



**SINGAPORE  
POLICE FORCE**



T/20200908/7016

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

1 of 3

Report No. T/20200908/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/09/2020 15:50	Vide Report No.: F/20200907/0230	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ANG WEE KIAT			Address: 436 HOUGANG AVENUE 8 #06-1511 SINGAPORE 530436	
ID Type / ID No.: NRIC NO / S9629378Z			Contact No.: Home/Office: Mobile: 96471188	
Nationality: SINGAPORE CITIZEN			Email: angjacky@hotmail.com	
Sex: Male	Age: 24	Date of Birth: 19/08/1996	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Foodpanda delivery			Driving Licence Information: Class: 2B	
			Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/09/2020 10:55	Type of Location: Straight Road
Location:  PUNGGOL WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
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: Yes
Details of Vehicle:				

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN5999M	Motorcycle	HONDA	CB150R	Green		0
SMA4274R AIG	Car	KIA	MANUAL	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20200908/7016

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN5999M	AXA INSURANCE SINGAPORE PTE LTD	P2341030	08/09/2020	11/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANG WEE KIAT		ID No. S9629378Z
Related Vehicle	FBN5999M (Motorcycle)		Contact No. 96471188
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	07/09/2020		Date 08/09/2020
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On the stated date and time I vehicle plate number FBN5999M was traveling along punggol way to the express way, at punggol way traffic light junction on the lane 3 suddenly a vehicle plate number SMA 4274R collided onto my rear portion of my bike then me and my pillion Gladys Neo flew off from the bike.

After the accident traffic police and ambulance attend, we were convey to the Sengkang general hospital.

I felt pain on my lower back, left leg and right elbow, doctor given me 5 days mc, the pillion Gladys neo suffered severe lower back pain and was warded till further notice.



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3 of 3

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**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476437

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
08/09/2020 15:50

Classification Of Case:



## 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	08/09/2020 15:31
Date Of Accident	07/09/2020 22:55
Exact Location Of Accident	PUNGGOL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBN5999M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG WEE KIAT
NRIC No	SXXXX378Z
Email Address	ANGJACKY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96471188
Alternative Phone No	OTHERS-96471188
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CB150R MANUAL
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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	VMO/P2341030
Cover Note Number	
<b>Driver</b>	
Name of Driver	ANG WEE KIAT
NRIC No	SXXXX378Z
Date Of Birth	19/08/1996
Occupation	OUTDOOR
Date Of Driving Pass	04/09/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96471188
Fax Number	
Contact Number	OTHERS-96471188
Email Address	ANGJACKY@HOTMAIL.COM

Address APT BLK 436 HOUGANG AVE 8  
#06-1511  
Postcode 530436  
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 - HEAD TO REAR  
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? 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) 2  
Passenger 1 NAME: : GLADYS NEO  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TRAFFIC POLICE DIVISION HQ  
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 65470000 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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 SMA4274R  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LOW HAN CHENG  
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 WEE KIAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBN5999M

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name GLADYS NEO

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBN5999M

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

4 3 2 1

SKETCH PLAN

A hand-drawn sketch plan of a road layout. The road is represented by a series of vertical dashed lines. At the top, there are two upward-pointing arrows. A vehicle, represented by a rectangle with a triangle on top, is positioned in the center of the road. A motorcycle, represented by a circle with a triangle on top, is positioned directly in front of the vehicle. The vehicle is labeled 'B' and the motorcycle is labeled 'A'.

Vehicle

A - FBN 5999/10  
B - SMN 4274 R

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## DECLARATION

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

We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:



## Sketch Plan #2


### 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 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. 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.:



**REPUBLIC OF SINGAPORE** DRIVING LICENCE

Licence Number: **S9629378Z**

Name: **ANG WEE KIAT**

Birth Date: **19 Aug 1996**

Issue Date: **04 Sep 2019**

**002973318H**



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S9629378Z**

Name: **ANG WEE KIAT**

**翁 伟 捷**

Race: **CHINESE**

Date of birth: **19-08-1996**

Sex: **M**

Country/Place of birth: **SINGAPORE**

**S9629378Z**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES**

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE: **04 Sep 2019**

**NP 428A**

Licence No: **S9629378Z**

**5413131**

**NRIC No. S9629378Z**

Date of issue: **02-01-2015**

Address: **APT BLK 436 HOUGANG AVENUE 8  
#06-1511  
SINGAPORE 530436**



AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Centre #01-21  
Tel:1600 880488 Fax:-  
Website:www.axa.com.sg  
GST Registration Number: 199903512M  
customer.care@axa.com.sg



## CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VMO/P2341030	Account No. : 03375
Coverage	: Third Party Only	
Sum Insured	: NIL	
Name of Policy Holder	: ANG WEE KIAT	
Vehicle Registration No.	: FB5999M	
Period of Insurance	: From 09/09/2019 To 11/11/2020 (Both Dates Inclusive)	

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

- (a) The Policyholder  
(b) 1. ANG WEE KIAT

Provided that the person driving is permitted in accordance with the licensing or other 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.

### LIMITATIONS AS TO USE\*

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession

The Policy does not cover:

- a) Use for hire and reward
- b) Use for racing, pace-making, reliability trial or speed-testing
- c) Use for the carriage of goods (other than samples) in connection with any trade or business
- d) Use for any purpose in connection with the Motor Trade

(11)

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOASH2 on 20/04/2020

### IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.