

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 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 Report	20/11/2018 15:46
Date Of Accident	19/11/2018 14:20
Exact Location Of Accident	ALONG MOULMEIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1958M
Insured/Policyholder	
Name Of Registered Owner	ONG ENG CHUAN
NRIC No	S7184182J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91088528
Alternative Phone No	OTHERS-91088528

Vehicle Particulars

Manufacturer	YAMAHA
Model	FINO 115A
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5102814803
Cover Note Number	

Driver

Name of Driver	ONG ENG CHUAN
NRIC No	S7184182J
Date Of Birth	05/10/1971
Occupation	INDOOR
Date Of Driving Pass	21/04/1994
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91088528
Fax Number	
Contact Number	OTHERS-91088528
Email Address	NOEMAIL

Address	BLK 158 #09-1516 LORONG 1 TOA PAYOH
Postcode	310158
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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	2
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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20181120/2032

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	SMD4777R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ONG ENG CHUAN
Approximate Age	47
Injuries Sustain	
Injured person in which vehicle?	FBM1958M
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 158 #09-1516 LORONG 1 TOA PAYOH
Postcode	310158

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.

20 NOV 2018

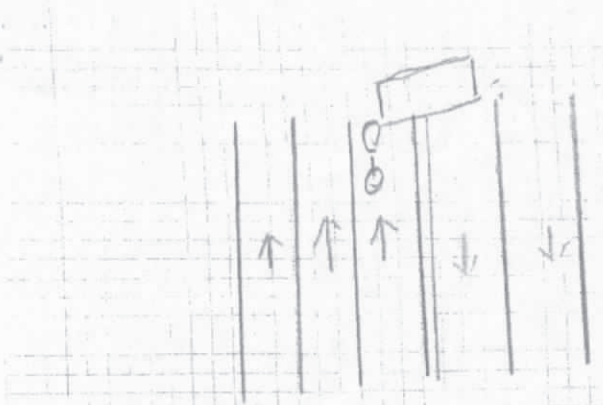
Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Reporting Centre, Singapore 415933
Name:
NRIC/FIN No.:
Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report no T/2018/1120/2032

2

DECLARATION

I/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:

20 NOV 2010

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

Reporting Centre, Singapore 415933

Name: Tel: 67416697

NRIC/FIN No.: Fax: 67492305

Email: vackb@singnet.com.sg

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5102814803

Cover : Third Party

- | | |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | : FBM1958M |
| Chassis Number | : 4D0670667 |
| 2. Name of Policyholder | : ONG ENG CHUAN |
| 3. Effective Date of Insurance | : 23 Aug 2018 |
| 4. Expiry Date of Insurance | : 22 Aug 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) Named Driver(s) Only. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

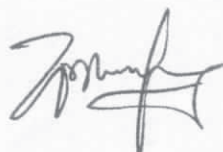
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: ONG ENG CHUAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)

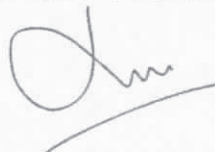
Date of Issue : 01 Aug 2018 14:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identification Number: S7184182J

ONG ENG CHUAN

Birth Date: 05 Oct 1971
Issue Date: 19 Jun 2003



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7184182J



Name
ONG ENG CHUAN

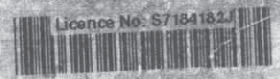
王 永 荃

Race
CHINESE
Date of Birth
05-10-1971
Sex
M
Country of Birth
MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
21 Apr 1994
21 Apr 1994



Licence No: S7184182J

NP 422A



8436174



NRIC No. S7184182J
Nationality
MALAYSIAN
Blood Group
O+
Date of issue
18-01-2002

Address
APT BLK 158 LOHONG 1 TOA PAYOH #09-1516
SINGAPORE 310158
NRIC No: S7184182J

Date: 22/06/2010 No: 8455062



SINGAPORE POLICE FORCE



T/20181120/2032

1 of 3

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

Report No. T/20181120/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2018 11:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG ENG CHUAN			Address: 158 LORONG 1 TOA PAYOH #09-1516 TOA PAYOH GREEN SINGAPORE 310158		
ID Type / ID No.: NRIC NO / S7184182J			Contact No.: Home/Office: Mobile: 91088528		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 47	Date of Birth: 05/10/1971	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: DELIVERY			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/11/2018 14:20	Type of Location:
Location: Along Road 1 MOULMEIN ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM1958M	Motorcycle	YAMAHA	FINO 115 A	Brown		0
SMD4777R	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM1958M	NTUC Income Insurance Co-Operative Limited	5102814803	23/08/2018	22/08/2019



**SINGAPORE
POLICE FORCE**



T/20181120/2032

2 of 3

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

Report No. T/20181120/2032

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ON THE EXTREME RIGHT LANE OF THE 3-LANE ROAD AND WAS GOING STRAIGHT TOWARDS SINARAN DRIVE . I WAS TRAVELLING STRAIGHT WHEN ALL OF A SUDDEN, A CAR(SMD4777R) THAT WAS TRAVELLING ON THE ONCOMING SIDE OF THE ROAD TURNED RIGHT ONTO MY SIDE OF THE ROAD. I BRAKED BUT COULD NOT STOP IN TIME AND COLLIDED INTO THE FRONT LEFT SIDE OF THE CAR. AMBULANCE CAME AND I WAS CONVEYED TO TAN TOCK SENG HOSPITAL WHERE I WAS DISCHARGED ON THE SAME DAY AND RECEIVED 2-DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20181120/2032

3 of 3

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

Report No. T/20181120/2032

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 /
MUHAMMAD SYUKRI BIN ABU BAKAR

S.

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

M

Date/Time:

20/11/2018 11:32

Classification Of Case:

**SINGAPORE
POLICE FORCE**

Signature: *S.*