

## 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 .....              | 06/04/2023 17:11 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 06/04/2023 10:15 (SGT)              |
| Exact Location of Accident .....      | BKE, Singapore                      |
| Additional Location Information ..... | SLIP ROAD TOWARDS DAIRY FARM ROAD   |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | FBK9766H |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                        |
|--------------------------------|------------------------|
| Is company? .....              | No                     |
| Name Of Registered Owner ..... | LOH SOON HONG          |
| NRIC No .....                  | SXXXX823J              |
| Email Address .....            | soonhongloh1@gmail.com |
| Mobile Phone No .....          | (Phone) +65-82620822   |
| Alternative Phone No .....     | -                      |

#### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer .....   | Yamaha              |
| Model .....  | 135lc               |
| Variant .....  | -                   |
| Exact purpose for which vehicle was being used at time of accident .....           | Employment          |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Reporting only |
| Vehicle Category .....   | Motorcycle          |
| Transmission .....   | Manual              |
| CC .....   | 135                 |

#### INSURANCE COMPANY

|   |                                      |
|---|--------------------------------------|
| Name of Insurance Company .....         | MSIG Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number ..... | A 300664019 VMP                      |

#### DRIVER

|                      |               |
|----------------------|---------------|
| Name of Driver ..... | LOH SOON HONG |
| NRIC No .....        | SXXXX823J     |
| Date Of Birth .....  | 09/09/1984    |
| Occupation .....     | Outdoor       |

|  |                                  |
|--|----------------------------------|
| Date Of Driving Pass .....   | 27/11/2020                       |
| Driving experience .....   | 2 YEARS AND 5 MONTHS             |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-82620822             |
| Alt. Phone Number .....  | -                                |
| Email Address .....  | soonhongloh1@gmail.com           |
| Address .....  | BLK 534 HOUGANG STREET 52 #06-38 |
| Address complement .....   | -                                |
| Postcode .....   | 530534                           |
| 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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 .....                       | Clementi Division Headquarters        |
| Police Station Phone No .....                   | (Phone) +65-18007740000               |
| Alt. Police Station Phone No .....              | (Fax) +65-67741705                    |
| Police Station Address .....                    | 20 Clementi Avenue 5 Singapore 129858 |
| Was notice of intended Prosecution given? ..... | No                                    |
| If yes, against whom? .....                     | -                                     |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND NOTICE OF REPORTING

#### 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 ..... | SHD8622L |
| 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) .....     | -    |

**SKETCH PLAN**

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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.

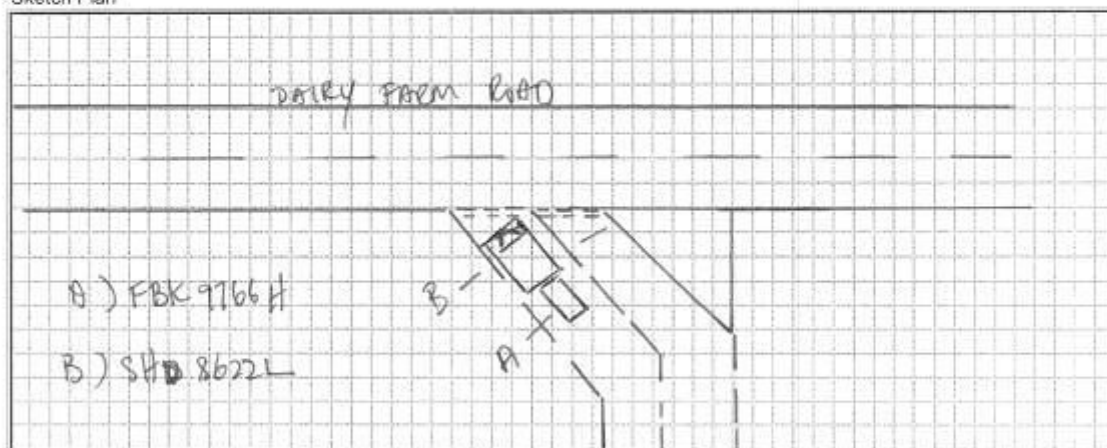
Policyholder's Signature / Date & Time

6.4-2023

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

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

Sketch Plan

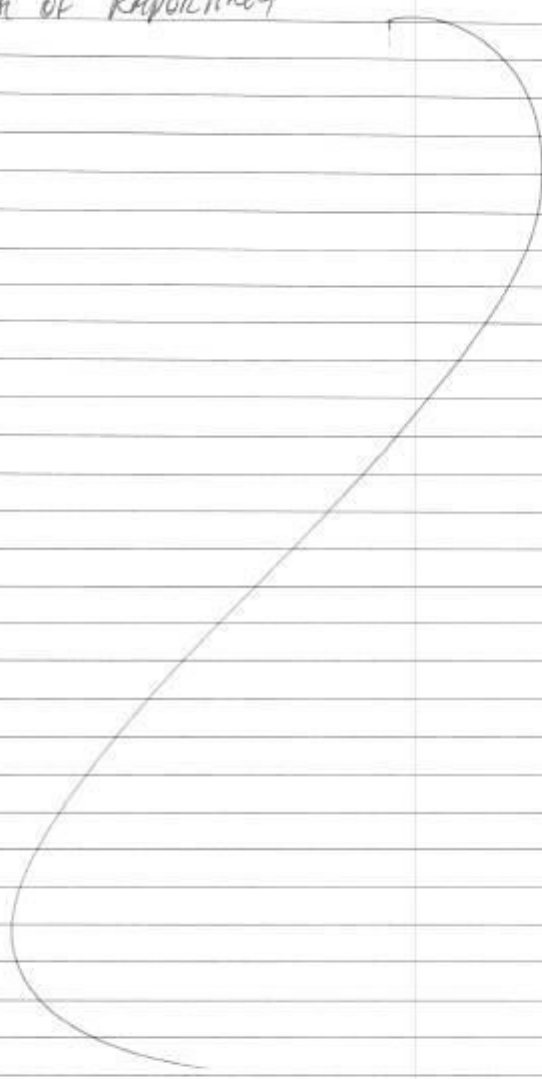


vJun2022

1

Describe Circumstance of the Accident

REFER TO NOTICE OF REPORTING



Declaration

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

  
 Policyholder's Signature / Date & Time  
 6-4-2023

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

  
 06/04/2023  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)































Annex D

**NOTICE OF REPORTING**

This is to confirm that Loh Soon Hing, has reported to the Police a non-injury traffic accident which occurred at junction of Dairy Farm Road and , on 06/04/2023 at about 1015hrs involving the following vehicles:

FBK9766H (Loh Soon Hing, S8455823J)

On the 06/04/2023 at about 1015hrs, I was riding my motorcycle bearing plate number FBK9766H. I had just exited BKE to Dairy Farm Road and when I reached the slip-road of Dairy Farm Road and Upper Bukit Timah Road when I was about to enter, the Upper Bukit Timah, I noticed that the main road was clear with no vehicle when the Comfort Delgro taxi with registration plate number, SHD8622L in front of my motorcycle suddenly stop. I tried to react and stop my motorcycle on time, but I was unable to do so. I ended hitting the rear of the taxi and there we minor scratches at the rear bumper, and no one sustained any injury.

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(3) Jasmi Bin Juma'at  
Date: 06/04/2023 Time: 1240hrs  
S/D Ref: 51  
Police Post/Unit: Clementi NPC

