

## 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 ability.
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 Report             | 10/07/2018 16:18                      |
| Date Of Accident           | 03/07/2018 21:10                      |
| Exact Location Of Accident | MARSILING LANE TWDS ADMIRALTY RD WEST |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | FC4141M              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ONG KIM POH          |
| NRIC No                     | S0353249F            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97837741 |
| Alternative Phone No        | OTHERS-97837741      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | YAMAHA      |
| Model  | RXK         |
| 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          |
| If No, Please state action to be taken                                       | THIRD PARTY |
| Vehicle Category   | MOTORCYCLE  |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5100281940                             |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | ONG KIM POH            |
| NRIC No              | S0353249F              |
| Date Of Birth        | 05/09/1946             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 03/09/1977             |
| Driving Experience   | 40 YEARS AND 10 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-97837741   |
| Fax Number           |                        |
| Contact Number       | OTHERS-97837741        |
| Email Address        | NOEMAIL                |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 173 WOODLANDS ST 13<br>#02-423 |
| Postcode  | 730173                             |
| Was driver an employee of the Insured's Company     | NO                                 |
| If No, Relationship of the Driver with the Insured  | OWNER                              |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                        |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                        |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| Weather Conditions | CLEAR      |
| Road Surface       | DRY        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | YES |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ   |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180706/2024

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |              |
|-----------------------------|--------------|
| Vehicle Registration Number | SKJ2088B     |
| Vehicle Make/Model/Colour   |              |
| Details Of Properties       |              |
| Vehicle Category            | PRIVATE CAR  |
| Name of Driver              | FRANCIS TANG |
| NRIC/Passport Number        |              |
| Contact Number              | 96162088     |
| Address                     |              |
| Postcode                    |              |
| Insurance Company Name      |              |
| Nature Of Damage            |              |

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1                         |             |
|---|-------------|
| Name  | ONG KIM POH |
| Approximate Age                                     |             |
| Injuries Sustain                                    | SERIOUS     |
| Injured person in which vehicle?                    | FC4141M     |
| Were seat belts worn?                               |             |
| Was this injured conveyed to hospital by ambulance? | YES         |
| Address   |             |
| Postcode  |             |

## Common Statement

### SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

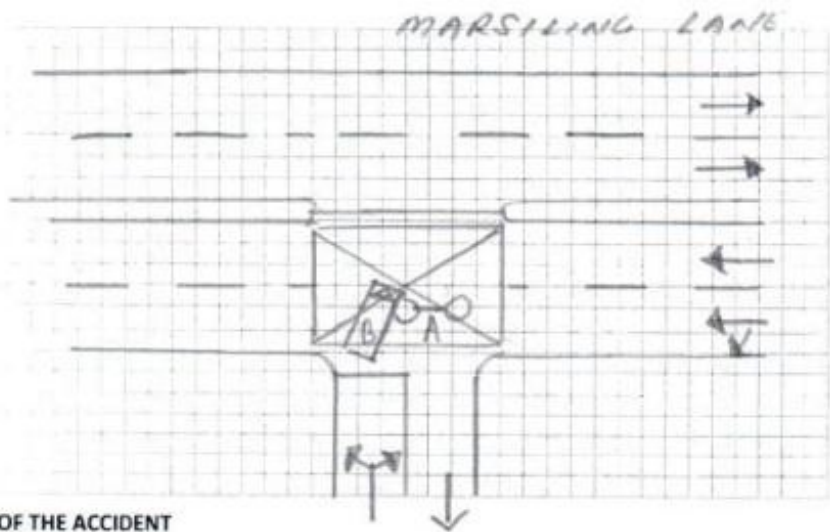
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

A- FC4141M  
B- SKJ2088B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180706/2024

## DECLARATION

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

*R. Rante*  
Policyholder's Signature  
Date & Time:

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

*Lyn* 10/07/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180706/2024

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

2 of 3

Report No. T/20180706/2024

## CONTINUATION OF REPORT

| Details of Person Involved        |                |  |                                       |
|-----------------------------------|----------------|--|---------------------------------------|
| Any Pedestrian Involved: No       |                |  |                                       |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |                                       |
| Rider                             |                |  |                                       |
| Name                              | ONG KIM POH    | ID No.                                 | S0353249F                             |
| Related Vehicle                   | FC4141M (Car)  | Contact No.                            | 97837741                              |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 2B,2A,2<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | 14             | Degree of Injury                       | NIL                                   |
| Driver                            |                |  |                                       |
| Name                              | FRANCIS TANG   | ID No.                                 | NIL                                   |
| Related Vehicle                   | SKJ2088B (Car) | Contact No.                            | 96162088                              |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL     |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | NIL                                   |

