

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 24 / 7 / 2024 (dd/mm/yy)

Time of Accident: 21 : 15 (24-HR-FORMAT)

Vehicle No.: FBW 3977S

Vehicle Make & Model: Aprilia SR 6T 2008

Exact location of Accident: Moonstone Lane

Policyholder's Name: Chng Wei Ting (C) / UEN: S 84035870

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 97566804

Company Contact No (Company Veh Only): _____

Driver's Address: 493D Tampines Street 43 #13-322 (523493)

Email address: _____ Insurance Company: MSIG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

*No. of Passengers (Including Driver): 1

*Passenger Name: _____

Gender: Male / ☒ Female *Passenger

Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Chng Wei Ting (5 days mc)

Injuries Sustain: _____ Injured Person in Which Vehicle: B) FBW 3977S

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Online

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: B) SMX 5471K

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

SKETCH PLAN

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 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.

x

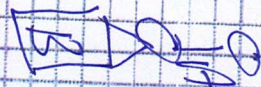
Policyholder's Signature / Date & Time

x

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

As a police Report

Declaration

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

x

Policyholder's Signature / Date & Time

x

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

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



SINGAPORE POLICE FORCE



T/20240725/7087

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

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Report No. T/20240725/7087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2024 17:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Chng Wei Ting			Address: 391 TAMPINES AVENUE 7 09 SINGAPORE 520391		
ID Type / ID No.: NRIC NO / S8403587D			Contact No.: Home/Office: Mobile: 97566804		
Nationality: SINGAPORE CITIZEN			Email: chngweiting@gmail.com		
Sex: Female	Age: 40	Date of Birth: 30/01/1984	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Supply and distribution/Logistics/Warehousing manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2024 21:15	Type of Location: Straight Road
Location: MOONSTONE LANE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBW3977S	Motorcycle	APRILIA	SR GT 200 S	Grey		0
SMX5471K	Motor car	KIA			No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBW3977S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	CN51030092	24/05/2024	23/05/2025



**SINGAPORE
POLICE FORCE**



T/20240725/7087

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

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Report No. T/20240725/7087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHNG WEI TING	ID No.	S8403587D
Related Vehicle	FBW3977S (Motorcycle)	Contact No.	97566804
Hospital/Clinic	THOMSON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/07/2024	Date Discharge	24/07/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight
Rider			
Name	CHNG WEI TING	ID No.	S8403587D
Related Vehicle	FBW3977S (Motorcycle)	Contact No.	97566804
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

i was stationary while waiting for the light to turn from red to green, the car be hide me knock into me rear portion, bike fall on the right. Vehicle number: SMX5471K



**SINGAPORE
POLICE FORCE**



T/20240725/7087

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

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Report No. T/20240725/7087

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Signature Of Informant:

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

Date/Time:
25/07/2024 17:51

Classification Of Case:


NP168




NAME

CHNG WEI TING
(ZHUANG WEITING)

NRIC NO.

S8403587D 

DATE OF BIRTH

30 JAN 1984 

SEX

FEMALE


NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

12 MAR 2014

ADDRESS

493D TAMPINES STREET 

43

#13-322


SINGAPORE 523493

DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S8403587D 

CLASS AND ISSUE DATE

2B • 18 SEP 2003

3 • 03 FEB 2021

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

002598695F

^ Hide details

