

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 17/01/2023 11:12 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 23/07/2022 19:00 (SGT)
Exact Location of Accident Sungei Kadut Street 4, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG2147L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAI YEW CHARNG
Passport No/FIN GXXXX058U
Email Address chaisk7172@yahoo.com.sg
Mobile Phone No (Phone) +65-98932796
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Cbr150r
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.
Policy Number / Cover Note Number MSD/VMT/21-427236-CA

DRIVER

Name of Driver CHAI YEW CHARNG
Passport No/FIN GXXXX058U
Date Of Birth 08/01/1970
Occupation Outdoor

Date Of Driving Pass	27/10/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98932796
Alt. Phone Number	-
Email Address	chaisk7172@yahoo.com.sg
Address	BLK 348 UBI AVENUE 1 #07-1063
Address complement	-
Postcode	400348
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 - U-Turn
Weather Conditions	Clear
Road Surface	Wet

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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220810/2063

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	FBH3658S
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	CHAI YEW CHARNG
Gender	Male
Phone No	(Phone) +65-98932796
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBG2147L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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.
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

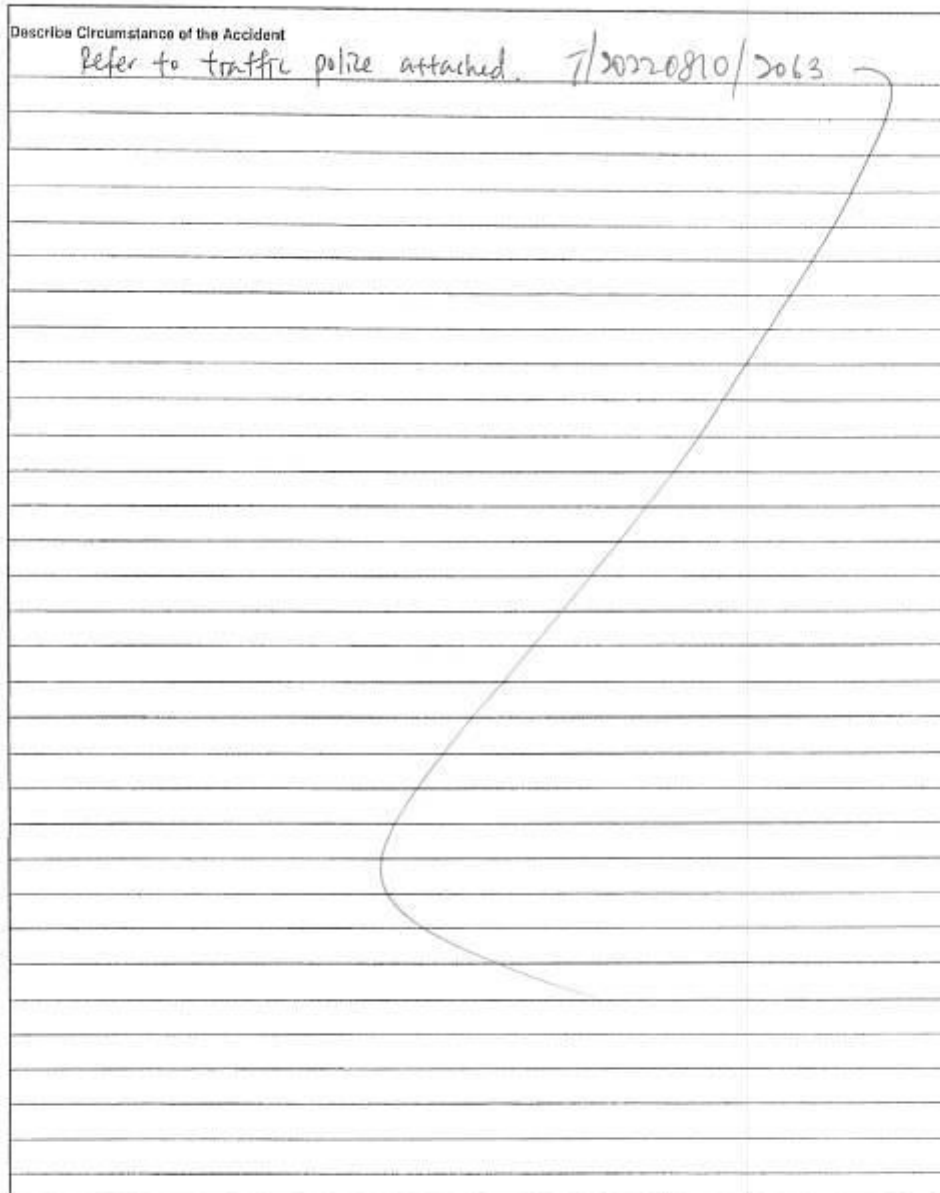
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to traffic police attached. 7/20220810/2063



Declaration

I/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

 17/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)






































**SINGAPORE
POLICE FORCE**


T/20220810/2063

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20220810/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2022 16:02		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHAI YEW CHARNG			Address: APT BLK 348 UBI AVENUE 1 #07-1063 SINGAPORE 400348		
ID Type / ID No.: FIN NO / G8385058U			Contact No.: Home/Office: Mobile: 98932796		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 52	Date of Birth: 06/01/1970	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			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: 23/07/2022 19:00	Type of Location: Straight Road
Location: SUNGEI KADUT STREET 4				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG2147L	Motorcycle	HONDA	CBR 150R MANUAL	Black	Slightly Damaged	0
FBH3658S	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG2147L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT21427236	02/11/2021	01/11/2022


**SINGAPORE
POLICE FORCE**


T/20220810/2063

2 of 3

Report No. T/20220810/2063

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 40865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAI YEW CHARNG	ID No.	G8385058U
Related Vehicle	FBG2147L (Motorcycle)	Contact No.	98932796
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	23/07/2022	Date Discharge	09/08/2022
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

ON 23/07/2022 AT ABOUT 1900HRS

I WAS RIDING ALONG SUNGEI KADUT STREET 4, WHEN I SAW A BIKE STATIONARY AT THE ROAD SIDE. AS I WAS ABOUT TO APPROACH THE PARKED RIDER, THE RIDER SUDDENLY MOVED AND ATTEMPTED TO MAKE AN ILLEGAL U-TURN. AS SUCH, MY BIKE COLLIDED ONTO HIS SIDE AS I AM GOING ON A STRAIGHT LINE. I WAS RIDING AT ABOUT 50KM/H. THE WEATHER WAS CLEAR, BUT THE FLOOR WAS WET AS IT WAS POST-RAIN. I WAS THEN CONVEYED TO KTPH ON THE SAME DAY, AND WAS ONLY DISCHARGED ON 09/08/2022. THE OTHER ONLY SUFFERED MINOR ABRASIONS, HE WAS STILL ABLE TO WALK

THAT'S ALL



SINGAPORE
POLICE FORCE



T/20220810/2063

Police Station Of Origin:
Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220810/2063

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:
TP /
TSC NOORDEEN SEENI APPAS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/08/2022 16:02

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09.00 – 17.00
UEN: S66500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : SL0Y231H0001 Vehicle Registration No. : FBG2147L
Name (as shown in NRIC) : Chai Yew Charn NRIC/FIN/Passport No. : G83850584
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 348 Ubi Avenue 1 #07-1063 Singapore Singapore: 400348
Contact (Tel) : 98932796 Mobile No. : _____
Email Address : chaik7172@yahoo.com.sg
Date of Accident : 23/07/2022 Time of Accident : _____
Place of Accident : Sungei Kadut street 4
Insurance Company : MSIG Insurance (Singapore) Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to change the email address
from chaik717@gmail.com to chaik7172@yahoo.com.sg

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: