

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 Submission 03/02/2021 12:24 (SGT)
Date of Accident 28/01/2021 18:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG7018T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JESSIE NG SHI MAN
NRIC No SXXXX849A
Email Address jess.ng94@hotmail.com
Mobile Phone No (Phone) +65-90927938
Alternative Phone No +65-90927938

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YZF-R15
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

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage ThirdParty
Fleet Policy No
Policy Number MSD/VMT/20-411539-CA
Cover Note Number -

DRIVER

Name of Driver JESSIE NG SHI MAN
NRIC No SXXXX849A
Date Of Birth 08/06/1994
Occupation Indoor

Date Of Driving Pass	03/04/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90927938
Alt. Phone Number	+65-90927938
Email Address	jess.ng94@hotmail.com
Address	BLK 127A KIM TIAN #38-531
Address complement	-
Postcode	161127
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material 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

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

PLEASE REFER TO POLICE REPORT /20210129/7044

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	UNKNOWN
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN LORRY
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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 JESSIE NG SHI MAN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURED
 Injured person in which vehicle? FBG7018T
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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.

[Signature]
2/2/21 2:44pm

Policyholder's Signature / Date & Time

Sketch Plan

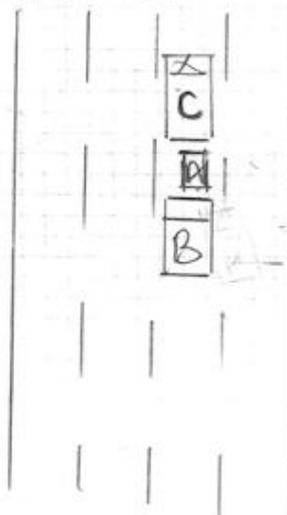
[Signature]
PIE TOWARDS MAS

Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
08/02/2021

Witnessed by Reporting Centre Personnel

- A) FBG 20187
- B) UNKNOWN CAR
- C) UNKNOWN LORRY



Describe Circumstances of the Accident

REFER TO POLICE REPORT 1/20210129/7044

Declaration

We declare the foregoing particulars are true in every respect.


