

# 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 ..... 12/01/2021 18:00 (SGT)  
Date of Accident ..... 11/01/2021 09:25 (SGT)  
Exact Location of Accident ..... BKE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FX6292L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Ang Wan Kee  
NRIC No ..... SXXXX218C  
Email Address ..... Qisyakee.ang@gmail.com  
Mobile Phone No ..... (Phone) +65-92700676  
Alternative Phone No ..... +65-92700676

### VEHICLE PARTICULARS

Manufacturer ..... Kawasaki  
Model ..... KRRZX150 M  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... MA005830  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Ang Wan Kee  
NRIC No ..... SXXXX218C  
Date Of Birth ..... 09/11/1979  
Occupation ..... Indoor

Date Of Driving Pass .....	10/07/2017
Driving experience .....	3 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92700676
Alt. Phone Number .....	+65-92700676
Email Address .....	Qisyakee.ang@gmail.com
Address .....	Blk 440C, Bukit Batok West Ave 8, #14-741
Address complement .....	-
Postcode .....	653440
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 .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	UNSURE

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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 .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report no: L/20210111/7057.

Remarks: Owner did not came down with motorcycle as it was with the Traffic Police. Attached scene photos as provided by owner.

#### 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 .....	SDK170L
Vehicle Manufacturer .....	Mercedes
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... Ang Wan Kee  
Address ..... Blk 440C, Bukit Batok West Ave 8, #14-741  
Address Complement ..... -  
Post Code ..... 653440  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... FX6292L  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

#### WITNESS DETAILS

##### WITNESS 1

Name ..... Murthy  
Phone ..... (Phone) +65-85027459  
Email ..... -

## SKETCH PLAN

## IMPORTANT NOTICE

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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: 12/01/2021

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

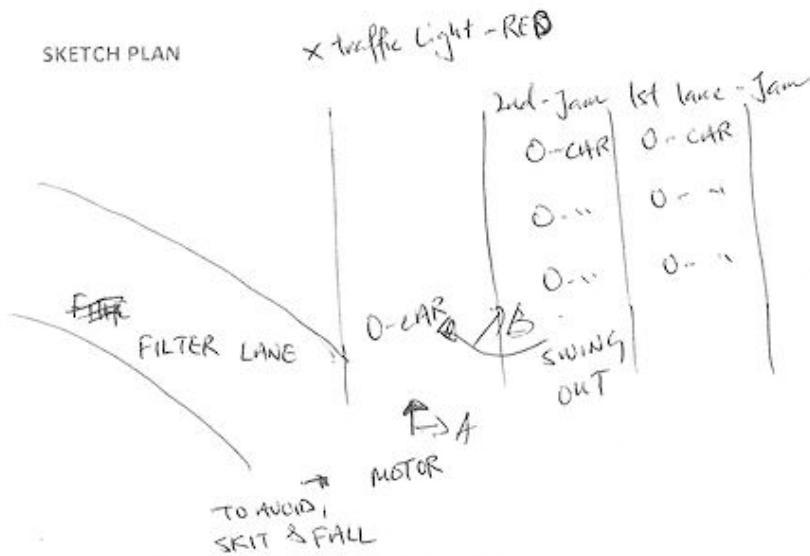
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

( ) Claim Own Damage ( ) Claim TP ( ) Reporting Only ☒ Claim OD TP at other workshop

HUA CHIN (2000) TRADING MOTOR  
SERVICE CENTRE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report no: 4/2020111/7057

DECLARATION

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

Kee

Policyholder's Signature  
Date & Time

12/01/2021

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

Reporting Officer's Signature  
Name:  
NRIC/TPN No.:







**SINGAPORE  
POLICE FORCE**



L/20210111/7057

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210111/7057

until the ambulance arrived. One of the witness is Murthy, HP no.: 8502 7459. Ambulance and the police arrived shortly. I was taken to KTPH. I was assessed with an X-ray and dressing was applied. The hospital discharged me at 5pm.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Unknown		
Gender	Male	Age	45-60
Race	Chinese	Language	Unknown
Complexion	Fair	Build	Slim
Hair Colour	Black		
<b>Victim</b>			
Person Name	ANG WAN KEE		
ID Type	NRIC NO	ID No	S9740218C
Gender	Female	Age	23
Race	Chinese	Language	English
Occupation	Student	Address	440C BUKIT BATOK WEST AVE 8 #14-741 SINGAPORE 653440
Mobile No	92700676	Is Informant A Victim?	Yes
<b>Person Name</b> ANG WAN KEE (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2021 23:15
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





**SINGAPORE  
POLICE FORCE**



L/20210111/7057

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**POLICE REPORT (NP299)**

Report No. L/20210111/7057

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-4660000

Date/Time Report Made 11/01/2021 23:15	Vide Report No.	Station Diary No.
Name Of Informant ANG WAN KEE	Address 440C BUKIT BATOK WEST AVE 8 #14-741 SINGAPORE 653440	
ID Type / ID No. NRIC NO / S9740218C	Contact No. Home/Office:	Mobile: 92700676
Nationality SINGAPORE CITIZEN	Email Address qisyakee.ang@gmail.com	
Occupation Student	Sex Female	Age 23
Institution/School Name	Date of Birth 09/11/1997	Race Chinese
	Language English	
Date/Time Of Incident 11/01/2021 09:25 - 11/01/2021 09:45	Location Of Incident BUKIT TIMAH EXPRESSWAY	

**Brief details.**

I was riding to school and was just about to make an exit from the expressway. I was riding on the 3rd lane nearing the red traffic light. Lane 1 and 2 was lined with cars. A silver Mercedes (Plate No. SDK 170 L) in Lane 2 suddenly swerved out into my lane. To avoid a collision, I immediately applied my brakes. I flew out of my bike and rolled on the ground. My helmet was still intact. I made eye contact with the driver, he saw me but he just drove off.

3 passersby (2 motorbikes) stopped to help me. They were riding behind me. They stayed all the way

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2021 23:15
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SW0B211C0001 Vehicle Registration No: FX6292L  
Name (as shown in NRIC) : Ang Nan Kee NRIC/FIN/Passport No : S9740218C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 440C Bukit Batok West Avenue 8 Singapore (~~646~~ <sup>653440</sup>)  
Contact (Tel) : — Mobile No. : 9270 0676  
Email Address : gisysikee.ang@gmail.com  
Date of Accident : 11<sup>th</sup> Jan 2021 Time of Accident : 9.25 am  
Place of Accident : Bukit Timah Expressway  
Insurance Company : Eligia

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to add additional details of driver as per my  
Traffic Police Report.

Silver Mercedes Sdk 170L

According to my TP IO, "offence of careless driving causing hurt  
disposed against driver".

Kee  
Policyholder / Driver's Signature  
Date: 22 Feb 2021

h  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 22/2/21  
Date:



MY3  
21300123  
Cov. Type: Third Party, Fire & Theft

## 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.** MA005830

1. Index Mark and Registration Number of Vehicle	FX6292L			
2. Name of Policyholder	Ang Wan Kee			
3. Effective Date of Commencement of Insurance for the purposes of the Act	26/09/2020	Excess: T/P, Fire & Theft	S\$	300
4. Date of Expiry of Insurance	25/09/2021			
5. Persons or Classes of Persons entitled to drive		Engine No : KR150EEA57702		
		Chassis No : KR150KA57702		

### THE POLICYHOLDER

Ang Wan Kee

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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

### 6. 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:

- ( i ) USE FOR HIRE OR REWARD.
- ( ii ) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- ( iii ) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
- ( iv ) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

\* 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 bindings.

### Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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).

GDPRBT2 17/09/2020 15:36:51



For and on behalf of Etiqa Insurance Pte. Ltd.  
Approved Insurer

Authorised Signature