### Brief Details.

ON THE ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS RIDING ON LANE 2 OF MARSILING LANE. I WAS TRAVELLING STRAIGHT , THE CAR MENTIONED ABOVE TURNED RIGHT OUT OF MARSILING LANE BLOCK 7 CARPARK AND COLLIDED INTO THE LEFT SIDE OF MY VEHICLE. AFTER THE ACCIDENT, HE STOPPED TO HELP ME. HE SAID THAT HE DID NOT SEE ME. THERE WAS A POLICE OFFICER TRAVELLING BEHIND WHO WITNESSED THE ACCIDENT AND CAME TO THE SCENE. I WAS INJURED DUE TO THE ACCIDENT AND WAS CONVEYED TO KHOO TECK PUAT HOSPITAL. I SUFFERED ABRASIONS OF MY LEFT LEG AND RIGHT HAND. I ALSO HAVE AN INJURY ON MY LEFT ARM. I RECEIVED 14 DAYS MC.

THAT'S ALL.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180706/2024

1 of 3

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

Report No. T/20180706/2024

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                                     |  |                    |                            |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>06/07/2018 09:55 |            | Vide Report No.:<br>J/20180703/0241 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                    |                            |
| Name of Informant:<br>ONG KIM POH          |            |                                     | Address:<br>APT BLK 173 WOODLANDS ST 13 #02-423 HDB-<br>WOODLANDS SINGAPORE 730173 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S0353249F   |            |                                     | Contact No.:<br>Home/Office: Mobile: 97837741                                      |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:   |                    |                            |
| Sex:<br>Male                               | Age:<br>71 | Date of Birth:<br>05/09/1946        | Type of Informant:<br>Rider  |                    |                            |
| Race:<br>Chinese                           |            |                                     | Language:  |                    | Institution / School Name: |
| Occupation:<br>Private security officer    |            |                                     | Driving Licence Information:<br>Class: 2B, 2A, 2                                   |                    | Date of Expiry:            |

## General Information of the Accident

|  |                              |                          |   |   |
|--|------------------------------|--------------------------|---|---|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No    | Date/Time of<br>Accident:<br>03/07/2018 21:10 | Type of Location:<br>Straight Road      |
| Location:<br>Along Road 1 Traveling Toward Road 2<br>MARSILING LANE<br>ADMIRALTY ROAD WEST |                              |                          |   |   |
| Weather:<br>Clear  |                              | Road Surface:<br>Wet P&Y |   | Road Speed Limit:                       |
| Traffic Flow:<br>Two Way   |                              | Traffic Control:         |   | Traffic Volume:<br>Moderate             |
| Type of Collision:<br>Between Moving Vehicles - Head To Side                               |                              |                          |   | Anyone conveyed by<br>ambulance:<br>Yes |

## Details of Vehicle Involved

| Vehicle No. | Type | Make   | Model | Color | Condition           | No of Passenger |
|-------------|------|--------|-------|-------|---------------------|-----------------|
| FC4141M     | Car  | YAMAHA | RXX   | Blue  | Slightly<br>Damaged | 0               |
| SKJ2088B    | Car  |        |       |       |                     | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                             | Insurance No | Effective  | Expiry Date |
|-------------|---|--------------|------------|-------------|
| FC4141M     | NTUC Income Insurance Co-Operative<br>Limited | 5100281940   | 27/04/2018 | 26/04/2019  |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180706/2024

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

2 of 3

Report No. T/20180706/2024

## CONTINUATION OF REPORT

| Details of Person Involved        |                |  |                                       |
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| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |                                       |
| Rider                             |                |  |                                       |
| Name                              | ONG KIM POH    | ID No.                                 | S0353249F                             |
| Related Vehicle                   | FC4141M (Car)  | Contact No.                            | 97837741                              |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 2B,2A,2<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | 14             | Degree of Injury                       | NIL                                   |
| Driver                            |                |  |                                       |
| Name                              | FRANCIS TANG   | ID No.                                 | NIL                                   |
| Related Vehicle                   | SKJ2088B (Car) | Contact No.                            | 96162088                              |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL     |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                                   |
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Tel No: 65470000

3 of 3

Report No. T/20180706/2024

### 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:  
TP /  
KHALED AMR HASSAN MOHSEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:

*Rennie*

Date/Time:  
06/07/2018 09:55

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:

*[Signature]*