

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	18/05/2022 12:52 (SGT)
Date of Accident	17/05/2022 15:10 (SGT)
Exact Location of Accident	Exeter Rd, Singapore
Additional Location Information	TOWARDS DEVONSHIRE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1095A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JASON CHIANG KOK WAI (JIANG GUOWEI)
NRIC No	SXXXX011E
Email Address	jchiang78@gmail.com
Mobile Phone No	(Phone) +65-97497137
Alternative Phone No	+65-97497137

VEHICLE PARTICULARS

Manufacturer	Piaggio
Model	GILERA RUNNER
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	Motorcycle
Transmission	Auto
CC	199

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MSD/VMT/21-426440-CA
Cover Note Number	-

DRIVER

Name of Driver	JASON CHIANG KOK WAI (JIANG GUOWEI)
NRIC No	SXXXX011E

Date Of Birth	27/12/1978
Occupation	Indoor
Date Of Driving Pass	05/02/2014
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97497137
Alt. Phone Number	+65-97497137
Email Address	jchiang78@gmail.com
Address	BLK 462D YISHUN AVENUE 6 #12-1071
Address complement	-
Postcode	764462
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	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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220517/2116

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB435Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	LOON WAI CUNG
NRIC No	SXXXX229B
Contact Number	(Phone) +65-90552997
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	JASON CHIANG KOK WAI (JIANG GUOWEI)
Gender	Male
Phone No	(Phone) +65-97497137
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBD1095A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

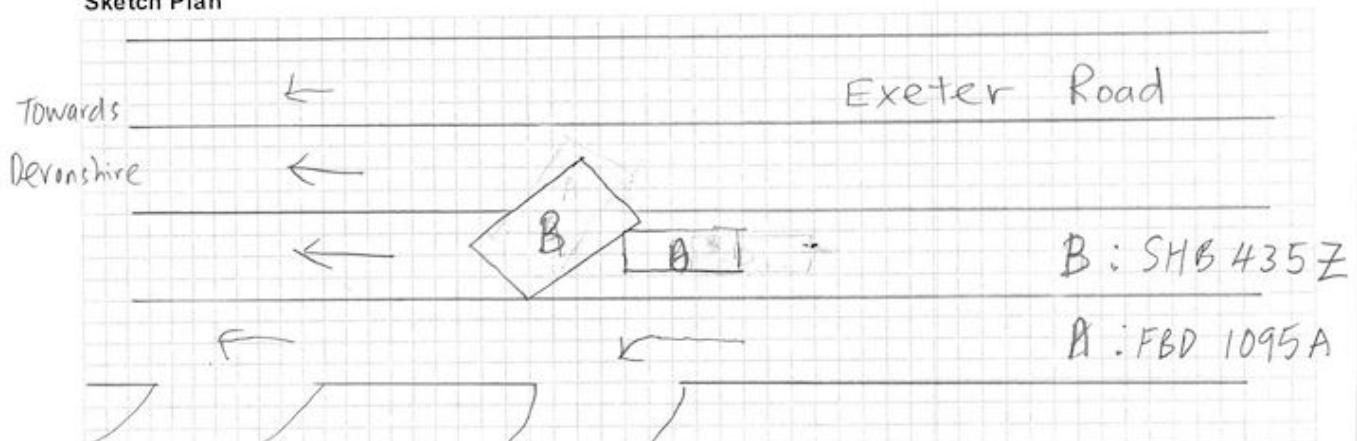
SKETCH PLAN**IMPORTANT NOTICE**

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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.

MX
Policyholder's Signature / Date &
Time 18/05/22 10.57 am
Sketch Plan

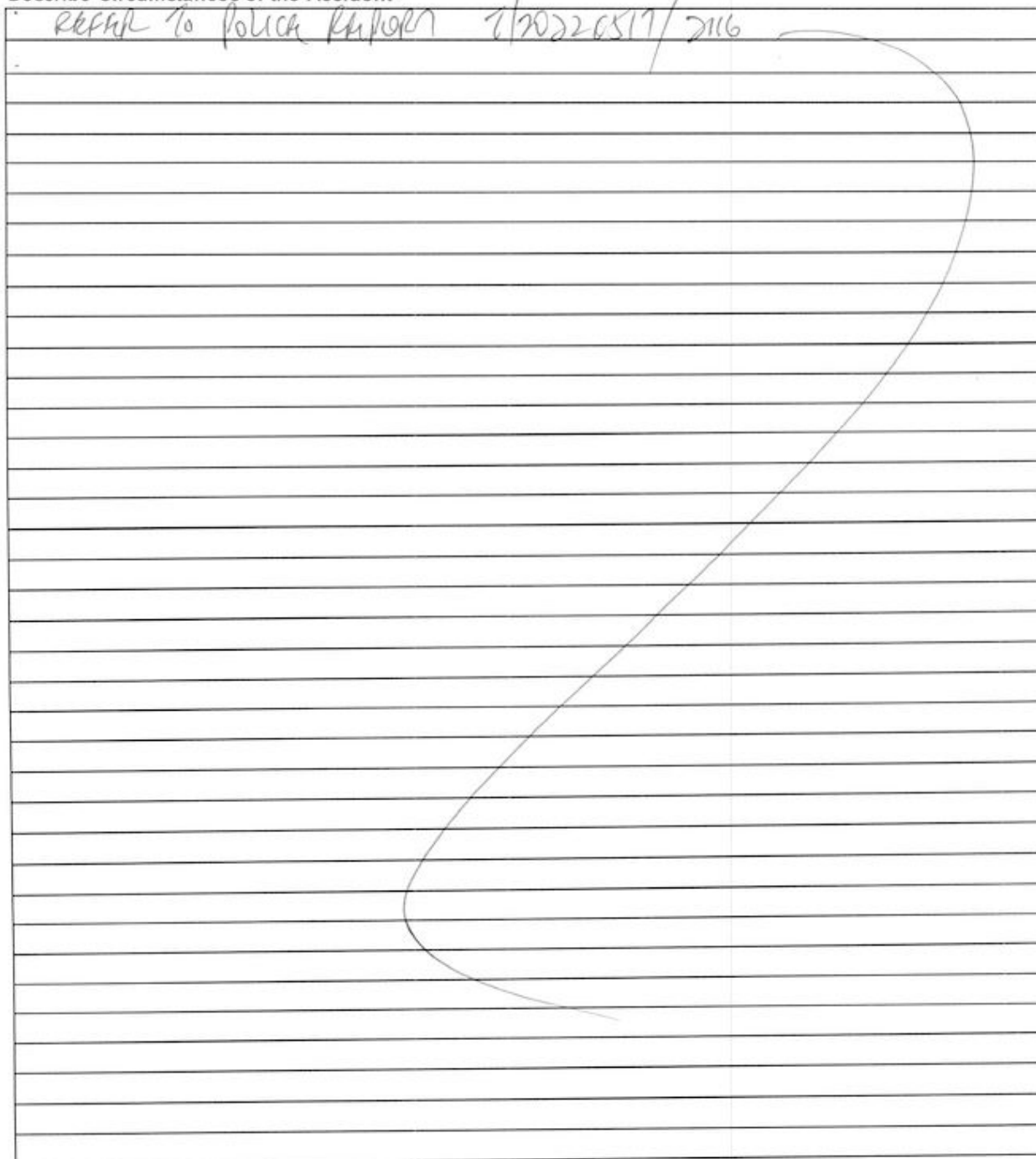
Driver's Signature (# driver is not the policyholder) / Date
& Time

18/05/2022
Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

Refer to Police Report 1/20220517/2116



Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 18/05/22 10.57am

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


 Witnessed by Reporting Centre Personnel
 18/05/2022

























**SINGAPORE
POLICE FORCE**



T/20220517/2116

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20220517/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2022 21:30		Vide Report No.: E/20220517/0064		Station Diary No.: 111	
Informant's Particulars					
Name of Informant: JASON CHIANG KOK WAI			Address: APT BLK 462D YISHUN AVENUE 6 #12-1071 SINGAPORE 764462		
ID Type / ID No.: NRIC NO / S7839011E			Contact No.: Home/Office: Mobile: 97497137		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 27/12/1978	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ADMIN OFFICER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/05/2022 15:10	Type of Location: Straight Road
Location: EXETER ROAD				
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD1095A	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Black	Seriously Damaged	0
SHB435Z	Taxi	TOYOTA	PRIUS	Maroon		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



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Report No. T/20220517/2116

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD1095A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT21426440	19/08/2021	18/08/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	JASON CHIANG KOK WAI		ID No.	S7839011E
Related Vehicle	FBD1095A (Motorcycle)		Contact No.	97497137
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	17/05/2022		Date Discharge	17/05/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight	
Driver				
Name	LOON WAI CUNG		ID No.	S0105229B
Related Vehicle	NIL		Contact No.	90552997
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 17/05/2022 at about 1510hrs, I was riding my motorcycle along Exeter Road towards Devonshire Road and it was a 4 lanes road. I was riding straight on the third lane (second lane from the left); thereafter a taxi SHB435Z, suddenly cut into my lane from my right and the front portion of my motorcycle collided with the rear left portion of the taxi.

Some other pedestrian assisted me and also asked me not to move around. I was assisted to the pavement by two of pedestrians. The passerby who earlier was flagging for the taxi, also apologized to me. Subsequently, I exchanged particulars with the driver who was ascertained to be Loon Wai Chung, S0105229B, residing at Block 17 Beach Road #18-4711.

Ambulance came to scene and conveyed me to Raffles Hospital. Subsequently, Traffic Police officers came and attended to the incident E/20220517/0064. Later, my boss came to scene and assisted me to hand over the motorcycle's camera memory card to Traffic Police.

I was given 7 days of hospitalization leave from Raffles Hospital as I sustained swells on my right feet and ankle regions, abrasions on both legs region and felt pain on my whole back.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20220517/2116

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Report No, T/20220517/2116

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



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Report No. T/20220517/2116

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:
L /
STAFF SGT LAU JIXIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/05/2022 21:30

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

NP168