2/2/21 2:49pm
Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


03/02/2021
Witnessed by Reporting Centre Personnel













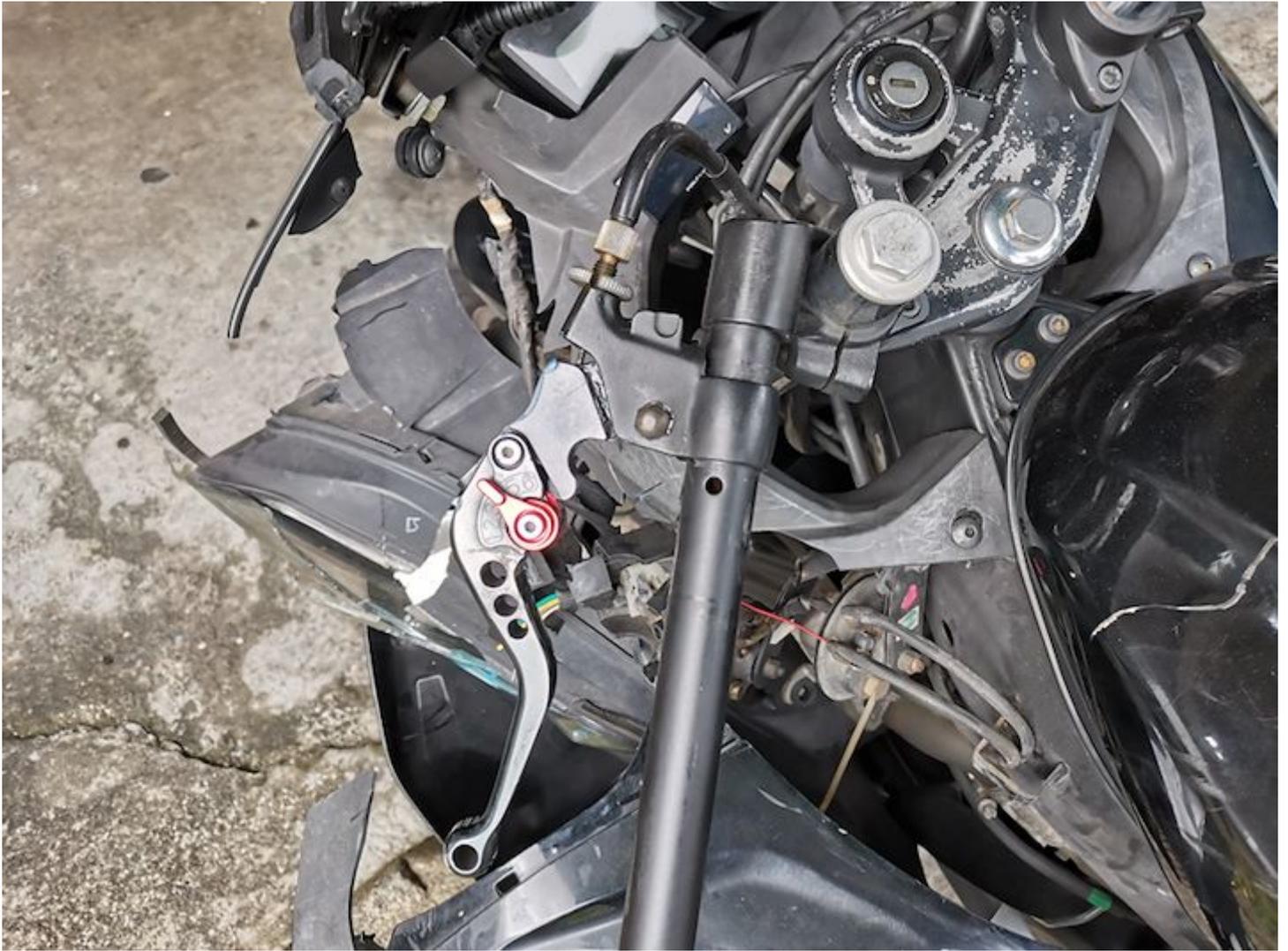


























**SINGAPORE
POLICE FORCE**



T/20210129/7044

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

1 of 3

Report No. T/20210129/7044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2021 23:24	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: JESSIE NG SHI MAN		Address: 127A KIM TIAN ROAD #38-531 SINGAPORE 161127	
ID Type / ID No.: NRIC NO / S9420849A		Contact No.: Home/Office: Mobile: 90927938	
Nationality: SINGAPORE CITIZEN		Email: JESS.NG94@HOTMAIL.COM	
Sex: Female	Age: 26	Date of Birth: 08/06/1994	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Dental nurse		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/01/2021 18:45	Type of Location: PIE TOWARDS JURONG AFTER CLEMENTI AVENUE 6
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 55 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG7018T	Motorcycle	YAMAHA	YZF- R15+MANU AL	Black		0



**SINGAPORE
POLICE FORCE**



T/20210129/7044

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

2 of 3

Report No. T/20210129/7044

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG7018T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20411539	01/05/2020	30/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JESSIE NG SHI MAN	ID No.	S9420849A
Related Vehicle	FBG7018T (Motorcycle)	Contact No.	90927938
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	28/01/2021	Date	29/01/2021
No. of Days granted Medical Leave	14	Degree of	Slight

Brief Details.

On 28/01/21 around 6.40-6.50pm, I was riding towards bukit batok driving centre at PIE after clementi avenue 6. I was on the second lane, the car (was on the first lane) did not even signal(for even one second(not checking blind spot) he swerve to my lane the second lane I was at and being a defensive rider I swerve very much to the left, due to his mistakes I could not stop in time I think he crashed onto me and I crashed onto the lorry. However, the car that crashed onto me drove off without even stopping, the lorry stopped for awhile, one of the blanglah from the lorry I crashed onto came down to see if i am ok ,two riders , one of them have a pillion (a girl) passerby came to helped me. The three of them came to checked on me and managed the traffic on the highway and move me to the road shoulder. Not long after, the lorry I crashed onto, drove off without coming to the road shoulder. The rider with the pillion went off before the police and ambulance arrived. I was then sent to the nearest hospital 'NTFH' via ambulance and the police noted down the accident from the witness. Due to waiting time in 'NTFH' I did not receive treatments, I went to private hospital instead (mount alvernia).



**SINGAPORE
POLICE FORCE**



T/20210129/7044

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

3 of 3

Report No. T/20210129/7044

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 /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

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:
29/01/2021 23:24

Classification Of Case: