

## 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 .....	15/06/2023 18:22 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/06/2023 18:14 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	HOUGANG AVENUE 2
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBR3209C
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHENG GUAN SENG
NRIC No .....	SXXXX055H
Email Address .....	claims@teamworkgarage.com
Mobile Phone No .....	(Phone) +65-98277743
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Aerox
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	155

#### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	CN51014944

#### DRIVER

Name of Driver .....	CHENG GUAN SENG
NRIC No .....	SXXXX055H
Date Of Birth .....	02/06/1952
Occupation .....	Outdoor

Date Of Driving Pass .....	22/10/1975
Driving experience .....	47 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98277743
Alt. Phone Number .....	-
Email Address .....	claims@teamworkgarage.com
Address .....	APT BLK 157 BEDOK SOUTH AVENUE 3
Address complement .....	# 02-575
Postcode .....	460157
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? .....	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
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 .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230614/2072

#### 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 .....	SJF9432C
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 .....	CHENG GUAN SENG
Gender .....	Male
Phone No .....	(Phone) +65-98277743
Address .....	APT BLK 157 BEDOK SOUTH AVENUE 3
Address Complement .....	# 02-575
Post Code .....	460157
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHTLY INJURED
Injured person in which vehicle? .....	FBR3209C
Were seat belts worn? .....	-
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.
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 willful 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 information may be referred to the Police for investigation.
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) My 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.

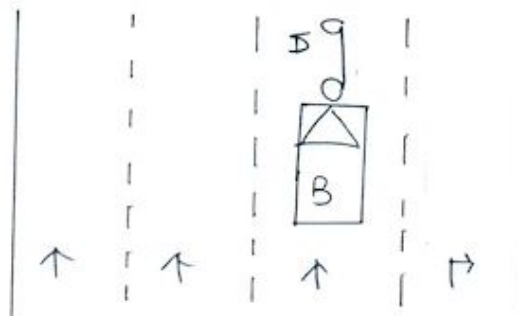
Signature  
Policyholder's Signature / Date & Time

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

Signature 15/6/2023  
Witnessed by Reporting Centre Personnel

Sketch Plan

Harvey Avenue 2



A: FBR 3209C

B: SJF 9432C

## Describe Circumstances of the Accident


I was driving along Houghs Ave 2, stopped at the traffic light waiting to turn green. Out of a sudden I felt an impact from the rear portion of my motorcycle.

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

 15/6/2023  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230614/2072

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20230614/2072

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR3209C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300681119	21/10/2022	20/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHENG GUAN SENG	ID No.	S0099055H
Related Vehicle	FBR3209C (Motorcycle)	Contact No.	98277743
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/06/2023	Date Discharge	14/06/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I was driving along hougang avenue 2, i stopped at the traffic light waiting for it to turn green, out of a sudden i felt an impact from the rear portion of my motorcycle and i fell towards the right and injured my right leg and right hand. We did not exchange particulars.











