© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 28/06/2023 15:40 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/06/2023 09:05 (SGT) **Exact Location of Accident** Clementi Ave 6, Singapore Additional Location Information CLEMENTI AVENUE 6 SINGAPORE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBU9366B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ANG KIAT SIANG NRIC No S9402827B **Email Address** JIXIIANG94@GMAIL.COM Mobile Phone No (Phone) +65-91114241 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Yamaha Model Czd300a Variant YAMAHA / CZD 300 A / XMAX 300 TECH MAX

Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Motorcycle Transmission Auto CC 292

INSURANCE COMPANY

MSIG Insurance (Singapore) Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number A300876554VMP

DRIVER

ANG KIAT SIANG Name of Driver NRIC No S9402827B 23/01/1994 Date Of Birth Indoor Occupation

Date Of Driving Pass 24/05/2017 Driving experience 6 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-91114241 Alt. Phone Number Email Address JIXIIANG94@GMAIL.COM Address BLK 905 JURONG WEST STREET 91 01-151 SINGAPORE 640905 Address complement Postcode 640905 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 - Major/Minor Rd Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMR9795G

Vehicle Manufacturer

Vehicle Registration Number

Vehicle Model	5 4 0
Vehicle Variant	9 = 00
Vehicle Colour	7 <u>2</u> 4)
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	BANG.
Address	(BX)
Address complement	2 5
Postcode	(=):
Insurance Company Name	151
Nature Of Damage	REAL PROPERTY.
Details of property damaged in accident	1 4 8
No. Of Passenger (Including Driver)	24

INJURED PERSONS DETAILS

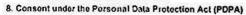
INJURED 1

Name of injured person	ANG KIAT SIANG
Gender	Male
Phone No	(Phone) +65-91114241
Address	BLK 905 JURONG WEST STREET 91 01-151 SINGAPORE
	640905
Address Complement	###
Post Code	640905
Approximate Age Years Old	manuserupomenn
Injuries Sustained	5 8
Injured person in which vehicle?	FBU9366B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.



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/flaw 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;

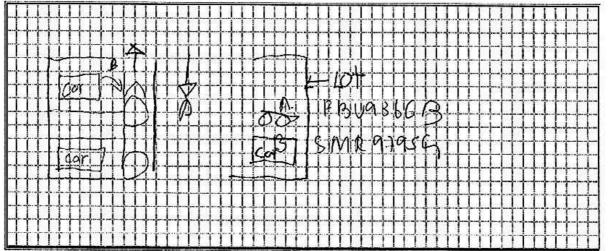
- (ii) Investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me:
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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 "Purposos")
- (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

Driver's Signature (d driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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Case Summary Form (CSF)

Report No.D/20230628/2012

Manual Form Serial No.

0

Report Number

D/20230628/2012

Vide Report Number

J/20230627/7034

Date/Time of Report Made

28/06/2023 10:41

Place Report Lodged

Clementi N.P.C

Name of Informant

ANG KIAT SIANG

ID Type / ID No.

NRIC NO / S9402827B

Home/Office

96356123

Mobile

91114241

Email

Date/Time of Incident From

26/06/2023 09:05

Date/l'ime of Incident To

Incident Location

204 CLEMENTI AVENUE 6 UNNAMED SINGAPORE 120204

Near Blk 204 Clementi Ave 6 towards Clementi Ave 5 Flyover

Brief Facts

I had previously lodged an online report J/20230627/7034 and I would like to make the following additions to the report:

On 26/6/2023 at around 0905hrs, I was at Blk 204 Clementi Ave 6 open carpark, travelling at a speed of 15km/h on my motorcycle FBU9366B. Suddenly an Audi bearing the number plate SMR9795G, dashed out of the parking lot and collided into my motorcycle. I could not react in time to avoid the collision. As a result I was given 5 days Hospitalization leave from NTFGH.

In-charge: IO Fadli Shaifuddin of TP Tel: 65476845 Hp:96285110

Case Sensitivity

No

Officer-in-Charge of Case

D / Clementi Police Divisional Investigation Branch /

TAN JUN JIE, WILLIAM

Contact No.

Classification of Case

1) NO OFFENCE DISCLOSED







1 of 2

Report No. J/20230627/7034

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Date/Time Report Made 27/06/2023 14:25	Vide Re	port No.	***	Station Diary No.
Name Of Informant	Address		-	
ANG KIAT SIANG	905 JURONG WEST STREET 91 #01-151 SINGAPORE 640905			
ID Type / ID No. NRIC NO / S9402827B	THE ASSAULT VALUE TO THE STATE OF THE STATE		Mobile: 91114241	
Nationality SINGAPORE CITIZEN	Email Address JIXIIANG94@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Environmental inspector (environmental public health)	Male	29	23/01/1994	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 26/06/2023 09:05 - 27/06/2023 10:00	Location Of Incident 905 JURONG WEST STREET 91 #01-151 SINGAPORE 640905			

Brief details.

On 26 June 2023, at around 0905hrs. I was travelling along 204 Clementi Avenue 6, exiting towards Clementi Avenue 6(Flyover Area). Suddenly SMR9795G was inching from the parking lot, and I did not have sufficient time to stop and collide with the vehicle. The ambulance arrived, and I was sent to NTFH, given 5 days of hospilisation leave.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2023 14:25		
Officer In-Charge Of Case:	Classification Of Case:		





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230627/7034

Person Name	Chris			
Gender	Male	Race	Others	
Language	English	Occupation	samsung	
Mobile No	93628601	Complexion	Fair	
Build	Medium	Hair Colour	Black	
Hair Style	Short-Straight			
Victim	Harting or the National Parties of the Controlled			
Person Name	ANG KIAT SIANG			
ID Type	NRIC NO	ID No	S9402827B	
Gender	Male	Age	29	
Race	Chinese	Language	English	
Occupation	Environmental inspector	Address	905 JURONG WEST STREET	
	(environmental public health)		91 #01-151 SINGAPORE 640905	
Mobile No	91114241	Is Informant A Victim?	Yes	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2023 14:25	
Officer In-Charge Of Case:	Classification Of Case:	