

## 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 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 Report	19/11/2018 16:06
Date Of Accident	16/11/2018 11:45
Exact Location Of Accident	GEYLANG RD NEAR LOR 22 GEYLANG JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2695B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG SOON HOCK
NRIC No	S0691570A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86603359
Alternative Phone No	OTHERS-86603359

### Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MSSA
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-381831-CA
Cover Note Number	

### Driver

Name of Driver	ANG SOON HOCK
NRIC No	S0691570A
Date Of Birth	19/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86603359
Fax Number	
Contact Number	OTHERS-86603359
Email Address	NOEMAIL

Address	BLK 52 CASSIA CRESCENT #13-201
Postcode	390052
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181117/2020

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7325S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ANG SOON HOCK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBF2695B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

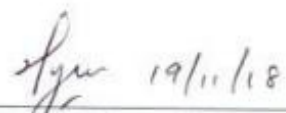
  
Policyholder's Signature

Date & Time:

  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature

Name:

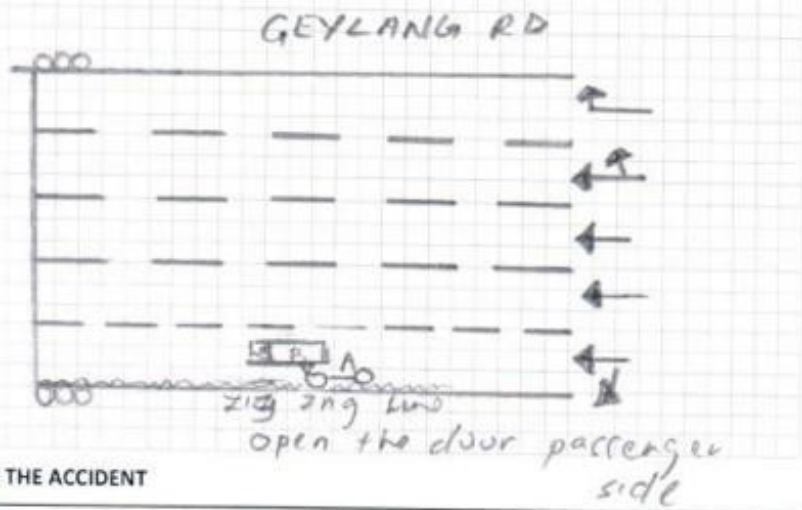
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

A - FBF2695B

B - SHA732SS



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/2018/117/2020

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 19/11/18

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

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20181117/2020

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20181117/2020

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF2695B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72086050	25/04/2018	24/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANG SOON HOCK		ID No. S0691570A
Related Vehicle	NIL		Contact No. 86603359
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	NIL	Degree of Injury	NIL

### Brief Details.

On the above mentioned date, time and place, I was riding along Geylang Road near Lorong 22 Geylang when this blue coloured taxi left passenger side door opened and I collided onto the door and fell down on the floor. I was bleeding from both of my legs and on my right ring finger. I was then conveyed to Raffles Hospital and received treatment, and received 3 days of MC. I wish to lodge this report for insurance claim.

SINGAPORE  
POLICE FORCE



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



1/20181117/2020

Police Station Of Origin:  
Geylang N.P.C.  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486989

1 of 3

Report No. T/20181117/2020

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2018 10:04		Vide Report No.:		Station Diary No.: 42
<b>Informant's Particulars</b>				
Name of Informant: ANG SOON HOCK		Address: APT BLK 52 CASSIA CRESCENT #13-201 SINGAPORE 390052		
ID Type / ID No.: NRIC NO / S0691570A		Contact No.: Home/Office: Mobile: 86603359		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 65	Date of Birth: 19/11/1952	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DELIVERY		Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/11/2018 11:45	Type of Location: X-Junction
Location: Along Road 1 GEYLANG ROAD  NEAR LORONG 22 GEYLANG JUNCTION				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: MOVING RIDER AGAINST DOOR OF VEHICLE				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2895B	Motorcycle	HONDA	ANF125M5S A	Red	Slightly Damaged	0
SHA7325S	Car		I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181117/2020

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 406014  
Tel No: 1800-8486999

2 of 3

Report No. T/20181117/2020

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBF2895B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72086050	25/04/2018	24/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANG SOON HOCK		ID No. S0681570A
Related Vehicle	NIL	Contact No.	86603359
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	NIL	Degree of Injury	NIL

### Brief Details.

On the above mentioned date, time and place, I was riding along Geylang Road near Lorong 22 Geylang when this blue coloured taxi left passenger side door opened and I collided onto the door and fell down on the floor. I was bleeding from both of my legs and on my right ring finger. I was then conveyed to Raffles Hospital and received treatment, and received 3 days of MC. I wish to lodge this report for insurance claim.

SINGAPORE  
POLICE FORCE

# Police Report



SINGAPORE  
POLICE FORCE



T/20181117/2020

Police Station Of Origin:  
Gaylang N.P.C  
132 Paya Lebar Road SINGAPORE 408014  
Tel No: 1800-8486999

3 of 3

Report No: T/20181117/2020

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 /

Sgt 1 CHUA KUN ER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/11/2018 10:04

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MA JUNXIANG

Contact No: 65476251

Classification Of Case:

Authentication Stamp

RP152

SINGAPORE  
POLICE FORCE

# Identification Card

