

## 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	14/06/2023 17:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/06/2023 23:00 (SGT)
Exact Location of Accident	Commonwealth Ave W, Singapore
Additional Location Information	SLIP ROAD TO CLEMENTI AVE 4
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBV904C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOEL YAP JIA LE
NRIC No	S9702654H
Email Address	JOEL_YAP@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94551195
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Czd300a
Variant	XMAX300
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	292

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51020142

#### DRIVER

Name of Driver	JOEL YAP JIA LE
NRIC No	S9702654H
Date Of Birth	29/01/1997
Occupation	Outdoor

Date Of Driving Pass .....	09/02/2023
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94551195
Alt. Phone Number .....	-
Email Address .....	JOEL_YAP@HOTMAIL.COM
Address .....	BLK 20 TEBAN GARDENS ROAD #12-97
Address complement .....	-
Postcode .....	600020
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 .....	Collided into Motorcyclist
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 .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT T/20230610/2058

#### 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 .....	SHB2232D
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 .....	JOEL YAP JIA LE
Gender .....	-
Phone No .....	(Phone) +65-94551195
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBV904C
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

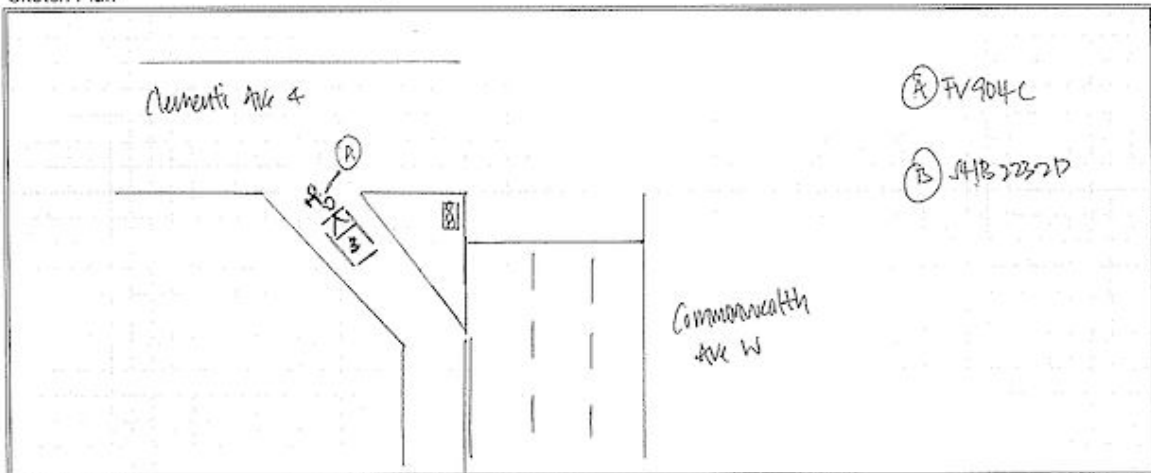
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

