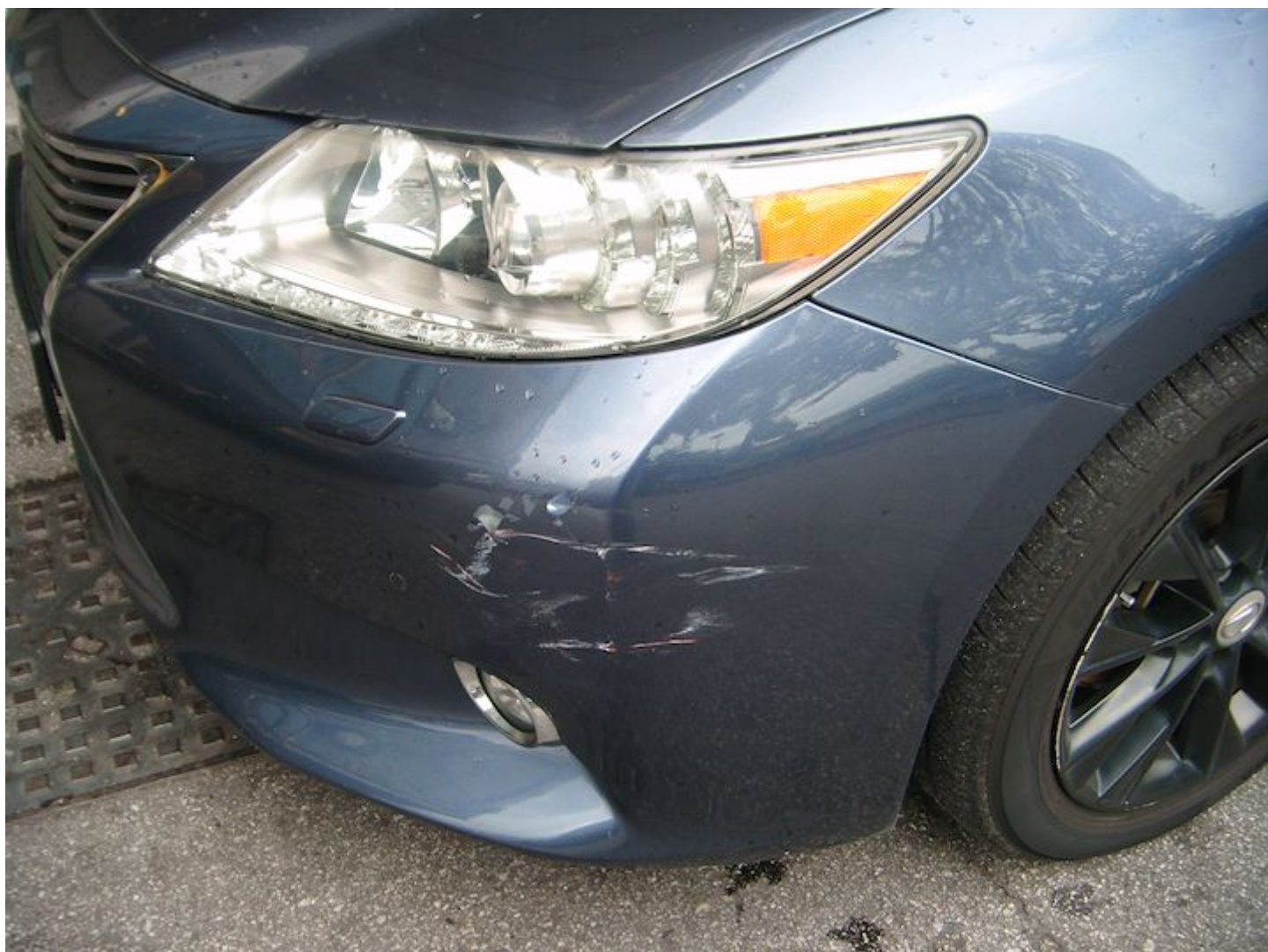
After the rider was conveyed, I went into KB-1. Soon after, I received a call from a Traffic Police who wanted to meet me at level 1 of KB-1. The Traffic Police then advised me to lodge a Police report.

























**SINGAPORE
POLICE FORCE**



T/20230111/2091

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Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20230111/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2023 19:50	Vide Report No.: G/20230111/0087	Station Diary No.: 135
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Informant's Particulars

Name of Informant: GOH GIM SENG	Address: APT BLK 131B LORONG 1 TOA PAYOH #14-542 SINGAPORE 312131		
ID Type / ID No.: NRIC NO / S1452309Z	Contact No.: Home/Office: Mobile: 92995951		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 62	Date of Birth: 18/11/1960	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: SELF EMPLOYED	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2023 13:40	Type of Location: Straight Road
Location: KAKI BUKIT AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Head to bumper				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EN3288J	Car	TOYOTA	LEXUS ES300H CVT	Blue	Slightly Damaged	0
FBR4609A	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red	Slightly Damaged	0

Details of Vehicle Insurance

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



T/20230111/2091

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POLICE FORCE**

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93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20230111/2091

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Report No. T/20230111/2091

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:
E /
SGT 3 DOUGLAS GOH JIALE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI KOH WEI JIE
Contact No.: 97303412

NP168

Signature Of Informant:

Date/Time:
11/01/2023 19:50

Classification Of Case: