

## 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 Actual 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 .....	17/05/2023 16:19 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	11/05/2023 16:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BRADDELL ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBB9653Y
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	DARYL ONG
NRIC No .....	SXXXX434B
Email Address .....	ongdaryl95@hotmail.com
Mobile Phone No .....	(Phone) +65-97501011
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	Gsr400
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 .....	398

#### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	A 300818997 VMP

#### DRIVER

Name of Driver .....	DARYL ONG
NRIC No .....	SXXXX434B
Date Of Birth .....	26/06/1995
Occupation .....	Indoor

Date Of Driving Pass .....	14/01/2021
Driving experience .....	2 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97501011
Alt. Phone Number .....	-
Email Address .....	ongdaryl95@hotmail.com
Address .....	BLK 552 WOODLANDS DRIVE 44
Address complement .....	# 03-24
Postcode .....	730552
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 .....	Side Swipe
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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230512/7031

\*PLEASE BE INFORMED THAT VEHICLE IS IN TP COMPOUND

#### 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 .....	SKW1694P
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YEOH SOCK WAH
NRIC No .....	SXXXX793F
Contact Number .....	(Phone) +65-98621862
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 .....	DARYL ONG
Gender .....	Male
Phone No .....	(Phone) +65-97501011
Address .....	BLK 552 WOODLANDS DRIVE 44
Address Complement .....	# 03-24
Post Code .....	730552
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY - GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	FBB9653Y
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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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.



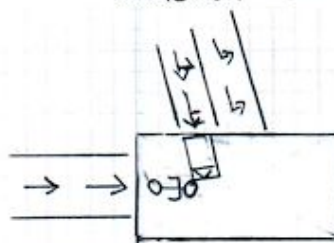
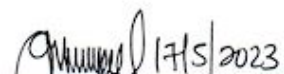
Policyholder's Signature / Date & Time

**Sketch Plan**



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

Braddell Road

Witnessed by Reporting Centre Personnel

A- FBB 9653Y  
B- SKW 1694P

## Describe Circumstances of the Accident

Refer to police report.

- T|20230512/703| -

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
TimeDriver's Signature (If driver is not the policyholder) / Date  
& TimeWitnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20230512/7031

2 of 3

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

Report No. T/20230512/7031

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB9653Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300818997	01/04/2023	31/03/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	DARYL ONG	ID No.	S9522434B
Related Vehicle	FBB9653Y (Motorcycle)	Contact No.	97501011
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/05/2023	Date	11/05/2023
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	YEOW SOCK WAH	ID No.	S0138793F
Related Vehicle	SKW1694P (Car)	Contact No.	98621862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

I was going straight on Braddell Road heading towards CTE when the other party filtered out from the filter lane and cut through 2 lanes to go by the road towards Lorong Chuan. I had attempted to ebrake but it was too late for me to react. I collided into the front right of her car and was flung off about 3 meters. I was conveyed to hospital via ambulance.













