

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 24/06/2022 09:59 (SGT)
Reported by Both
Date of Accident 11/06/2022 12:00 (SGT)
Exact Location of Accident Hougang Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH5572S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG CHUAN BENG
NRIC No SXXXX327J
Email Address alexlth1972@icloud.com
Mobile Phone No (Phone) +65-87599897
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model JUPITER MX (HC)
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 Auto
CC 134

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number MSD/VMT/21-422469-CA

DRIVER

Name of Driver ONG CHUAN BENG
NRIC No SXXXX327J
Date Of Birth 20/01/1953
Occupation Indoor

Date Of Driving Pass	21/10/1985
Driving experience	36 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87599897
Alt. Phone Number	-
Email Address	alexlth1972@icloud.com
Address	BLK 114 HOUGANG AVE 1
Address complement	#12-1290
Postcode	530114
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?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLS REFER TO THE POLICE REPORT:T/20220615/2068

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY5323K
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	ONG CHUAN BENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAND & LEG
Injured person in which vehicle?	FBH5572S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

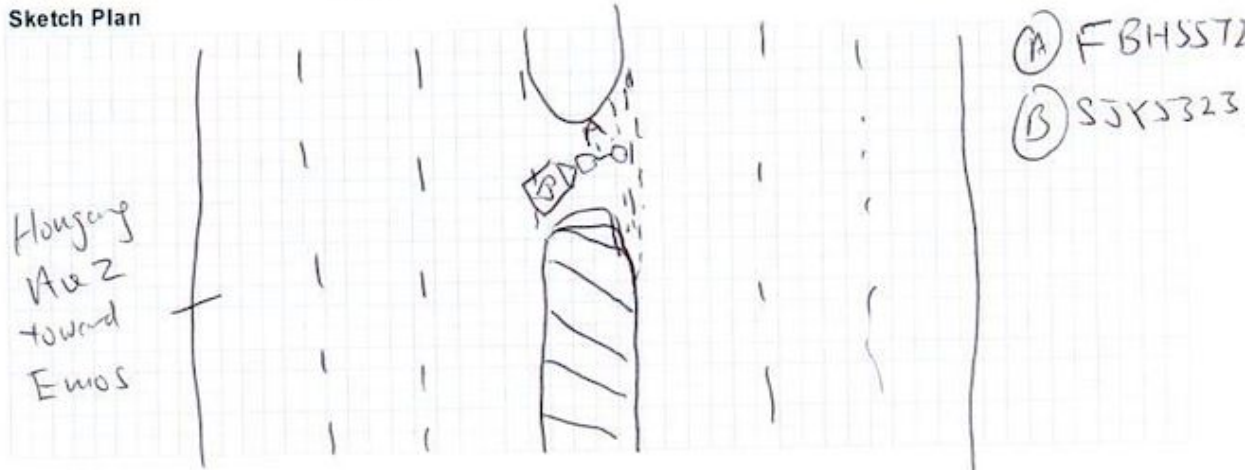
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' law yers/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' law yers/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 law yers/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 24/06/22

Sketch Plan



Describe Circumstances of the Accident

Refer to police report

[Handwritten signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Handwritten signature]
 Policyholder's Signature / Date & Time

[Handwritten signature]
 Driver's Signature (If driver is not the policyholder) / Date & Time

ROSLINDA BINTE A. WAHAB
 Witnessed by Reporting Centre Personnel 24/06/22



**SINGAPORE
POLICE FORCE**



T/20220615/2068

2 of 3

Report No. T/20220615/2068

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider		ID No.	S2554327J
Name	ONG CHUAN BENG	Contact No.	87599897
Related Vehicle	FBH5572S (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Date Discharge	15/06/2022
Date Treatment	11/06/2022	Degree of Injury	Serious
No. of Days granted Medical Leave	04		

Brief Details.

ON 11/06/2022 AT ABOUT 1200HRS, I WAS RIDING ALONG HOUGANG AVE 2 TO GO FOR MY LUNCH BREAK. AS I WANTED TO U-TURN, A CAR HAD HIT ME AT THE BACK CAUSING ME TO FALL AND HURT MY LEG. THE OWNER OF THE CAR CALLED THE AMBULANCE FOR ME. I WAS CONVEYED TO SKGH BEFORE TP ARRIVAL. I WAS ADMITTED TO SKGH FOR 4 DAYS FROM 11/06/2022 TO 15/06/2022. AFTERWHICH I WENT TO TPHQ TO LODGE A TRAFFIC ACCIDENT REPORT. THATS ALL





















**SINGAPORE
POLICE FORCE**

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



T/20220615/2068

1 of 3

Report No. T/20220615/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2022 15:17	Vide Report No.: F/20220611/0094	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG CHUAN BENG	Address: 114 HOUGANG AVENUE 1 #12-1290 SINGAPORE 530114		
ID Type / ID No.: NRIC NO / S2554327J	Contact No.: Home/Office: Mobile: 87599897		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 69	Date of Birth: 20/01/1953	Type of Informant: Rider
Race: Chinese	Language: English	Institution / School Name:	
Occupation: STOREMAN	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/06/2022 12:00	Type of Location:
Location: HOUGANG AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBH5572S	Motorcycle	YAMAHA	JUPITER MX (HC)	White	Seriously Damaged	0
SJY5323K	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH5572S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT21422469	01/03/2022	18/07/2022



**SINGAPORE
POLICE FORCE**



T/20220615/2068

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Report No. T/20220615/2068

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider		ID No.	S2554327J
Name	ONG CHUAN BENG	Contact No.	87599897
Related Vehicle	FBH5572S (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Date Discharge	15/06/2022
Date Treatment	11/06/2022	Degree of Injury	Serious
No. of Days granted Medical Leave	04		

Brief Details.

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T/20220615/2068

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Report No. T/20220615/2068

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:

TP /
SC DANISH IRWANSHAH BIN
SUPRAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

NP168

Signature Of Informant:

Date/Time:
15/06/2022 15:17

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: