



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	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
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG KIAT SIANG
NRIC No	S9402827B
Email Address	JIXIANG94@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 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	292

INSURANCE COMPANY

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

DRIVER

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

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	JIXIANG94@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?	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 - 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	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	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

Vehicle Registration Number	SMR9795G
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	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	-
Injuries Sustained	-
Injured person in which vehicle?	FBU9366B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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

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

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

Sketch Plan

The sketch plan is drawn on a grid. It shows two cars involved in an accident. The left car is labeled 'car' and the right car is labeled 'car'. Arrows indicate the direction of travel or impact. Handwritten text next to the right car reads '10T', 'PBVA866B', and 'SIMR 97956'.

Describe Circumstance of the Accident

REFER TO POLICE REPORT.

REFER TO POLICE REPORT.

Declaration

I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

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



D/20230628/2012

1 of 1

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/Time 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 FB19366B. 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





**SINGAPORE
POLICE FORCE**



J/20230627/7034

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POLICE REPORT (NP299)

Report No. J/20230627/7034

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 Report No.		Station Diary No.	
Name Of Informant ANG KIAT SIANG		Address 905 JURONG WEST STREET 91 #01-151 SINGAPORE 640905			
ID Type / ID No. NRIC NO / S9402827B		Contact No. Home/Office: Mobile: 91114241			
Nationality SINGAPORE CITIZEN		Email Address JIXIANG94@GMAIL.COM			
Occupation Environmental inspector (environmental public health)	Sex Male	Age 29	Date of Birth 23/01/1994	Race 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 hospitalisation 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:



**SINGAPORE
POLICE FORCE**



J/20230627/7034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230627/7034

Subjects Involved			
Suspect			
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			
Person Name	ANG KIAT SIANG		
ID Type	NRIC NO	ID No	S9402827B
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Environmental inspector (environmental public health)	Address	905 JURONG WEST STREET 91 #01-151 SINGAPORE 640905
Mobile No	91114241	Is Informant A Victim?	Yes
Person Name	ANG KIAT SIANG (Informant)		

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: