

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 Authorised 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 ability.
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 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 Report	02/01/2018 12:51
Date Of Accident	30/12/2017 13:30
Exact Location Of Accident	DUNMAN RD TOWARDS KOON SENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM6588H
Insured/Policyholder	
Name Of Registered Owner	ONG LI LING
NRIC No	S8020134F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92238231
Alternative Phone No	OTHERS-97328270

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN 1.4 TSI AT BMT 5N22QY
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	7VPCP1764000
Cover Note Number	26/12/2017 TO 25/12/2018

Driver

Name of Driver	ONG YOU SHENG
NRIC No	S8921745H
Date Of Birth	28/06/1989
Occupation	INDOOR
Date Of Driving Pass	12/12/2007
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97328270
Fax Number	
Contact Number	
EEmail Address	ALSTON9891@GMAIL.COM

Address	102 HAIG ROAD #16-06 (S) 438798
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with police report.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD2135L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	JOHNNY HUANG XIAO KANG
NRIC/Passport Number	S7250905F
Contact Number	92796383
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD6584D
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF INJURED PERSON 1

Name	JOHNNY HUANG XIAO KANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBD2135L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

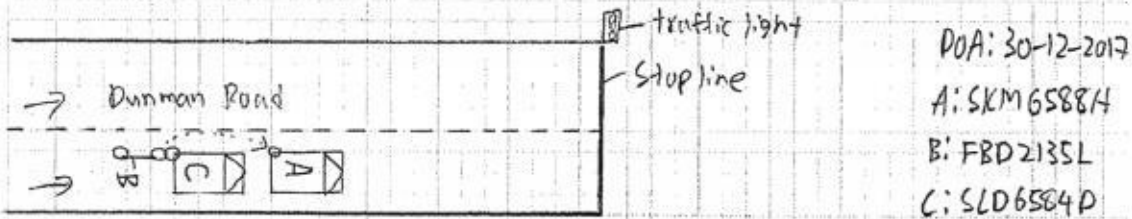
Asley
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 2112019



Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report No. 7/20171230/2066.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20171230/2066

1 of 3

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20171230/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 14:11		Vide Report No.:		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: ONG YOU SHENG			Address: 102 HAIG ROAD #16-06 SINGAPORE 438798		
ID Type / ID No.: NRIC NO / S8921745H			Contact No.: Home/Office: Mobile: 97328270		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 28/06/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2017 13:30	Type of Location: Straight Road
Location: Along Road 1 DUNMAN ROAD				
Along Dunman Road towards Koon Seng Road				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD2135L	Motorcycle					1
SKM6588H	Car	VOLKSWAGO N	Tiguan	Grey	Slightly Damaged	3
SLD6584D	Car					1



SINGAPORE
POLICE FORCE



T/20171230/2066

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

2 of 3

Report No. T/20171230/2066

CONTINUATION OF REPORT

Brief Details.

On 30/12/2017 at about 1330hrs, I was travelling along Dunman Road towards Koon Seng Road. I was on the first lane of a two lane road. During that time, there were one truck on the second lane as they are doing tree pruning. During that time, my vehicle are stationary due to traffic. I looked at my vehicle left side mirror and noticed that one motorcycle bearing plate number FBD2135L hit onto one vehicle that was stationary behind mine. It then wobble and hit onto my vehicle left rear part of my vehicle. After it hit onto my vehicle, the motorcycle and the rider fell down to the ground.

The rider then was assisted by passerby. I then exchange particulars with the rider of the motorcycle. I do have an In-car camera which only face the front view. My family and I were not injured. I noticed that the rider was in pain. However, there was no visible injuries.

Particulars of the rider is Johnny Wong Siew Hong (Johnny Huang Xiaokang), S7250905F.



SINGAPORE
POLICE FORCE



T/20171230/2066

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

Report No. T/20171230/2066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Staff Sgt MUHAMMAD SHAMIR BIN ZAINAL

Signature Of Informant:

Al-Qadhi

Signature Of Interpreter:
Not applicable

Date/Time:
30/12/2017 14:11

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt LEE SOON LYE
Contact No.: 65476239

Classification Of Case:

Authentication Stamp
NP168



POLICE FORCE

SIGNATURE