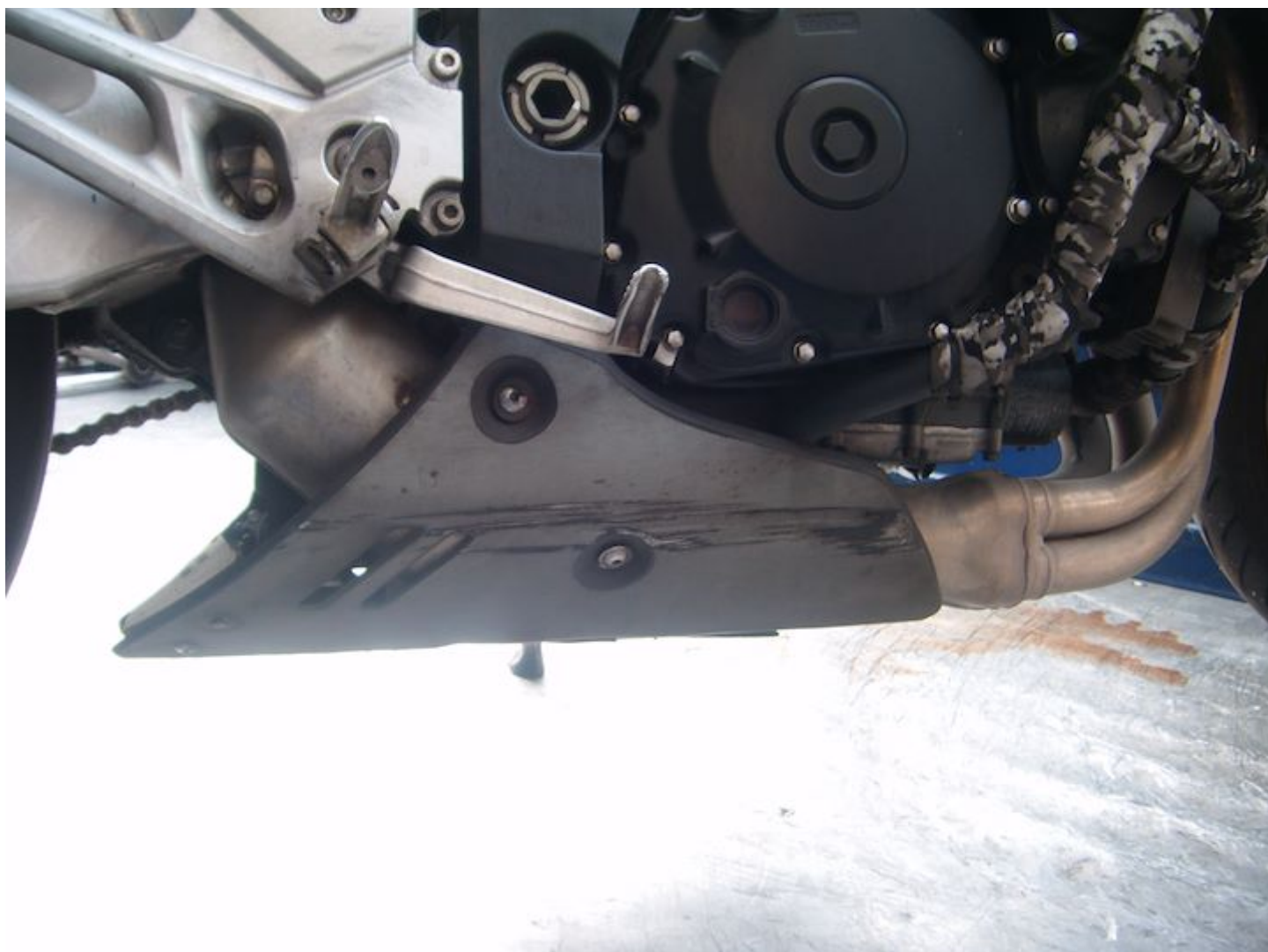




















**SINGAPORE  
POLICE FORCE**



T/20230512/7031

1 of 3

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

Report No. T/20230512/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/05/2023 12:59	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: DARYL ONG			Address: 552 WOODLANDS DRIVE 44 #03-24 SINGAPORE 730552		
ID Type / ID No.: NRIC NO / S9522434B			Contact No.: Home/Office: Mobile: 97501011		
Nationality: SINGAPORE CITIZEN			Email: ONGDARYL95@HOTMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 26/06/1995	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: IT infrastructure specialist			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2023 16:15	Type of Location: Straight road with filter lane on left, and road on right
Location:  BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB9653Y	Motorcycle	SUZUKI	GSR400 M	White		0
SKW1694P	Car	MAZDA				0





**SINGAPORE  
POLICE FORCE**



T/20230512/7031

2 of 3

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

Report No. T/20230512/7031

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB9653Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300818997	01/04/2023	31/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	DARYL ONG		ID No.	S9522434B
Related Vehicle	FBB9653Y (Motorcycle)		Contact No.	97501011
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/05/2023		Date	11/05/2023
No. of Days granted Medical Leave		05	Degree of	Serious
Driver				
Name	YEOW SOCK WAH		ID No.	S0138793F
Related Vehicle	SKW1694P (Car)		Contact No.	98621862
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

## Brief Details.

I was going straight on Braddell Road heading towards CTE when the other party filtered out from the filter lane and cut through 2 lanes to go by the road towards Lorong Chuan. I had attempted to ebrake but it was too late for me to react. I collided into the front right of her car and was flung off about 3 meters. I was conveyed to hospital via ambulance.



**SINGAPORE  
POLICE FORCE**

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



T/20230512/7031

3 of 3

Report No. T/20230512/7031

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476185

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
12/05/2023 12:59

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SL0Z235H0001 Vehicle Registration No: FBB9653Y  
 Name (as shown in NRIC): Daryl Ong NRIC/FIN/Passport No: S9522434B  
 (Vehicle-Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Blk 552 Woodlands Drive 44 # 03-24 Singapore (730552)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9750 1011  
 Email Address: ongdaryl95@hotmail.com  
 Date of Accident: 11/05/2023 Time of Accident: 16:15  
 Place of Accident: Braddell Road  
 Insurance Company: MSIG

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend upload photographs - vehicle towed in from TP  
compound.

Policyholder / Actual Driver's Signature  
Date:

Amend 18/05/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: