

## 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	17/10/2019 09:06
Date Of Accident	13/10/2019 13:55
Exact Location Of Accident	ALONG BKE TWDS PIE AFTER DAIRY FARM EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2580Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG JUN WEI KELVIN
NRIC No	S9445464F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83399930
Alternative Phone No	OFFICE-83399930

### Vehicle Particulars

Manufacturer	HONDA
Model	CB1000R
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	5111390503
Cover Note Number	

### Driver

Name of Driver	ONG JUN WEI KELVIN
NRIC No	S9445464F
Date Of Birth	10/12/1994
Occupation	INDOOR
Date Of Driving Pass	29/03/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83399930
Fax Number	
Contact Number	OFFICE-83399930
Email Address	NOEMAIL

Address	BLK 489C CCK AVE 5 #03-223
Postcode	683489
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 - CHANGE/CROSS LANE
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	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

REFER TO POLICE REPORT T/20191016/2104

#### 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	SKH6730P
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 JUN WEI KELVIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBF2580Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Common Statement


### 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.

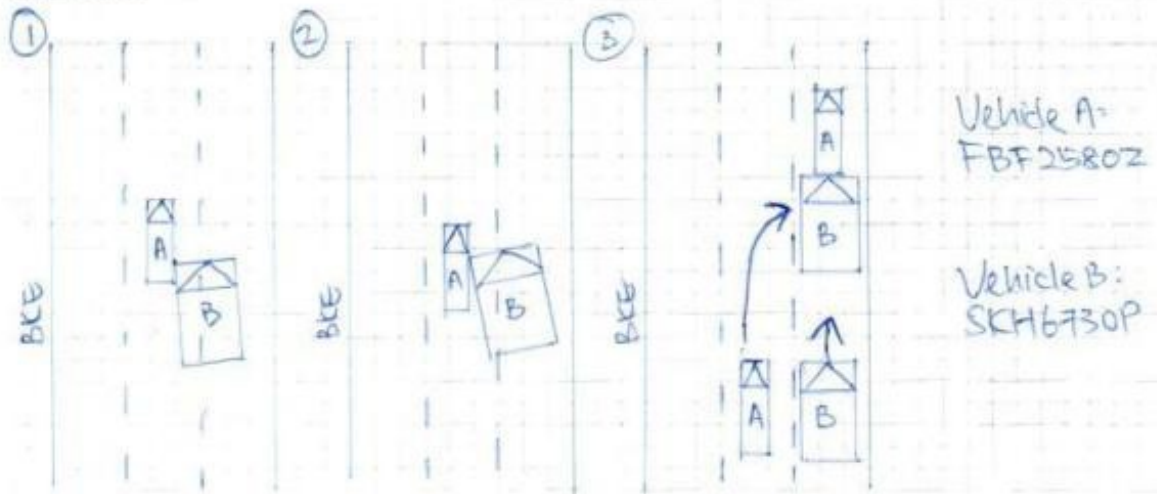
  
Policyholder's Signature  
Date & Time:

  
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

Refer to police report

Report No: T/20191016/2104

## 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.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191016/2104

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

1 of 3

Report No. T/20191016/2104

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2019 14:14	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

### Informant's Particulars

Name of Informant: ONG JUN WEI, KELVIN	Address: APT BLK 489C CHOA CHU KANG AVENUE 5 #03-223 SUNSHINE GARDENS SINGAPORE 683489		
ID Type / ID No.: NRIC NO / S9445464F	Contact No.: Home/Office: Mobile: 83399930		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 24	Date of Birth: 10/12/1994	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: SERVICE	Driving Licence Information: Class: 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: 13/10/2019 13:55	Type of Location:
Location: Along Road 1 PAN-ISLAND EXPRESSWAY  BKE TOWARDS PIE BEFORE LAMPPOST MARK 90				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2580Z	Motorcycle	HONDA	CB1000R	White		0
SKH6730P	Car	MERCEDES BENZ	E200D SE	Black		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF2580Z	NTUC Income Insurance Co-Operative Limited	5111390503	24/07/2019	23/07/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191016/2104

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

2 of 3

Report No. T/20191016/2104

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG JUN WEI, KELVIN	ID No.	S9445464F
Related Vehicle	FBF2580Z (Motorcycle)	Contact No.	83399930
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/10/2019	Date Discharge	15/10/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

ON THE STATED DATE, TIME AND LOCATION

I WAS TRAVELLING ON THE THIRD LANE SIGNALLING TOWARDS THE SECOND LANE RIDING AT ABOUT 70 TO 80KM/H.

THERE WAS THIS CAR OF PLATE NUMBER SKH6730P TRAVELLING ON THE FIRST LANE AND I HAVE NOT OFF MY SIGNAL SO THE CAR DRIVER THOUGHT THAT I WAS RIDING TOWARDS HIS LANE. THE DRIVER HIT ME FROM THE RIGHT SIDE TWICE. I TRIED TO GET THE DRIVER TO STOP HIS VEHICLE. I RIDE TOWARDS HIS FRONT SIGNALLING HIM TO STOP AND HE HIT ME FROM THE REAR ONCE, I LOSE BALANCE AND MY FEET LANDED AND DRAGGING ONTO THE GROUND.

I WAVE IN FRONT OF HIM SIGNALLING HIM TO STOP AGAIN BUT HE DOES NOT SEEM TO BE STOPPING. IT WAS AFTER I JAM BRAKE MY BIKE THEN HE FINALLY STOP HIS CAR. I TOLD HIM THAT I WAS GOING TO CALL FOR THE POLICE AS I DO NOT KNOW IF IT WAS INTENTIONALLY. THE DRIVER TOLD ME THAT " HE GOT MONEY TO PAY IN AN ARROGANT WAY" . I DID NOT COMMUNICATE MUCH WITH THE DRIVER AS TRAFFIC POLICE OFFICER WAS AT THE SCENE. BEFORE I WAS CONVEYED TO HOSPITAL. TRAFFIC POLICE OFFICER ASK ME A FEW QUESTION.

I WAS LATER CONVEYED TO NG TENG FONG HOSPITAL WITH MC GIVEN 13 OCT TO 3RD NOV 2019. THAT ALL.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191016/2104

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

3 of 3

Report No. T/20191016/2104

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 /  
EUGENE AW WEI XUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/10/2019 14:14

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: *Eugene*



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

