

NATIONAL Assessment Centre Services. (2001, 12/20/2001)

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 |
| 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 | chaisk717@gmail.com |
| 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 | chaisk717@gmail.com |
| 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

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 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:

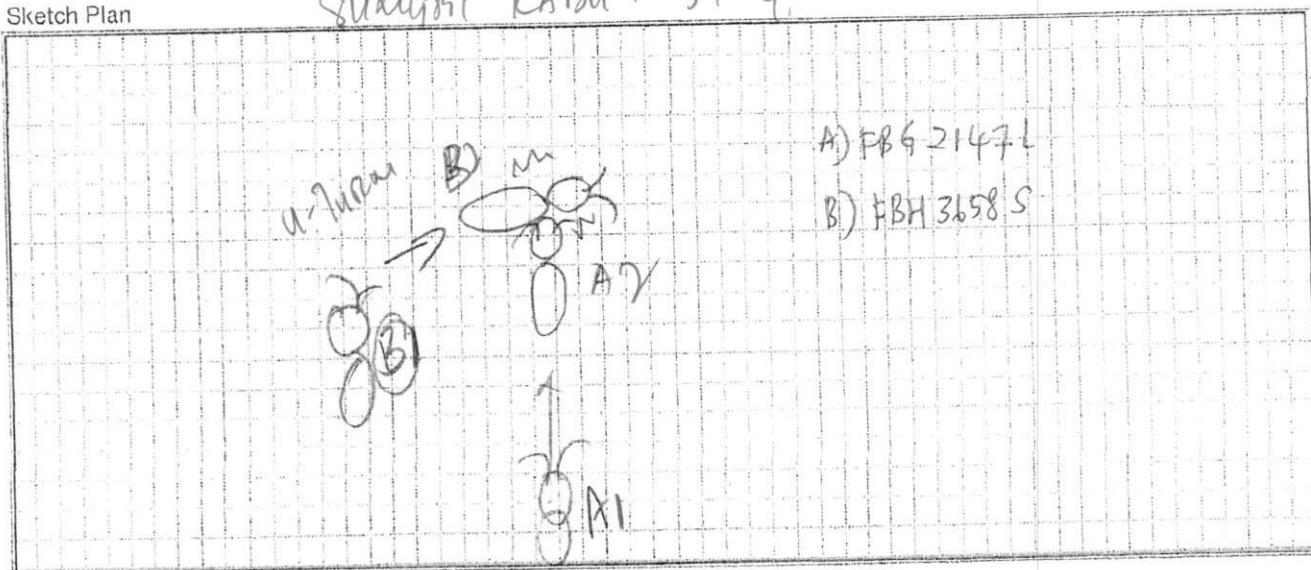
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

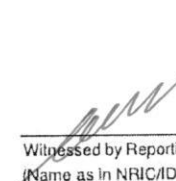
Refer to traffic police attached. 7/20220810/2063

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: 08/01/1970 | 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

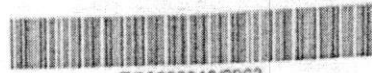
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|--------------------|-------|---------------------|-----------------|
| FBG2147L | Motorcycle | HONDA | CBR 150R MANUAL | Black | Slightly Damaged | 0 |
| FBH3658S | Motorcycle | | | | Slightly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

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20220810/2063

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

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

| BASIC INFORMATION | | | |
|-------------------|-----------------------|-------------------|--------|
| Date of Accident: | 23/07/2022 | Time of Accident: | 1900Hr |
| Exact Location: | Sungei Kadut Street 4 | | |

| DETAILS OF OWN VEHICLE | | | |
|---------------------------|---|---------------------------|---|
| Vehicle Registration No. | FBG 247L | NRIC / FIN / Passport no: | |
| Name of Registered Owner: | Chai Yew Charn | | |
| Owner's Email: | chaisk7172@gmail.com | | |
| Owner's Address: | 348 Ubi Avenue #07-1063 Singapore 400348 | | |
| Vehicle Make: | Honda | Vehicle Model: | CBR 150R |
| Engine Capacity (cc): | 150cc | Transmission: | Auto <input checked="" type="checkbox"/> Manual |
| Type of Claim: | Own Damage / <input checked="" type="checkbox"/> Third Party / Reporting Only | | |
| Vehicle Category: | Private / Commercial <input checked="" type="checkbox"/> Motorcycle / Private Hire | | |
| Name of Insurance Co: | MSIG Insurance (Singapore) Pte Ltd | | |
| Type of Policy: | <input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party, Fire & Theft | | |
| Policy Number: | MSD / VMT / 21 - 427236 | | |


