

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	13/04/2021 15:00 (SGT)
Date of Accident	12/04/2021 16:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY8171B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VIKING MOTOR PTE LTD
Company Reg No	2XXXXX606D
Email Address	MELANYANGX@GMAIL.COM
Mobile Phone No	(Phone) +65-63146133
Alternative Phone No	+65-63146133

VEHICLE PARTICULARS

Manufacturer	BMW
Model	-
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	A 300325272 MTR
Cover Note Number	-

DRIVER

Name of Driver	ANG MIN TENG
NRIC No	SXXXX373F

Date Of Birth	29/05/1989
Occupation	Outdoor
Date Of Driving Pass	08/01/2009
Driving experience	12 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86865008
Alt. Phone Number	-
Email Address	MELENYANGX@GMAIL.COM
Address	BLK 695 JURONG WEST CENTRAL 1 #06-31
Address complement	-
Postcode	640695
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210412/2105

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	FBM990A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.
- (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.



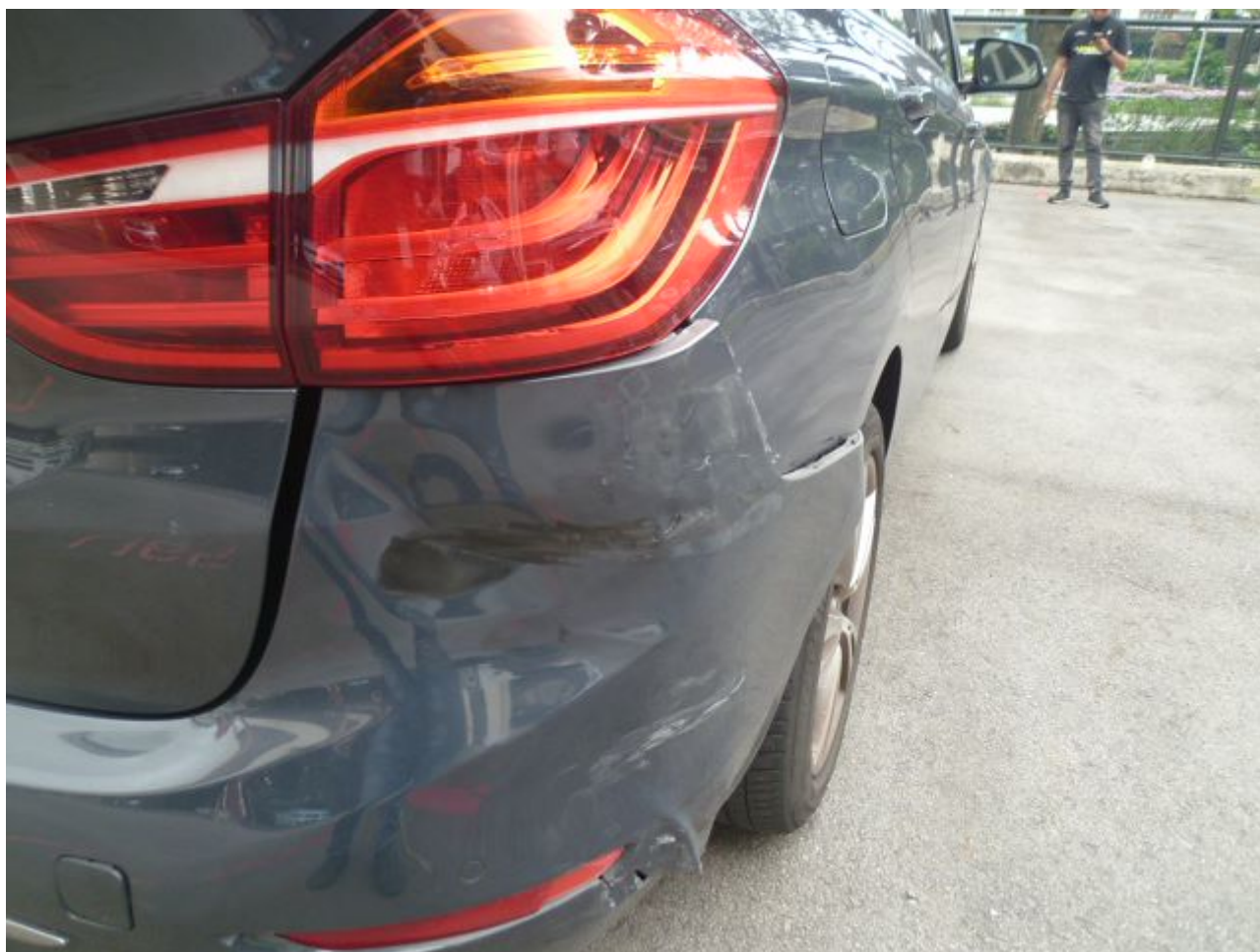
Policyholder's Signature
Date & Time: 13/4/2021

