

## 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 First Submission ..... 01/08/2023 15:32 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 30/07/2023 15:35 (SGT)  
Exact Location of Accident ..... North Buona Vista Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBE8542B

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LOH JEEN SIEW  
NRIC No ..... SXXXX989D  
Email Address ..... andrewlowfood@gmail.com  
Mobile Phone No ..... (Phone) +65-81016789  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fino  
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 ..... Auto  
CC ..... 115

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300551662 VMP

#### DRIVER

Name of Driver ..... LOH JEEN SIEW  
NRIC No ..... SXXXX989D  
Date Of Birth ..... 21/03/1970  
Occupation ..... Indoor

Date Of Driving Pass .....	06/04/2002
Driving experience .....	21 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81016789
Alt. Phone Number .....	-
Email Address .....	andrewlowfood@gmail.com
Address .....	BLK 12 DOVER ROAD #04-204
Address complement .....	-
Postcode .....	130012
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/20230731/7112

#### 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 .....	SLU7183G
Vehicle Manufacturer .....	-
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 .....	LOH JEEN SIEW
Gender .....	Male
Phone No .....	(Phone) +65-81016789
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBE8542B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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

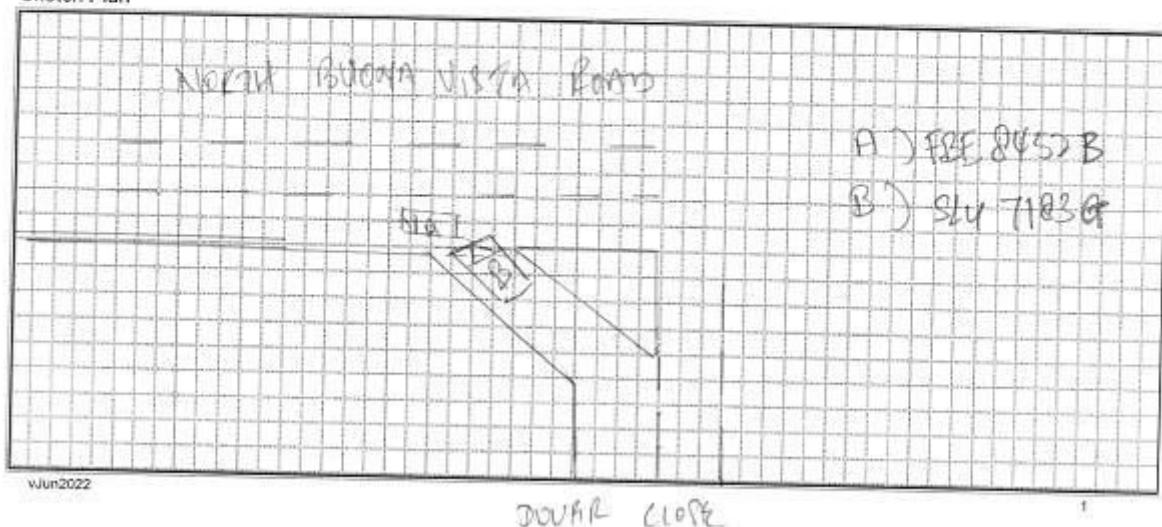
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