2  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



vJun2022

1

2







































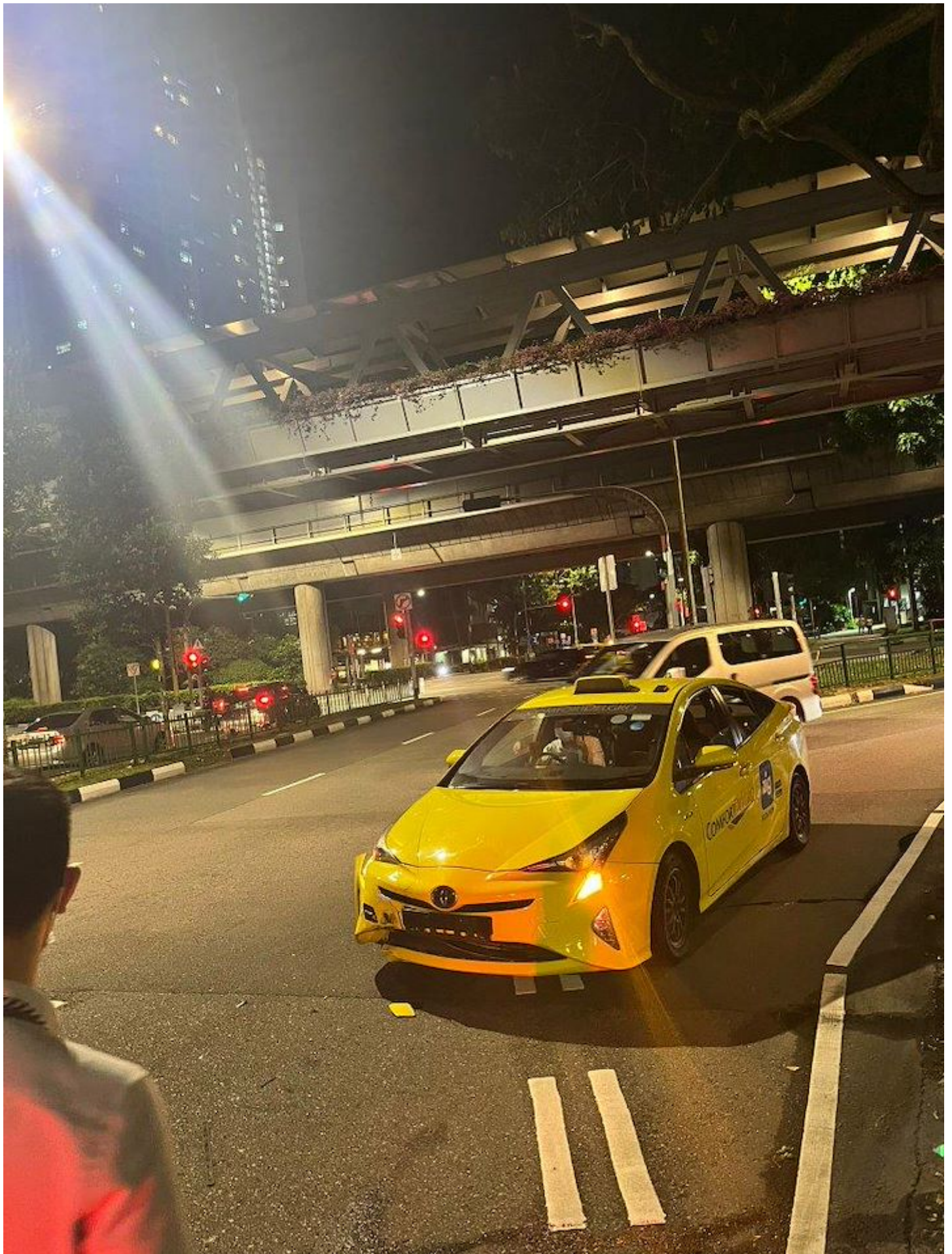




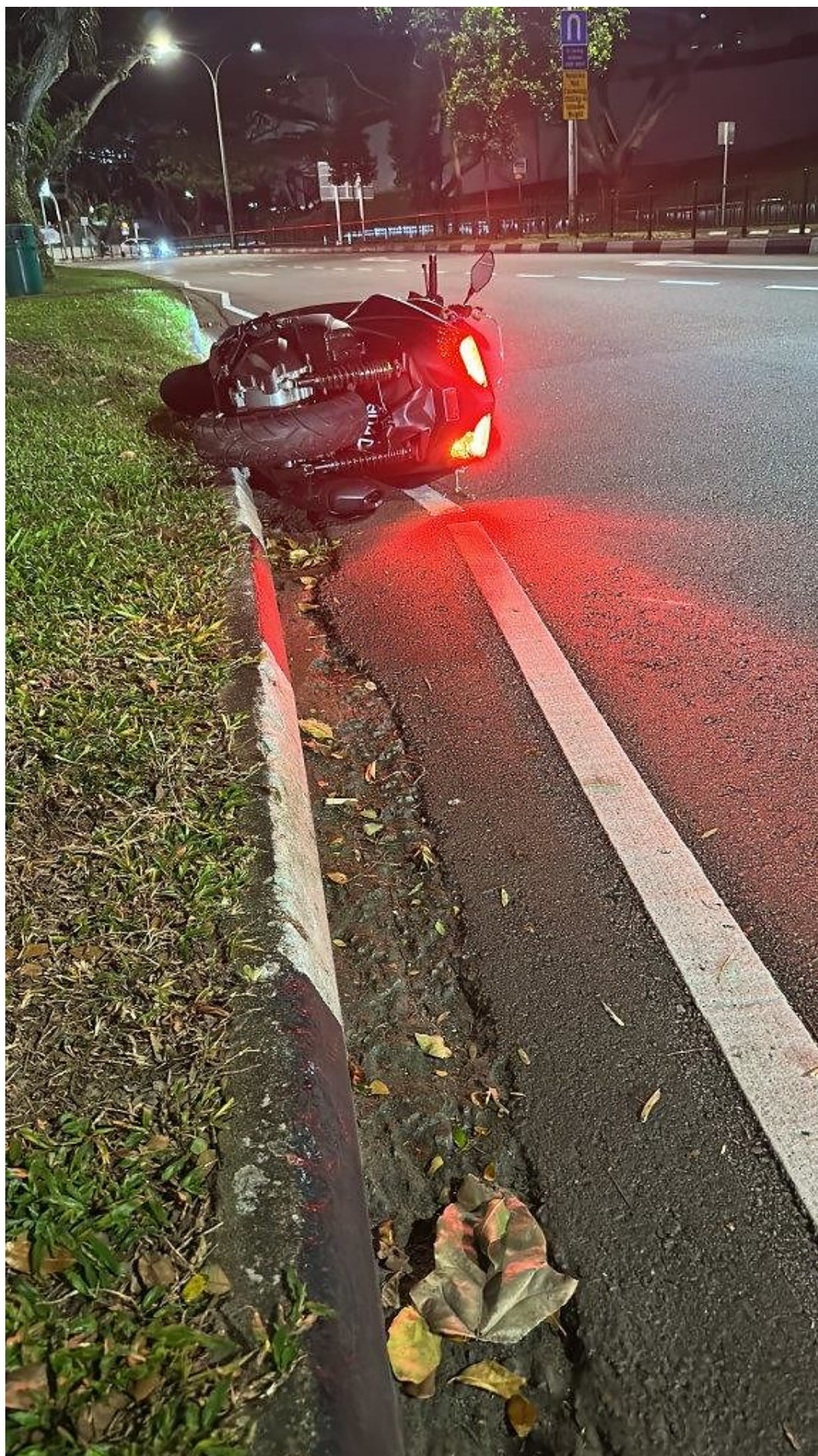
























**SINGAPORE  
POLICE FORCE**



T/20230610/2058

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 3

Report No. T/20230610/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2023 15:45	Vide Report No.:	Station Diary No.: 62
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## Informant's Particulars

Name of Informant: JOEL YAP JIA LE			Address: APT BLK 20 TEBAN GARDENS ROAD #12-97 SINGAPORE 600020		
ID Type / ID No.: NRIC NO / S9702654H			Contact No.: Home/Office: Mobile: 94551195		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/01/1997	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 2B,2A Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/06/2023 23:00	Type of Location: Bend
Location:  CLEMENTI AVENUE 4				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBV904C	Motorcycle	YAMAHA	CZD300A / XMAX300	Blue	Slightly Damaged	0
SHB2232D	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow	Slightly Damaged	0

## Details of Vehicle Insurance

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



T/20230610/2058

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Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20230610/2058

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBV904C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	CN51020142	23/05/2023	22/05/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JOEL YAP JIA LE	ID No.	S9702654H
Related Vehicle	FBV904C (Motorcycle)	Contact No.	94551195
