

# 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 ..... 30/08/2021 14:47 (SGT)  
Date of Accident ..... 27/08/2021 14:05 (SGT)  
Exact Location of Accident ..... Upper Hokien St, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBN841S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JACKSON ONG TECK KEONG  
NRIC No ..... SXXXX972A  
Email Address ..... otk66@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-96943231  
Alternative Phone No ..... +65-96943231

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cb400x  
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 ..... 400

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... MSD/VMS/21-516814-WTT  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JACKSON ONG TECK KEONG  
NRIC No ..... SXXXX972A

Date Of Birth .....	26/02/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	01/04/2010
Driving experience .....	11 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96943231
Alt. Phone Number .....	+65-96943231
Email Address .....	otk66@singnet.com.sg
Address .....	BLK 492B TAMPINES AVE 9
Address complement .....	#08-418
Postcode .....	520492
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 - Opening Door of Vehicle
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 vehicle 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 .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SJT2128D
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 .....	JACKSON ONG TECK KEONG
Gender .....	Male
Phone No .....	(Phone) +65-96943231
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBN841S
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

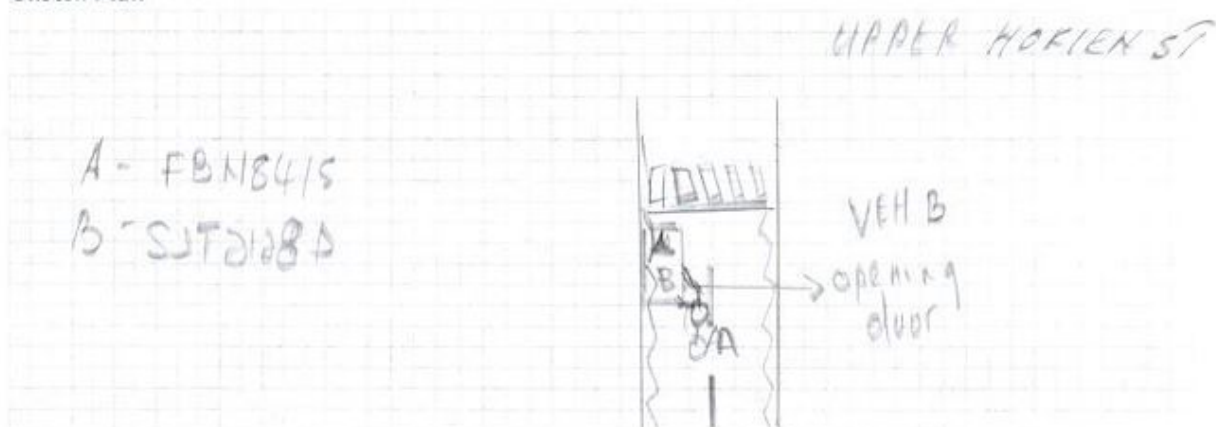
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

OK 30/08/21  
Policyholder's Signature / Date & Time

30/08/21  
Driver's Signature (If driver is not the policyholder) / Date & Time

30/08/21  
Witnessed by Reporting Centre Personnel


**Sketch Plan**

## Describe Circumstances of the Accident

P/s refer to the police report: T/20210827/2128

## Declaration

We declare the foregoing particulars are true in every respect.

 20/08/21  
Policyholder's Signature / Date & Time

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

 20/08/21  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20210827/2128

2 of 3

Report No. T/20210827/2128

**CONTINUATION OF REPORT**

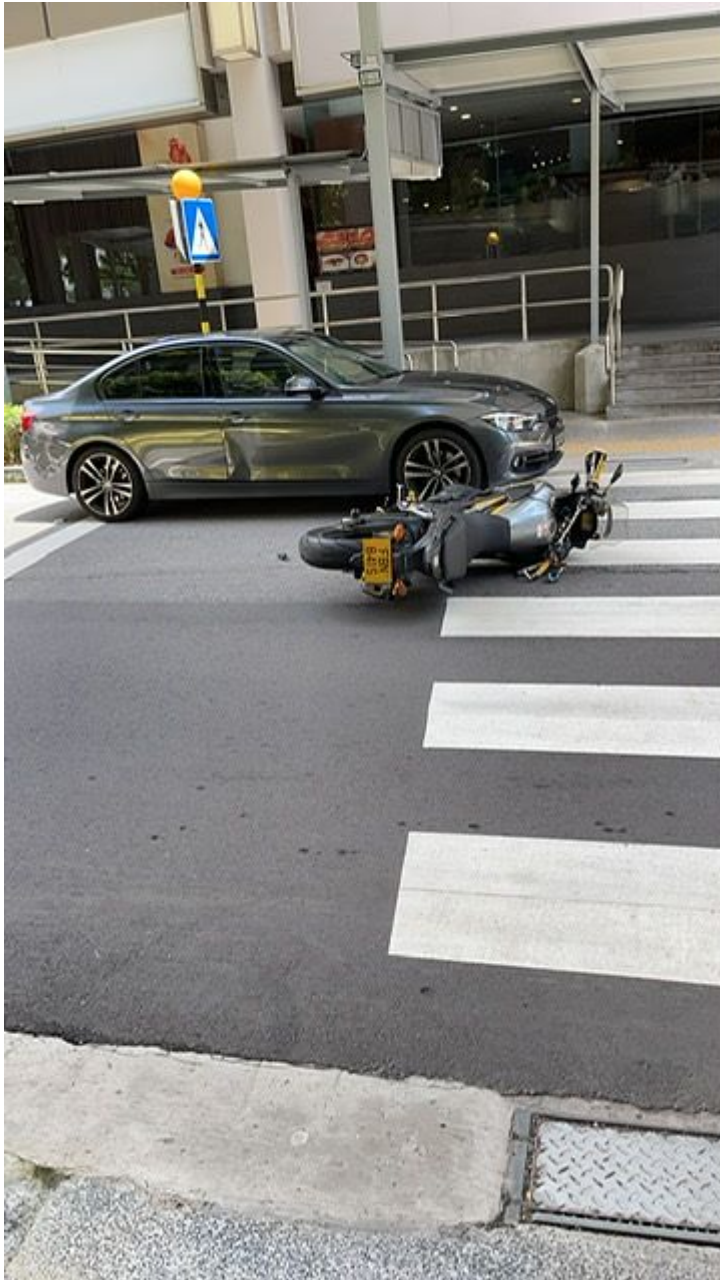
Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN841S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60954370	02/07/2021	01/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JACKSON ONG TECK KEONG	ID No.	S1761972A
Related Vehicle	FBN841S (Motorcycle)	Contact No.	96943231
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	27/08/2021	Date Discharge	27/08/2021
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Driver			
Name	SEO PUAY HOW	ID No.	S0141070I
Related Vehicle	NIL	Contact No.	98302128
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/08/2021, around 1405hrs, I was riding my motorcycle (FBN841) along Upper Hokien Street towards the main road. I noticed a car (SJT2128D) parked at the pedestrian crossing along the road. As I approached the pedestrian crossing, the driver seated in that car suddenly opened his door and I could not stop my motorcycle in time. As such, I collided onto his open car door and fell to the ground. The driver stepped out of his vehicle and asked if we could settle the issue privately. As I had injured myself badly, I told him that I would be lodging a police report and we exchanged our particulars. My motorcycle was then towed away shortly after. I wish to add that because of the collision, I suffered injuries on my left wrist, left knee, right shoulder, and to the right side of my rib area. I then visited a doctor at Changi General Hospital, where I was given 14 days MC. I am now lodging this report for insurance purposes.

*[Signature]*









































**SINGAPORE  
POLICE FORCE**



T/20210827/2128

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20210827/2128

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2021 21:25	Vide Report No.:	Station Diary No.: 78
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**Informant's Particulars**

Name of Informant: JACKSON ONG TECK KEONG			Address: APT BLK 492B TAMPINES AVENUE 9 #08-418 SINGAPORE 520492	
ID Type / ID No.: NRIC NO / S1761972A			Contact No.: Home/Office: Mobile: 96943231	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 26/02/1966	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: QUAY CRANE OPERATOR			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2021 14:05	Type of Location: Straight Road
Location:  UPPER HOKIEN STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN841S	Motorcycle	HONDA	CB400X MANUAL	Grey	Seriously Damaged	0
SJT2128D	Car	BMW	318i LED NAV SHAD. LIGHT	Grey	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20210827/2128

2 of 3

Report No. T/20210827/2128

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN841S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60954370	02/07/2021	01/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JACKSON ONG TECK KEONG	ID No.	S1761972A
Related Vehicle	FBN841S (Motorcycle)	Contact No.	96943231
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	27/08/2021	Date Discharge	27/08/2021
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Driver			
Name	SEO PUAY HOW	ID No.	S0141070I
Related Vehicle	NIL	Contact No.	98302128
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/08/2021, around 1405hrs, I was riding my motorcycle (FBN841) along Upper Hokien Street towards the main road. I noticed a car (SJT2128D) parked at the pedestrian crossing along the road. As I approached the pedestrian crossing, the driver seated in that car suddenly opened his door and I could not stop my motorcycle in time. As such, I collided onto his open car door and fell to the ground. The driver stepped out of his vehicle and asked if we could settle the issue privately. As I had injured myself badly, I told him that I would be lodging a police report and we exchanged our particulars. My motorcycle was then towed away shortly after. I wish to add that because of the collision, I suffered injuries on my left wrist, left knee, right shoulder, and to the right side of my rib area. I then visited a doctor at Changi General Hospital, where I was given 14 days MC. I am now lodging this report for insurance purposes.

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T/20210827/2128

3 of 3

Report No. T/20210827/2128

**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:  
G/  
Sgt 2 VIYSHNU S/O ELIAPERUMAL

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
27/08/2021 21:25

Classification Of Case: