

# 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 ..... 04/05/2023 15:45 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 28/04/2023 15:20 (SGT)  
Exact Location of Accident ..... Near 2022 Bukit Batok Street 23, Singapore  
Additional Location Information ..... BUKIT BATOK STREET 23, OUTSIDE VICOM  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... AT22U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KLH MOTOR PTE LTD  
Company Reg No ..... 201500509M  
Email Address ..... STONECOLD843@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-97733456  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fino  
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 ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 125

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300591877 MTR

### DRIVER

Name of Driver ..... LIM CHIN HONG  
NRIC No ..... S8840623J  
Date Of Birth ..... 11/10/1988  
Occupation ..... Indoor

Date Of Driving Pass .....	27/04/2011
Driving experience .....	12 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97733456
Alt. Phone Number .....	-
Email Address .....	STONECOLD843@HOTMAIL.COM
Address .....	BLK 215 BUKIT BATOK STREET 21
Address complement .....	#05-335
Postcode .....	650215
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 on collision
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 .....	Hong Kah North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18005679999
Alt. Police Station Phone No .....	(Fax) +65-65652508
Police Station Address .....	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 .....	SHA5045M
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	AT22U
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

*[Handwritten Signature]*

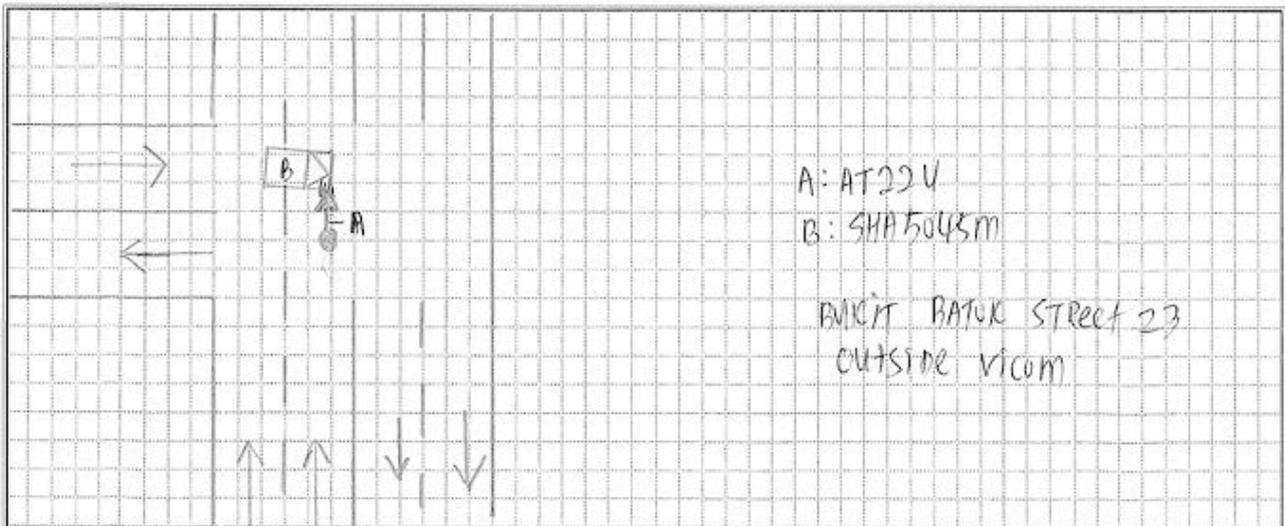
Driver's Signature (if driver is not the policyholder) / Date & Time



*Suzana Bee Edres*

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

**Sketch Plan**



Describe Circumstance of the Accident

Refer to Police Report Dated 01/05/2023  
T/2023 0501/2049

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



Suzana Bte Edros

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







**SINGAPORE  
POLICE FORCE**



T/20230501/2049

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

1 of 3

Report No. T/20230501/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/05/2023 20:34	Vide Report No.:	Station Diary No.: 56
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**Informant's Particulars**

Name of Informant: LIM CHIN HONG		Address: APT BLK 215 BUKIT BATOK STREET 21 #05-335 SINGAPORE 650215	
ID Type / ID No.: NRIC NO / S8840623J		Contact No.: Home/Office:                      Mobile: 97733456	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 11/10/1988	Type of Informant: Rider
Race: Chinese		Language:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/04/2023 15:20	Type of Location: Straight Road
Location:  BUKIT BATOK STREET 23				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AT22U	Motorcycle				Slightly Damaged	0
SHA5045M	TAXI				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230501/2049

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20230501/2049

## CONTINUATION OF REPORT

Rider			
Name	LIM CHIN HONG	ID No.	S8840623J
Related Vehicle	AT22U (Motorcycle)	Contact No.	97733456
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	28/04/2023	Date Discharge	01/05/2023
No. of Days granted Medical Leave	36	Degree of Injury	Slight
Driver			
Name	OOI BOON LEONG	ID No.	S0223573J
Related Vehicle	SHA5045M (TAXI)	Contact No.	94879898
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 28/04/2023, I was riding my motorcycle (registration plate: AT22U) along Bukit Batok St 23. At about 1520hrs, as I was riding along the same road outside of Bukit Batok Vicom, a taxi (registration plate: SHA5045M) came out from Bukit Batok Vicom and turned out to his right, which was towards my direction. As it was too sudden, both our vehicles went into head on collision.

Due to the impact, I suffered injury and was subsequently conveyed to NUH via ambulance. Traffic Police also came down to the accident site. My motorcycle sustained damage to its fairing and side coverset (broke).

I have been in contact with TP IO named Azhar (HP: 96191462). I was not given any case card or case number. I suffered list of injuries including abrasion to my wrist, both arms, both legs, toenails. I was also informed by the doctor that I suffered minor skull fracture, mild brain bleeding and back pain.

I was given 36 days Hospitalization Leave at NUH from 28/04/2023 till 02/06/2023. I was admitted from 28/04/2023 and discharged on 02/05/2023. As of now, I do not have the physical copy of the Hospitalization Leave as I left it at home.



**SINGAPORE  
POLICE FORCE**



T/20230501/2049

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20230501/2049

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report: J / SGT 2 MUHAMMAD MUJAHID BIN SAMSUDIN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187	

Signature Of Informant:	
Date/Time: 01/05/2023 20:34	
Classification Of Case:	

NP168





MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 Co. Reg No. 200412212G GST Reg. No. 20-0412212G  
 A Member of **MS&AD** INSURANCE GROUP

### 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.

#### MOTOR TRADE (ROAD RISK) MotorTrade Road Risk Third Party Only Contract

Certificate No. A 300591877 MTR

Excess : NIL

Windscreen Excess : NIL

**1. Index Mark and Registration Number of Vehicle**

Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.

**2. Name of Policyholder**

KLH Motor Pte Ltd

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

19/07/2022

**4. Date of Expiry of Insurance**

18/07/2023

**5. Persons or Classes of Persons entitled to drive\***

\*Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

**6. Limitations as to Use \***

Use only for Motor Trade purposes. The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.

N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

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

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Mack Eng  
 Chief Executive Officer

SGSGFCY2202205251342

Certificate No.	A 300591877 MTR	Effective date :19/07/2022
<b>Name of drivers</b>		
1. Lim Chin Hong		
2. Song Chern Bao Peter		

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