

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	07/08/2019 15:30
Date Of Accident	01/08/2019 18:05
Exact Location Of Accident	T JUNC OF OLD TAMPINES RD & JLN MARIAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5592M
Insured/Policyholder	
Name Of Registered Owner	ONG SAI HOOI
NRIC No	S7482183I
Email Address	GOSH2LO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92962382
Alternative Phone No	OFFICE-92962382

Vehicle Particulars

Manufacturer	KYMCO
Model	XCITING 400I ABS
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	5086702851-02
Cover Note Number	

Driver

Name of Driver	ONG SAI HOOI
NRIC No	S7482183I
Date Of Birth	08/07/1974
Occupation	INDOOR
Date Of Driving Pass	28/11/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92962382
Fax Number	
Contact Number	OFFICE-92962382
EEmail Address	GOSH2LO@YAHOO.COM.SG

Address	APT BLK 331 ANG MO KIO AVENUE 1 #07-1847
Postcode	560331
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	COLLISION - MAJOR/MINOR RD
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20190802/7042

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	SJJ2020H
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 SAI HOOI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL5592M
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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 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. The 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 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:

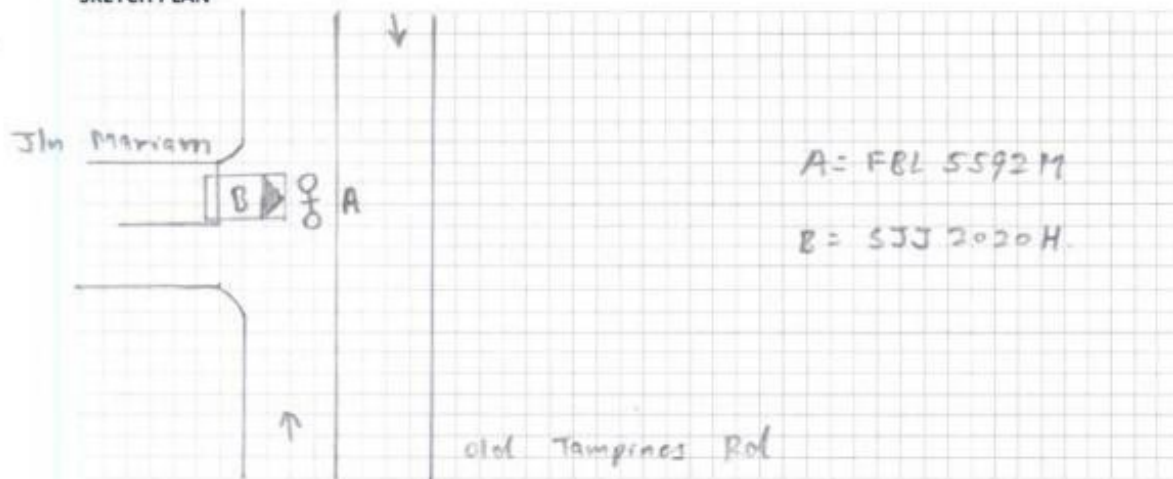
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report
E / 20190802 / 7042

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:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7482183I



Name
ONG SAI HOOI
王使輝
Race
CHINESE
Date of birth
08-07-1974
Sex
M
Country of birth
MALAYSIA

4809573

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7482183I

Name
ONG SAI HOOI

Birth Date 08 Jul 1974
Issue Date 24 Apr 2003

1000416954E

4809573

NRIC No. S7482183I



Date of issue
17-06-2010

APT BLK 331 ANG MO KIO AVENUE 1 #07-1847
SINGAPORE 560331

NRIC No. S7482183I Date: 19/10/2011 No: 6986117

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2B	Motorcycles <= 200 CC	20 Jan 2009
Class 2A	Motorcycles between 201 CC and 400 CC	28 Nov 2016
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2000 kg	24 Apr 2003

S7482183I S / No. 9000237396

17-06-2010

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20190802/7042

1 of 2

POLICE REPORT (NP299)

Report No. F/20190802/7042

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 02/08/2019 21:00	Vide Report No.	Station Diary No.
Name Of Informant ONG SAI HOOI	Address APT BLK 331 ANG MO KIO AVENUE 1 #07-1847 SINGAPORE 560331	
ID Type / ID No. NRIC NO / S7482183I	Contact No. Home/Office: Mobile: 92962382	
Nationality SINGAPORE CITIZEN	Email Address gosh2lo@yahoo.com.sg	
Occupation Prison officer	Sex Male	Age 45
Institution/School Name	Date of Birth 08/07/1974	Race Chinese
Date/Time Of Incident 01/08/2019 18:05 - 01/08/2019 18:10	Location Of Incident APT BLK 331 ANG MO KIO AVENUE 1 #07-1847 SINGAPORE 560331	

Brief details.

Road accident along Old Tampines Road t-junction Jalan Mariam. Car (driver Mr Yew SJJ2020H) hit motorcycle (me, FBL5592M) while turning out. Witness: Ms Dion 97399606 and Mr Awi 91440417.

Report No.: G/20190801/0184

Date & Time: 1/8/2019 about 6.10pm

Accident Location: along Old Tampines Road t-junction Jalan Mariam.

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: 02/08/2019 21:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20190802/7042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190802/7042

Vehicles involved: SJJ2020H and FBL5592M

IO in-charge: Mr Zickie at 65476356

Subjects Involved			
Victim			
Person Name	ONG SAI HOOI		
ID Type	NRIC NO	ID No	S7482183I
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	Prison officer	Address Type	
Address	APT BLK 331 ANG MO KIO AVENUE 1 #07-1847 SINGAPORE 560331		Mobile No 92962382
Is Informant A Victim?	Yes		
Person Name	ONG SAI HOOI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

02/08/2019 21:00

Classification Of Case:

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



Accident Photo



Accident Photo

