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 <u>truthful and accurate</u> 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 Report	09/05/2019 18:04
Date Of Accident	09/05/2019 09:55
Exact Location Of Accident	ALONG KALLANG PLACE(ROUND-A-BOUT OF KALLANG PLACE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGH2991B

Insured/Policyholder	

Insured/Policyholder

Name Of Registered Owner PATRICIA LAW CHEOW CHIEN

NRIC No S7817191Z

Email AddressAVTFONG@GMAIL.COMMobile Phone No(LOCAL) +65-90222607Alternative Phone NoOFFICE-90222607

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model NEW GOLF 1.4 AT 5K13G5

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VPA/P1458638

Cover Note Number

Driver

Name of Driver ONG TOON YONG FABIAN

 NRIC No
 \$7822978J

 Date Of Birth
 09/08/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 29/10/2001

Driving Experience 17 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81137255

Fax Number

Contact Number

EMail Address AVTFONG@GMAIL.COM

Address 5A SURIN AVENUE

Postcode 533924

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLIDED INTO MOTORCYCLIST

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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?

If Yes, Please state which Police Station

Police Station Name GEYLANG N.P.C

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

YES

Circumstances of Accident

REFER TO ATTACHED

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 FBM6064J

Vehicle Make/Model/Colour SYM JOYMAX 300I CVT GREY

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MUHAMMAD HAFIZ BIN IBRAHIM

NRIC/Passport Number S9006904G Contact Number 97981404

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name MUHAMMAD HAFIZ BIN IBRAHIM

Approximate Age Injuries Sustain

Injured person in which vehicle? FBM6064J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

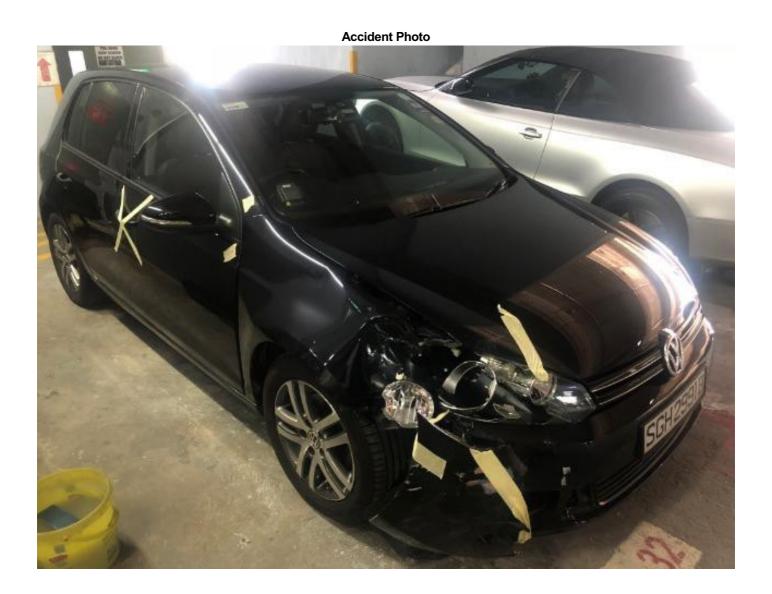
Address

Postcode

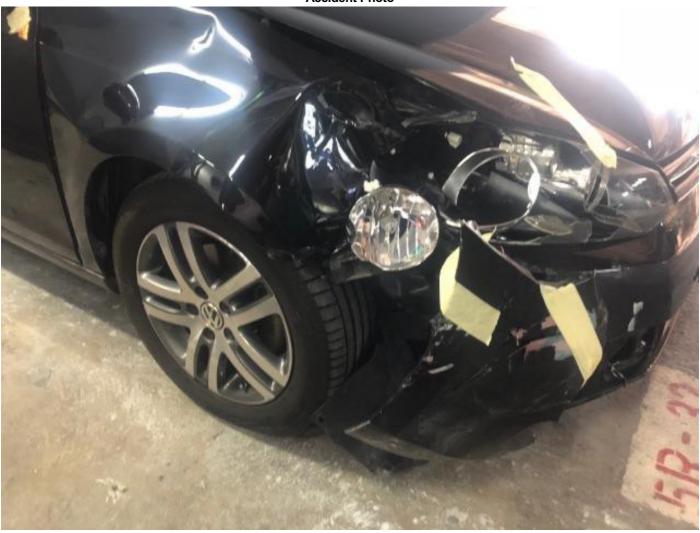
SKETCH PLAN	KALUARI BAHRU
В	unconver 1 1 Building
	SGH2991B CAR
BOON KOND	MOTOR CYCLE. FIG M 606 HJ. NCES OF THE ACCIDENT
on the 9/5 rehicle, San	12019 at about 0955hrs, I was driting my
in front of	a right bend turn towards Boun Keng road. there was another vehicle travelling very slowly me, which he wanted to turn into the Carpork. Hook his vehicle on his right and proceeded to right bend turn.
from right	hidst of warking the turn, I felt as imposed fort of my vehicle. I then immediately a stepped out of my vehicle and retained that head non collision with a motorcyclist. number is FBM6064J.
A police co	or draw past and assisted. The embulance and
DECLARATION I/We declare the foregoin	ng particulars are true in every respect.
m	Des
Policyholder's Signature Date & Time: 9/5/19	Oriver's Signature Personnel's Signature (If driver's pot the policyholder) Name: NRIC/FIN No.:

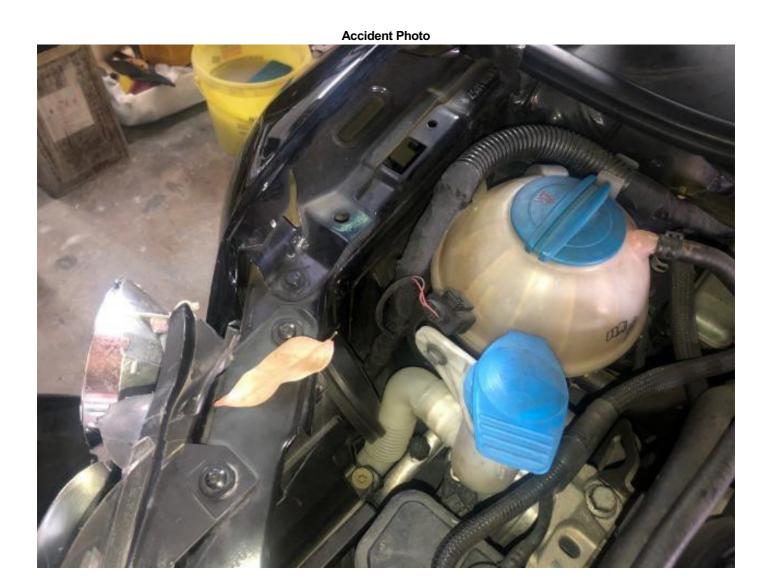
















Driving License







1 of 3

Report No. T/20180509/2127

Police Station Of Origin:

Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No. 1800-8486999

	REPORT	OF A	TRAFFIC	ACCIDENT
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	Pate/Time Report Made: 19/05/2019 15:56		Vide Report No: A/20190509/0040	Station Diary No.: 105	
Informa	nt's Partic	ulars			
The second secon	Informant: ON YONG		Address: 5A SURIN AVENUE SINGAP	ORE 533924	
	/ ID No.: 0 / \$78229	78J	Contact No.: Home/Office Mobile: 8113 7255		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 40	Date of Birth: 09/08/1978	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: MANAGER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	e Drin	e: /	Date/Time of Accident 09/05/2019 09:55	Type of Location Roundabout
Lamp Post N	ACE OUT OF KALLANG PL	ACE Road Surfa	00	Ro	ad Speed Limit
Minastrar			2000	1110	
		Dry			ad Speed Limit
Weather: Clear Traffic Flow: Two Way			1,000		affic Volume:

Details of V	ahicle involve	d	N-10 (11)	and the second	The second	20/ 20/20
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FRM60643	Motorcycle	SYM	JOYMAX 3001 CVT	Grey	Slightly Damaged	0
SGH29918	Car	VOLKSWAGO N	NEW GOLF 1.4 AT 5K13G5	Black	Slightly Damaged	0

Silvery to the second second	
Details of Person Involved	
Any Pedestrian Involved. No	
No. of Pedestrians injured. NIL.	Use of Pedestrian Crossing: NA





Report No. T/20100500/2121

Police Station Of Origin: Gevlano N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

Rider					
Name	MUHAMMAD HAFIZ BIN IBRAHIM		ID No.		\$9006904G
Related Vehicle	FBM6064J (Motorcycle)		Contac	d No.	9798 1404
Hospital/Clinic	NIL .		Class of Driving Liceno Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch			
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	Slight	
Driver					
Name	ONG TOON YONG, FABIAN		ID No.		S7822978J
Related Vehicle	SGH2991B (Car)		Contac	at No.	8113 7255
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	injury	Sligh	6

Brief Details.

On the 09/05/2019 at about 0955hrs, I was driving my vehicle, SGH2991B, along Kallang Place and I wanted to make a right-turn towards Boon Keng Road. However, as there was another vehicle travelling very slowly in front of me, which I believe that he wanted to turn into the carpark, I then overtook his vehicle on his right and proceeded to make a right-turn. However, in the midst of making the right-turn, I suddenly felt an impact from the front-right of my vehicle. I then immediately stopped and stepped out of my vehicle and realized that I had a head-on collision with a motorcyclist. His vehicle number is, FBM6064J

Subsequently, a Police car drove past and assisted us and as well as called for the ambulance. After the ambulance came, the rider initially refused to be conveyed however, was still conveyed to the hospital after being persuaded by his friends. I am lodging this report for insurance claim purposes as I had agreed with the rider.





Report No. T/20180509/2127

Police Station Of Origin: Geylang N.P.C. 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

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: G / Sgl 2 SIM SENG ZHI, JORDAN	Signature Of Informant
Signature Of Interpreter Not applicable	Date/Time: 09/05/2019 15:56
Officer in Charge Of Case TP / GiT / Staff Sgt NORAMEERA BINTE MOHAMED HUSSEN	Classification Of Case:
Contact No.: 65476236 Authentication Stamp NP168	

Identification Card