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	09/06/2023	Date Discharge	10/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 09/06/2023 at about 2300hrs, I was doing grab food on my motorcycle. I picked up my order from Tradehub 21 Macdonald and needed to deliver to Clementi Avenue 5 and Clementi West. I was riding along Commonwealth Ave W and turning to Clementi Avenue 4. I stopped at the give way line and was waiting for the traffic to be clear. Suddenly, a vehicle from the back hit onto my motorcycle and I fell backwards. My motorcycle went forward and fell onto the kerb. After falling, the driver went and assisted me to the kerb to rest. I called grab that I met to an accident and to cancel the orders.

A Police car past by and came to assist me. The ambulance came and conveyed me to NUH. I told one my friend namely Toh Ze Xuen, Carmen HP: 81958369 to come to the accident scene to assist me. My friend told me that when he asked the driver for the particulars, he was reluctant. When I had the fall my legs and elbow was hurting. When I woke up today, I noticed that I suffered some abrasions on my arm, and I am feeling some pain at my chest and back area. To my knowledge my bike's rear license plate was damaged however I do not know the other damages as I did not take a close look after the accident. The taxi front right bumper was damaged. I wish to state that I do not have camera on my motorcycle. The traffic police told my friend to inform me to lodge a police report. I do not have the reference number for the incident.





**SINGAPORE  
POLICE FORCE**



T/20230610/2058

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Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20230610/2058

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
D /  
SGT 2 JACK TEO KOK KWANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT MUHAMMAD GHAZALI BIN  
ABDUL RAZAK  
Contact No.: 96192037

Signature Of Informant:

Date/Time:  
10/06/2023 15:45

Classification Of Case:

NP168