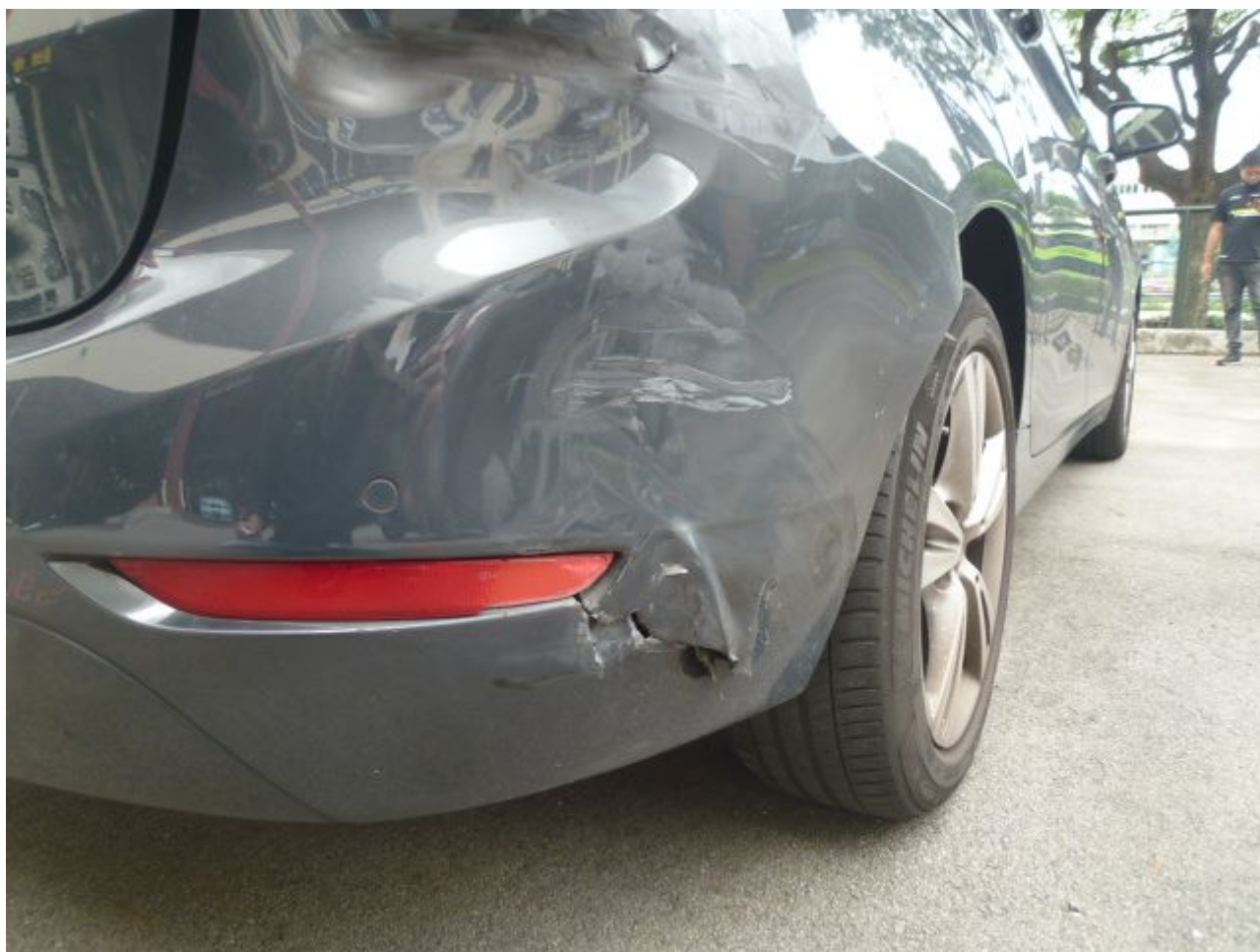
Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/2021

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





















**SINGAPORE
POLICE FORCE**



T/20210412/2105

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20210412/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2021 18:22	Vide Report No.: G/20210412/0123	Station Diary No.: 160
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Informant's Particulars			
Name of Informant: ANG MIN TENG		Address: APT BLK 695 JURONG WEST CENTRAL 1 #06-31 SINGAPORE 640695	
ID Type / ID No.: NRIC NO / S8917373F		Contact No.: Home/Office: Mobile: 86865008	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 31	Date of Birth: 29/05/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES EXECUTIVE		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: 12/04/2021 16:00	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM990A		HONDA	CB400X	Black		0
SMY8171B	Car	BMW	216D GRAN TOURER LED NAV 7 SEATER	Grey	Slightly Damaged	0



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T/20210412/2105

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Report No. T/20210412/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG MIN TENG	ID No.	S8917373F
Related Vehicle	SMY8171B (Car)	Contact No.	86865008
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 the 12/04/2021, at about 1600hrs I was traveling along Pan Island Expressway towards Tuas at lamppost 39 on the left most lane.

I was travelling at about 20km/hr on the straight road. Then suddenly I heard a crash on my right side. I immediately stop my car and look at my side mirror, I saw a rider had hit my right rear bumper and then he flew to the next lane. I got down of the car and called the ambulance for him. The rider walked towards the road shoulder while waiting for the ambulance to come. He suffered some abrasion on his knees and hands. My car rear right bumper and right side of my car's light also cracked and dented.

Awhile later, the ambulance and the traffic police came to the scene. The traffic police gave me a case card and told me to lodge a police report afterwards. The rider was conveyed by the ambulance. This is the first time this have happened to me.



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POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20210412/2105

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Report No. T/20210412/2105

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: J / Sgt 2 ANG KWAN SHYAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2021 18:22
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:
Authentication Stamp NP168 Signature: Singapore Police Force	SN 126