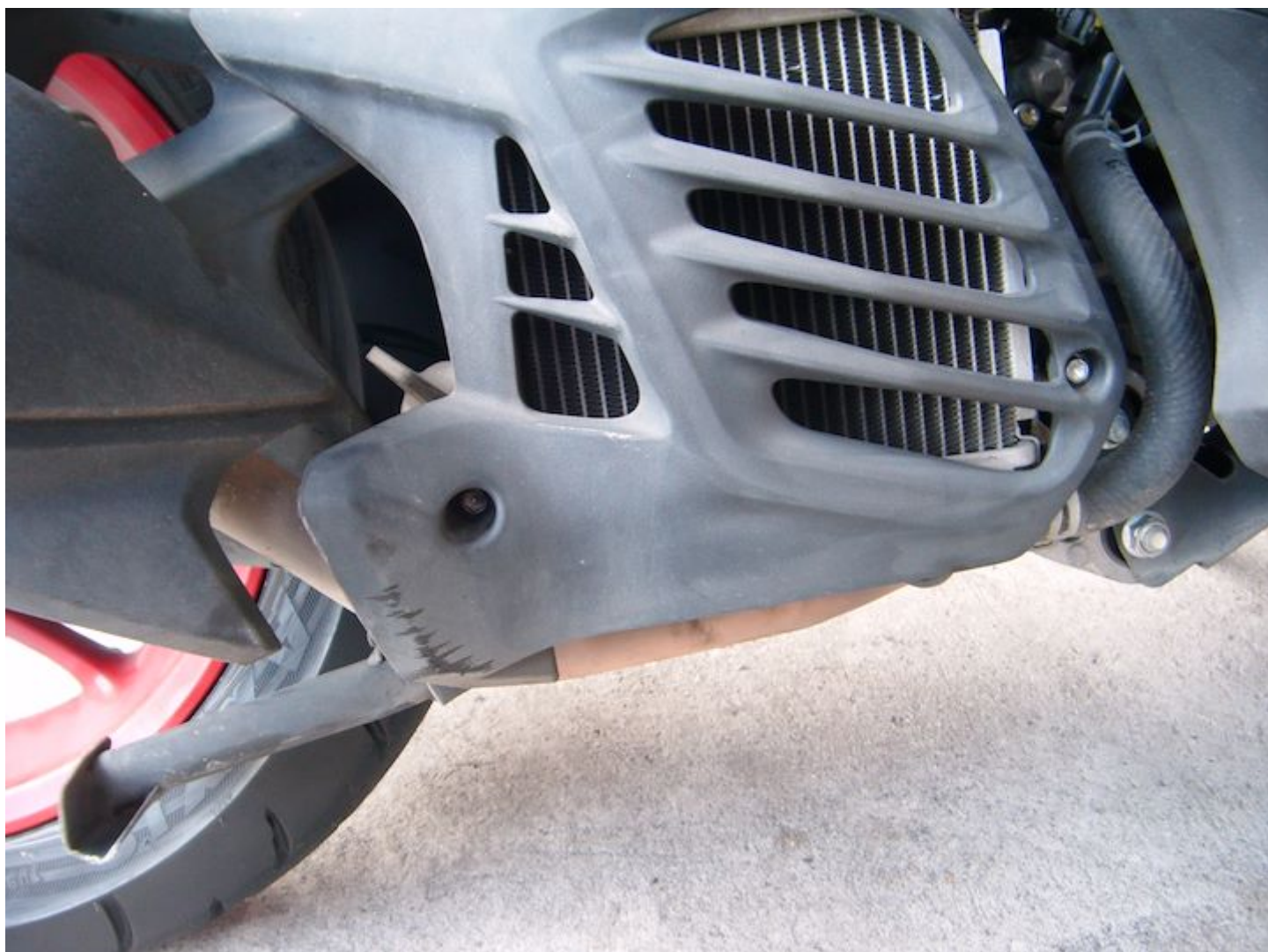






































**SINGAPORE  
POLICE FORCE**



T/20230614/2072

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20230614/2072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2023 17:35		Vide Report No.:		Station Diary No.: 80	
<b>Informant's Particulars</b>					
Name of Informant: CHENG GUAN SENG			Address: APT BLK 157 BEDOK SOUTH AVENUE 3 #02-575 SINGAPORE 460157		
ID Type / ID No.: NRIC NO / S0099055H			Contact No.: Home/Office: Mobile: 98277743		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 02/06/1952	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: Crane operator (on-site)			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2023 18:15	Type of Location: Straight Road
Location:  HOUGANG AVENUE 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR3209C	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	White	Slightly Damaged	0
SJF9432C	Car				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20230614/2072

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20230614/2072

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR3209C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300681119	21/10/2022	20/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHENG GUAN SENG	ID No.	S0099055H
Related Vehicle	FBR3209C (Motorcycle)	Contact No.	98277743
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/06/2023	Date Discharge	14/06/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I was driving along hougang avenue 2, i stopped at the traffic light waiting for it to turn green, out of a sudden i felt an impact from the rear portion of my motorcycle and i fell towards the right and injured my right leg and right hand. We did not exchange particulars.





**SINGAPORE  
POLICE FORCE**



T/20230614/2072

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20230614/2072

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /  
SGT 3 MUHAMMAD YAZID BIN  
MUHAMMAD HUSSEIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/06/2023 17:35

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Classification Of Case:

NP168