| DRIVER | | | |
|--|---|---------------------|--|
| Name of Driver: | <input checked="" type="checkbox"/> same as | | |
| NRIC / FIN / Passport no: | G8285058U | Date of Birth: | 08/01/1970 |
| Occupation: | Indoor / <input checked="" type="checkbox"/> Outdoor | Driving Pass Date: | 27/10/2009 |
| Contact Number: | 98932796 | Gender: | <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female |
| Address: | 348 Ubi Avenue #07-1063 Singapore 400348 | | |
| Relationship with Owner: | <input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Child / <input type="checkbox"/> Hirer / <input type="checkbox"/> Other: | | |
| Translator Name: | | Translator NRIC: | |
| Translator Contact no: | | Translator email: | |
| GENERAL INFORMATION OF THE ACCIDENT | | | |
| Type of Collision: | Chain collision / Side Swipe / Front to Rear / Others: <u>Front to Side</u> | | |
| Weather Condition: | Clear / Raining / <input checked="" type="checkbox"/> Others: | Road Surface: | Dry / <input checked="" type="checkbox"/> Wet |
| Video available: | Yes / <input checked="" type="checkbox"/> No | | |
| Was anybody injured? | <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No | Police Report Made? | <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No |
| No. of passenger onboard (including driver): | 01 | | |

| DETAILS OF OTHER VEHICLE | | | |
|---------------------------|-----------|-----------|-----------|
| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Vehicle Registration No: | FBH 31585 | | |
| Vehicle Make / Model: | | | |
| Name of Driver: | | | |
| NRIC / FIN / Passport no: | | | |
| Contact Number: | | | |
| Name of Insurance Co: | | | |

| DETAILS OF WITNESS | |
|--------------------|---------------|
| Name: | Contact Info: |

| DETAILS OF INJURED PERSON | | | |
|---------------------------|----------|----------|----------|
| | Person 1 | Person 2 | Person 3 |
| Name / in which vehicle?: | | | |

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.


 Signature of Driver

Date and time

Enquire Vehicle Registration Details

Vehicle Registration Details

Vehicle No.
FBG2147L

Make/ Model
HONDA/ CBR 150R MANUAL

Vehicle Scheme
-

Current Propellant
Petrol

Chassis No.
CS150R0010742

Vehicle Type
Passenger Motorcycle/Autocycle/Moped

Owner's Details

Owner Name:
CHAI YEW CHARNG

NRIC/Passport/Company Cert No.:
G8385058U

Mailing Address:
-

Owner ID Type:
Foreign Identification Number

Registered Address:
APT BLK 348 UBI AVENUE 1 #07-1063 SINGAPORE 400348

Birth Date:
08 Jan 1970

Registration Details

Previous Vehicle No.:
-

Original Registration Date:
02 May 2012

No. of Transfers:
3

Effective Date of Ownership:
16 Sep 2013

Registration Date:
02 May 2012

IU Label No.:
713378653

Vehicle Specifications

Engine No.:
CS150RE0010742

Year of Manufacture:
2011

Secondary Colour:

Chassis No.:
CS150R0010742

Primary Colour:
Black

Passenger Capacity:

Engine Capacity / Power Rating :

150 cc / -

Max Unladen Weight:

138 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 3:

-

1

Maximum Power Output:

-

Maximum Laden Weight:

0 kg

Vehicle Attachment 2:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$3,519.00

Actual ARF Paid:

\$528.00

OPC Cash Rebate Eligibility:

No

COE No.:

2012050106000497C

COE Category:

D - Motorcycle

Quota Premium (QP) / Prevailing Quota Premium

\$1,924.00 / -

QP (Regn Cat):

\$1,924.00

Additional Registration Fee Rate:

15.00 %

Vehicle Lifespan Expiry Date:

No Lifespan

QP during COE Bidding Exercise:

\$1,924.00

COE Expiry Date:

30 Apr 2027

COE Registration Category:

D - Motorcycle

PQP Paid

\$5,183.00

PARF Rebate Details

PARF Eligibility:

No

Minimum PARF Benefit:

-

PARF Eligibility Expiry Date:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

NOx Emission:

-

HC Emission:

-

PM Emission:

-

Message:

The vehicle will be de-registered upon expiry of its 5-year COE on 30 Apr 2027. No further renewal will be allowed.



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

CA 557886

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)
The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMT/21-427236-CA A0074-001/70242

SUM INSURED : TPL
EXCESS : NIL

(DUPLICATE)

1. Index mark and Registration Number of Vehicle FBG2147L
HONDA 150 c.c.
2. Name of Policyholder CHAI YEW CHANG
3. Effective date of the Commencement of Insurance
for the purposes of the Act 1201AM 02/11/2021
4. Date of Expiry of Insurance 01/11/2022
5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for the carriage of goods (other than samples) in connection with any trade or business.
4. Use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof."

COI

17/01/2023 (KP)
CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.

05/20 5.2 X 8.5 DK COI (M-597) JE/JF