

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	26/07/2024 14:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/07/2024 21:15 (SGT)
Exact Location of Accident	Moonstone Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBW3977S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHNG WEI TING
NRIC No	S8403587D
Email Address	CHNGWEITING@GMAIL.COM
Mobile Phone No	(Phone) +65-97566804
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Aprilia
Model	APRILIA / SR GT 200 S
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	Manual
CC	174

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 301156905 VMP

DRIVER

Name of Driver	CHNG WEI TING
NRIC No	S8403587D
Date Of Birth	30/01/1984
Occupation	Indoor

Driving Pass Date	18/09/2003
Driving experience	20 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97566804
Alt. Phone Number	-
Email Address	CHNGWEITING@GMAIL.COM
Address	493D TAMPINES ST 43 #13-322
Address complement	-
Postcode	-
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?	No
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

REFER TO POLICE REPORT .

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	SMX5471K
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	CHNG WEI TING
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

14:02



PQMFSM202406071011

VMP062303



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888
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 1960
(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

MOTORCYCLE
Third Party Fire And Theft

Certificate No. A 301156905 VMP

Excess : SGD300

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle
FBW3977S
2. Name of Policyholder
CHNG WEI TING
3. Effective Date of the Commencement of Insurance for the purposes of the Act
24/05/2024
4. Date of Expiry of Insurance
23/05/2025
5. Persons or Classes of Persons entitled to drive*
CHNG WEI TING
*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 for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. The Policy does not cover
(1) Use for hire or reward.
(2) Use for racing pace-making reliability trial or speed-testing.
(3) Use for any purpose in connection with the Motor Trade.
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act 1960 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 offence under the Motor Vehicles (Third Party Risks and Compensation) Act 1960.

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 1960 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

PQMFSM202406071011

Please keep this document and the Certificate of Insurance in your vehicle.



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
msig.com.sg

Enjoy a smoother ride with MSIG Insurance
与MSIG汽车保险一起享受顺畅无忧的驾驶

Thank you for choosing MSIG for your motor vehicle insurance. We are committed to providing you with world-class quality service that our customers have come to expect of us. At MSIG, we want you to enjoy a smooth ride at all times. Should you be involved in a motor accident, please stay calm and refer to the checklist below.

感谢您选择MSIG汽车保险。我们致力于为您提供现有客户已熟悉的优质服务。在MSIG，我们希望您时时刻刻一路顺畅。如果您遇到交通事故，请保持镇定并参阅以下重点。

What To Do In the Event Of A Motor Accident

MSIG Insurance (Singapore) Pte. Ltd.

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)

SKETCH PLAN

IMPORTANT NOTICE

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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

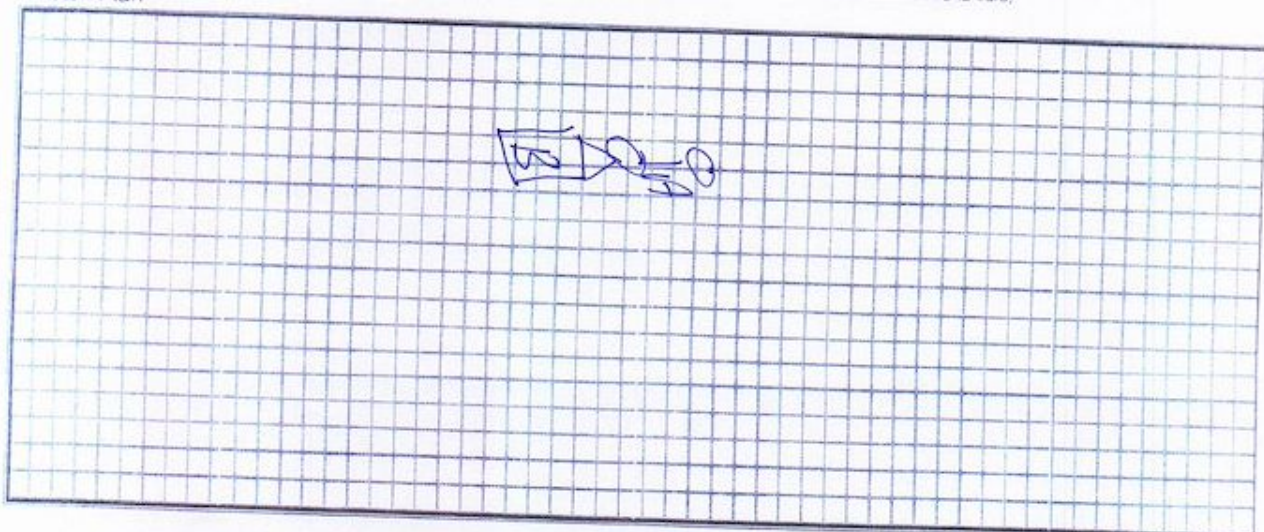
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

















**SINGAPORE
POLICE FORCE**

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



T/20240725/7087

3 of 3

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:

NP168

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:



**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

1 of 3

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.:
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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