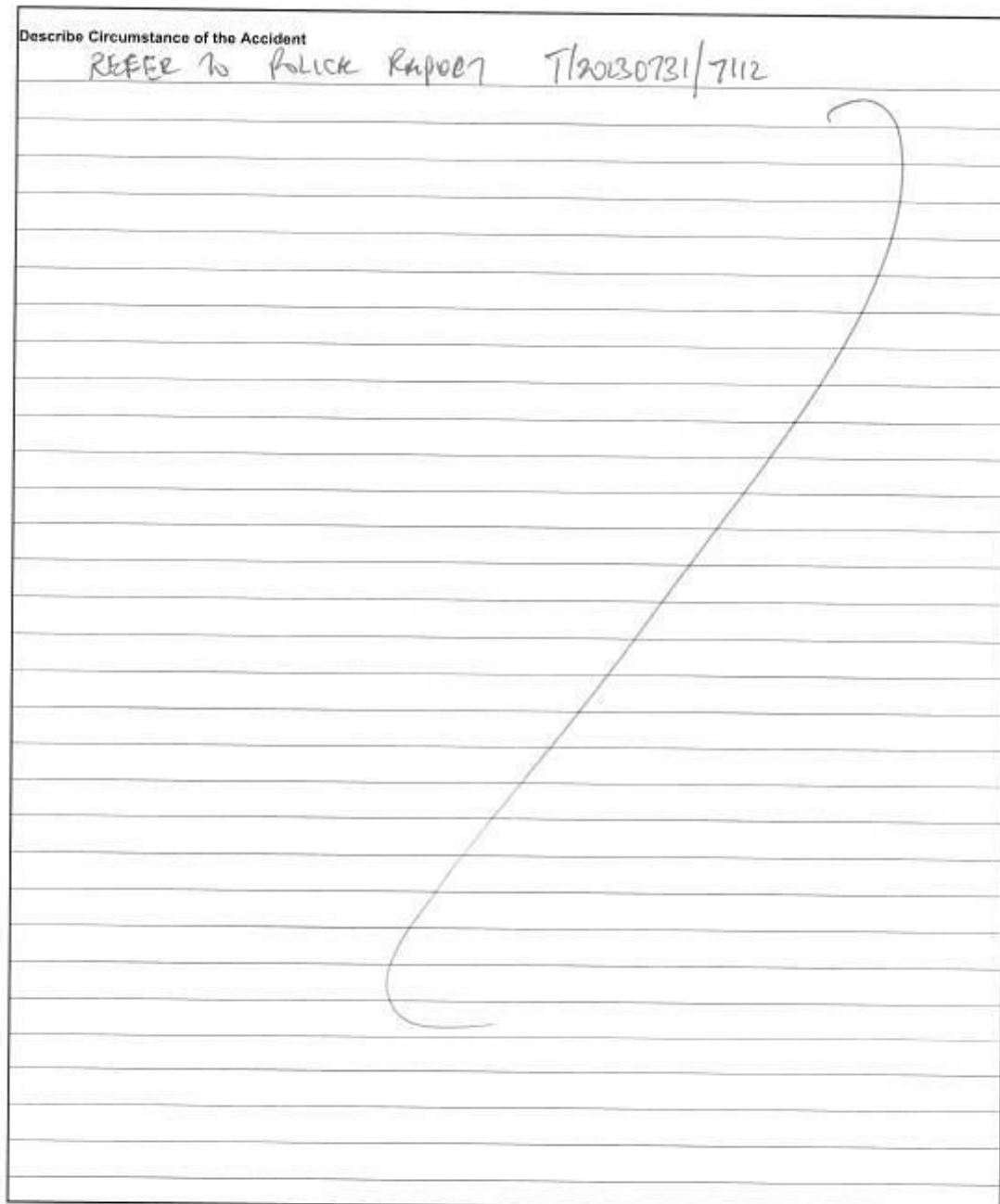
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**




**Describe Circumstance of the Accident**

REFER to POLICE REPORT T/20230731/7112



**Declaration**

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

 2:45pm  
1/8/2023

Policyholder's Signature / Date & Time

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

 01/08/2023

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




















































**SINGAPORE  
POLICE FORCE**

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



T/20230731/7112

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Report No. T/20230731/7112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/07/2023 21:49		Vide Report No.: D/20230730/0074	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: LOH JEEN SIEW		Address: 12 DOVER CLOSE EAST #04-204 SINGAPORE 130012	
ID Type / ID No.: NRIC NO / S7380989D		Contact No.: Home/Office: Mobile: 81016789	
Nationality: SINGAPORE CITIZEN		Email: ANDREWLOHFOOD@GMAIL.COM	
Sex: Male	Age: 50	Date of Birth: 21/03/1973	Type of Informant: Rider
Race: Chinese		Language: English	
Occupation: Business development manager		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2023 15:35	Type of Location: X-Junction
Location: NORTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBE8452B	Motorcycle	YAMAHA	FINO 115	Blue		0
SLU7183G	Car				No Damage	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE8452B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300551562	28/03/2022	27/03/2024



**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/20230731/7112

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOH JEEN SIEW	ID No.	S7380989D
Related Vehicle	FBE8452B (Motorcycle)	Contact No.	81016789
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	30/07/2023	Date	31/07/2023
No. of Days granted Medical Leave	22	Degree of	Slight

**Brief Details.**

On the stated date and time, I was riding FBE8452B turn from Dover close east to North Buona Vista Road .

Before turning, I have checked for incoming cars from North Buona Vista Road and there are no cars incoming.

I then gradually turn left at the junction from Dover Close East .

When making the turn, I felt a sudden massive impact slam into the rear of my bike causing it to surge forward.

The sudden impact caught me off guard and made me fly forward and drop on the ground.

A nearby witness saw the incident and called the ambulance.

I was then conveyed by an ambulance to the hospital .

The hospital provided treatment for injuries to my neck, chest, fingers, legs and lower back areas.

I was given 22 days for injuries caused by the accident.

During the accident I was injured badly and unable to take down any information of car number and driver's particulars

I have called the Traffic Police to get the information of the car number SLU7183G and accident time 3:38pm to lodge this report.



**SINGAPORE  
POLICE FORCE**

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



T/20230731/7112

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Report No. T/20230731/7112

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MUHAMMAD FARHAN BIN MOHAMED  
Contact No.: 65476224

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

Date/Time:  
31/07/2023 21:49

Classification Of Case:

NP168