

## 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	13/01/2020 09:47
Date Of Accident	03/01/2020 19:30
Exact Location Of Accident	JUNCTION OF CORPORATION ROAD/YUNG KUANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2828E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NICHOLAS ONG YU JIE
NRIC No	SXXXX480B
Email Address	NICHOLASS.OYJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92393295
Alternative Phone No	OTHERS-92393295

### Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)-155CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106148971-01
Cover Note Number	

### Driver

Name of Driver	NICHOLAS ONG YU JIE
NRIC No	SXXXX480B
Date Of Birth	29/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2003
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92393295
Fax Number	
Contact Number	OTHERS-92393295
Email Address	NICHOLASS.OYJ@GMAIL.COM

Address	BLK 864 JURONG WEST STREET 81 #09-531
Postcode	640864
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 - HEAD ON COLLISION
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	NANYANG N.P.C
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200104/2059

#### 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	GZ4975R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN LAM CHAY
NRIC/Passport Number	SXXXX028H
Contact Number	90608771
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NICHOLAS ONG YU JIE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG2828E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### 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.

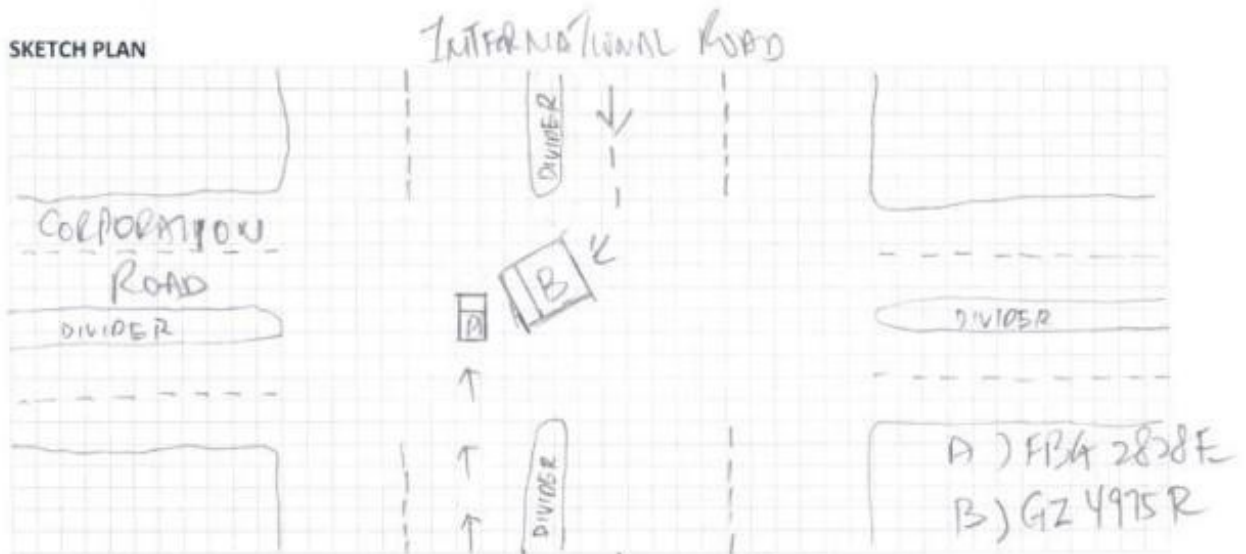
  
Policyholder's Signature  
Date & Time: 10/01/20  
12:50 pm

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

YUNG KUANG ROAD

REFER TO POLICE REPORT 7/20200104/2059

## DECLARATION

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

Policyholder's Signature

Date & Time: 10/01/2020  
12:30pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: 13/01/2020, [Signature]  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200104/2059

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 4

Report No. T/20200104/2059

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2020 13:27	Vide Report No.:	Station Diary No.: 49
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### Informant's Particulars

Name of Informant: NICHOLAS ONG YU JIE	Address: APT BLK 864 JURONG WEST STREET 81 #09-531 SINGAPORE 640864
ID Type / ID No.: NRIC NO / S8326480B	Contact No.: Home/Office: Mobile: 92393295
Nationality: SINGAPORE CITIZEN	Email: nicholass.oyj@gmail.com
Sex: Male Age: 36 Date of Birth: 29/08/1983	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: BOARDING OFFICER	Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/01/2020 19:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CORPORATION ROAD YUNG KUANG ROAD Junction of Corporation Road and Yung Kuang Road				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG2828E	Motorcycle	YAMAHA	AEROX GDR155 CVT	Yellow	Seriously Damaged	0
GZ4975R	Lorry	MITSUBISHI	Fuso		Slightly Damaged	4

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200104/2059

2 of 4

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20200104/2059

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG2828E	NTUC Income Insurance Co-Operative Limited	5106148971-01	06/12/2019	05/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NICHOLAS ONG YU JIE		ID No.	S8326480B
Related Vehicle	FBG2828E (Motorcycle)		Contact No.	92393295
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/01/2020		Date Discharge	04/01/2020
No. of Days granted Medical Leave		04	Degree of Injury	NIL
Driver				
Name	Chan lam chay		ID No.	S0553028H
Related Vehicle	GZ4975R (Lorry)		Contact No.	90608771
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

### Brief Details.

On 03/01/2020 at around 1930hrs, I was riding my motorcycle FBG2828E along Yung Kuang Road towards International Road. The traffic light was green hence I drove on to the junction of Yung Kuang Road and Corporation Road when suddenly a lorry bearing the registration number GZ4975R collided with me.

I sustained abrasion wound on my right leg below the knee, swelling on the right biceps and ankle. My motorcycle sustained a dented front chasis with broken head lamp. I have yet to make a detailed check on my motorcycle. The lorry sustained a dent on the right front bumper with broken right head lights. Traffic police and ambulance was at scene and I was conveyed to Ng Teng Fong Hospital for treatment. I was admitted on the 03/01/2020 and discharged on the 04/01/2020 but I was not warded. I was given 04 days of MC for my injuries.

There were no government property or vehicle involved in the incident. There was no camera on my motorcycle.

## POLICE REPORT



**SINGAPORE  
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T/20200104/2059

3 of 4

Report No. T/20200104/2059

CONTINUATION OF REPORT



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200104/2059

4 of 4

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No: T/20200104/2059

## 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:

J /  
SHAO QIAN KANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
04/01/2020 13:27

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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