

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 05/04/2021 18:12 (SGT)
Date of Accident 02/04/2021 20:30 (SGT)
Exact Location of Accident Sembawang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBA6743X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner THENG KING FATT
NRIC No SXXXX437I
Email Address AUSTINTHENG@GMAIL.COM
Mobile Phone No (Phone) +65-96975606
Alternative Phone No +65-96975606

VEHICLE PARTICULARS

Manufacturer Honda
Model Wave
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
Transmission Manual
CC 125

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number MSD/VMT/20-510702-WTT
Cover Note Number -

DRIVER

Name of Driver THENG KING FATT
NRIC No SXXXX437I

Date Of Birth	27/06/1950
Occupation	Outdoor
Date Of Driving Pass	23/08/1976
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96975606
Alt. Phone Number	+65-96975606
Email Address	AUSTINTHENG@GMAIL.COM
Address	BLK 315 SEMBAWANG VISTA #13-175
Address complement	-
Postcode	750315
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 L/20210402/7032

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	SLK1822M
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)	-

INJURED PERSONS DETAILS


INJURED 1

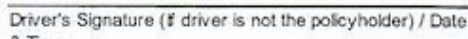
Name of injured person	THENG KING FATT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBA6743X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.
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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to Police Report L/20210402/7032

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

Policyholder's Signature / Date &
Time

Handwritten signature

Page 5 of 17






















**SINGAPORE
POLICE FORCE**
POLICE REPORT (NP299)

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



Report No: L/2021



Date/Time Report Made 02/04/2021 23:14	Vide Report No.	Station Diary No.
Name Of Informant THENG KIAN MING	Address 315 SEMBAWANG VISTA #13-175 SINGAPORE 750315	
ID Type / ID No. NRIC NO / S9327395H	Contact No. Home/Office	Mobile 92271461
Nationality SINGAPORE CITIZEN	Email Address AUSTINTHENG@GMAIL.COM	
Occupation	Sex	Age
Editor (radio, television and video)	Male	27
Institution/School Name	Language	Date of Birth
	English	03/08/1993
Date/Time Of Incident 02/04/2021 22:30 - 02/04/2021 22:45	Location Of Incident Sembawang Road	Race Chinese

Brief details.

I am making a report on behalf of my dad (victim). He was riding a bike along Sembawang Rd, on the 2nd lane, travelling in speed of 40km/h. A vehicle, carplate no: SLK1822M, hit my dad from behind. My dad flew forward and fell onto the road. The hitter (driver) stopped his car and attended to my dad. Although I do not know the full details of what was spoken between my dad and the hitter during the accident. But, what my dad told me was that the hitter did not provide his insurance number (for claims), and did not fully provide phone number, as my dad had only received 7 digit of the hitter's phone number instead of an 8 digit phone number. My dad sustained injuries on both his arms and legs, shoulders, and back, and he is currently in the hospital now. The hitter then told my dad not to call the ambulance or police and simply

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: 02/04/2021 23:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

 SINGAPORE POLICE FORCE		 L20210402/1158
POLICE REPORT (NP259)		CONTINUATION OF REPORT
Report No. L20210402/1158		
<p>drove away shortly after the incident without fully attending to my dad's injury or about the accident. However, my dad did take a picture of the hitler's car plate number. The accident happened along Sembawang Rd, right beside Chong Pang Camp, near a bus stop (located opp Bk 115B).</p>		
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: 02/04/2021 23:14
Officer In-Charge Of Case:		Classification Of Case:
Authentication Stamp		