

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 | 27/12/2018 16:59 |
| Date Of Accident | 26/12/2018 22:50 |
| Exact Location Of Accident | WOODLANDS AVE 1 TWDS FUCHUN SECONDARY SCHOOL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLH673Z |
| Insured/Policyholder | |
| Name Of Registered Owner | ANG RONG JUN NICHOLAS |
| NRIC No | S8719471Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98781813 |
| Alternative Phone No | OFFICE-98781813 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HYUNDAI |
| Model | ELANTRA |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | B 28843521 QMX |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ANG RONG JUN NICHOLAS |
| NRIC No | S8719471Z |
| Date Of Birth | 05/07/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/07/2008 |
| Driving Experience | 10 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98781813 |
| Fax Number | |
| Contact Number | OFFICE-98781813 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------|
| Address | 6 WOODGROVE DR #03-18 |
| Postcode | 738209 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 0 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | WOODLANDS WEST NPC |
| Police Station Address | ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 | FBM2749T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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.

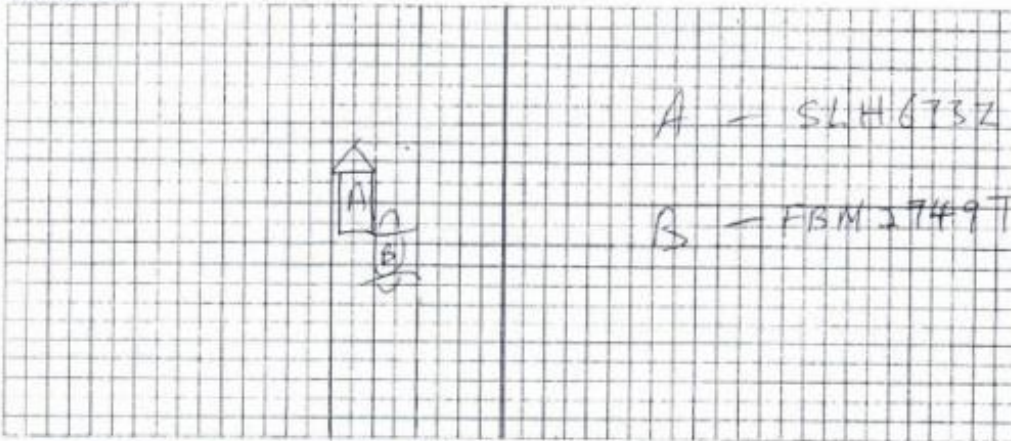

Policyholder's Signature
Date & Time:


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 - SLH 673Z

B - FBM 2749T


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was driving my car along Woodlands Ave 1. My car was stationary suddenly vehicle B hit on my RH side portion.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181227/2086

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20181227/2086

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 27/12/2018 16:43 | Vide Report No.: | Station Diary No.: 332 |
|--|------------------|---------------------------|

| Informant's Particulars | | | |
|---|------------|--|------------------------------|
| Name of Informant: ANG RONG JUN, NICHOLAS | | Address: 6 WOODGROVE DRIVE #03-18 SINGAPORE 738209 | |
| ID Type / ID No.: NRIC NO / S8719471Z | | Contact No.: Home/Office: Mobile: 98781813 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 31 | Date of Birth: 05/07/1987 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: Mechanical engineering technician (general) | | Driving Licence Information: Class: 3 Date of Expiry: | |

| General Information of the Accident | | | | |
|--|---------------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 26/12/2018 22:50 | Type of Location: Straight Road |
| Location: Along Road 1 WOODLANDS AVENUE 1 towards Fuchun Secondary Schhol | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|---------|---------|---------------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBM2749T | Motorcycle | | | Multi-Colored | | 1 |
| SLH673Z | Car | HYUNDAI | ELANTRA | White | | 0 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181227/2086

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20181227/2086

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------|--|-----------------------------------|
| Rider | | | |
| Name | SYED FIZAN BIN SYED MOHSEN | ID No. | S9024306C |
| Related Vehicle | FBM2749T (Motorcycle) | Contact No. | 83693562 |
| 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 |
| Driver | | | |
| Name | ANG RONG JUN, NICHOLAS | ID No. | S8719471Z |
| Related Vehicle | SLH673Z (Car) | Contact No. | 98781813 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 26/12/2018 at 10.50pm along Woodlands Avenue 1 near to The Woodgrove Mall, I had stopped my car along the said road towards Marsiling and had switched on my hazard light and alighted from my car. I had stopped my car at the said location, as I was expecting an urgent call. After which I went to the said mall to buy something. When I came out of the mall, I spotted a motorcycle lying on the road behind my car. I saw the rider walking near my car and looked like he was in a daze, I approached him to ask what happened but he refused to speak to me. He told me that he did not see my vehicle with hazard light but I denied as I had switched it on. I saw the rider's female pillion sitting on the kerb in front of my car. A witness: Ms Rurong, HP: 92304896 claimed that she was crossing the road when she heard a loud bang behind her. When she turned around, she saw the said rider and his female pillion was on the road and trying to get up. She then call for ambulance. Traffic police and Ambulance attended. When ambulance came, the said rider refused to be conveyed to hospital.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181227/2086

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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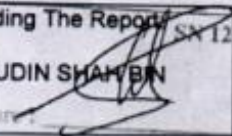
Report No. T/20181227/2086

CONTINUATION OF REPORT

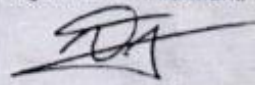
Sketch Plan

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: 
L /
Sgt 2 MUHAMMAD SHAFUDIN SHAH BIN
EFFENDI

Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
27/12/2018 16:43

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:

Authentication Stamp
NP158

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

