

## 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 ..... 18/07/2023 15:03 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 05/07/2023 07:30 (SGT)  
Exact Location of Accident ..... Dunearn Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBU7482L

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOAY LIP BIN  
NRIC No ..... SXXXX538J  
Email Address ..... koay2k@yahoo.com  
Mobile Phone No ..... (Phone) +65-83380808  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Aerox  
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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Auto  
CC ..... 155

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... CN51018113

#### DRIVER

Name of Driver ..... KOAY LIP BIN  
NRIC No ..... SXXXX538J  
Date Of Birth ..... 15/12/1971  
Occupation ..... Indoor

Date Of Driving Pass .....	20/04/1990
Driving experience .....	33 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83380808
Alt. Phone Number .....	-
Email Address .....	koay2k@yahoo.com
Address .....	BLK 811A CHOA CHU KANG AVENUE 7 #16-653
Address complement .....	-
Postcode .....	681811
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? .....	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/20230705/7043

#### 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 .....	SKC5094A
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	KOAY LIP BIN
Gender .....	Male
Phone No .....	(Phone) +65-83380808
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBU7482L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

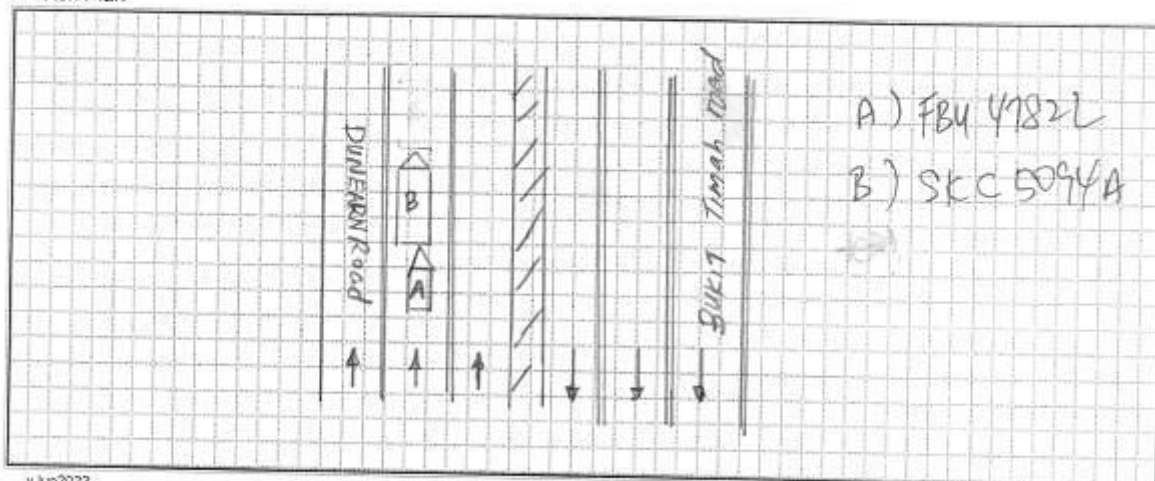
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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 POLICE REPORT 7/20230705/7043

Declaration

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

*[Signature]* 12:30pm  
18/7/2023

Policyholder's Signature / Date & Time

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

*[Signature]* 18/07/2023

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







































**SINGAPORE  
POLICE FORCE**



T/20230705/7043

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Report No. T/20230705/7043

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/07/2023 15:32		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOAY LIP BIN			Address: 811A CHOA CHU KANG AVENUE 7 #16-653 SINGAPORE 681811		
ID Type / ID No.: NRIC NO / S7144538J			Contact No.: Home/Office: Mobile: 83380808		
Nationality: SINGAPORE CITIZEN			Email: koay2k@yahoo.com		
Sex: Male	Age: 51	Date of Birth: 15/12/1971	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Security supervisor			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/07/2023 07:30	Type of Location: Straight Road
Location:  BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBU7482L	Motorcycle	YAMAHA	AEROX	Red	Slightly Damaged	0

**Details of Person Involved**

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




**SINGAPORE  
POLICE FORCE**

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



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Report No: T/20230705/7043

**CONTINUATION OF REPORT**

<b>Rider</b>				
Name	KOAY LIP BIN		ID No.	S7144538J
Related Vehicle	FBU7482L (Motorcycle)		Contact No.	83380808
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

**Brief Details.**

i was travelling at bukit timah towards bugis on the second lane from left, infront of me there was a car SKC5094A jam brake as vehicle ahead was braking. then i brake however unable to stop in time thus collided on to the rear of the said motorcar.  
As a result, i lost balance and fell on my right with my motorcycle. I then realised my right knee and left leg were bleeding. The driver then called for ambulance and eventually ambulance came and I was sent to TTSH where i was discharged on the same day and given 3 days of MC. I have no fracture. I have no in vehicle camera.

**SINGAPORE  
POLICE FORCE**

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



T/20230705/7043

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Report No. T/20230705/7043

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
Ahmad Syafiq Bin Harris  
Contact No.: 65476201

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
05/07/2023 15:32

Classification Of Case:

This report is lodged at Jurong West NPC Kiosk 1  
NP188