





## 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	12/08/2020 09:48
Date Of Accident	08/08/2020 18:35
Exact Location Of Accident	ALONG ORCHARD ROAD BEFORE HANDY ROAD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9153R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AONN RANSCENDT WONG
NRIC No	SXXXX734A
Email Address	RONNIEONG22@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83146889
Alternative Phone No	OTHERS-83146889
<b>Vehicle Particulars</b>	
Manufacturer	KAWASAKI
Model	KLX125-125CC
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5114383466
Cover Note Number	
<b>Driver</b>	
Name of Driver	AONN RANSCENDT WONG
NRIC No	SXXXX734A
Date Of Birth	15/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83146889
Fax Number	
Contact Number	OTHERS-83146889
Email Address	RONNIEONG22@GMAIL.COM

Address	BLK 981C BUANGKOK CRESCENT #14-13
Postcode	533981
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 - OPENING DOOR OF VEHICLE
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?	NO
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	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO. - FAX NO.
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200809/2004

#### 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	SMQ1367S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD JUFERI BIN AHMAD
NRIC/Passport Number	SXXXX096H
Contact Number	81119565
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

3

**DETAILS OF INJURED PERSON 1**

Name

AONN RANSCENDT WONG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM9153R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

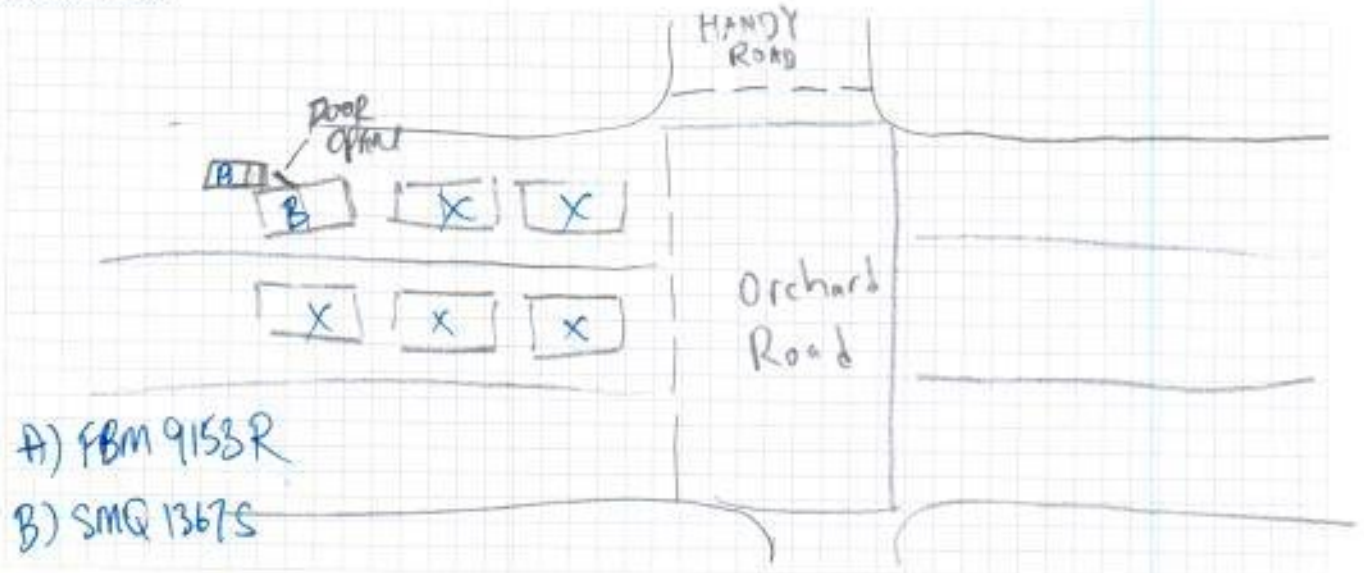
  
110820 18:00

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.:

# SKETCH PLAN



A) FBM 9153R

B) SMQ 1367S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PURSE KEPT IN POCKET REPORT T/20200809/2004.

## DECLARATION

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

110820 18:00

Policyholder's Signature  
Date & Time:

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

12/08/2020  
KASLI  
Name:  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 08/08/2020 (DD/MM/YYYY) TIME: 18:35 (HH:MM)

LOCATION: Orchard road Junction turning into handy road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 9153 R  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5114383466  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: KAWASAKI KLR 125 D-Tracker  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: delivery  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: ANN RANSCENDT WONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8816739A CONTACT: 8346889  
 c) ADDRESS: BVANGKOK CRESCENT BIK 981C #14-13 S(533981)

\* CONTINUE TO 3. & IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS Above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 15/05/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) TYPE OF DRIVING PASS: D1 OCT 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: HOUGLNG NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMQ13678 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: MOHAMMAD JUFERI BIN AHMAD  
 c) NRIC/FIN/PASSPORT: S1672096H CONTACT: 81114565

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

email = ~~0202~~ ronnieong22@gmail.com  
 VIDEO



# SINGAPORE POLICE FORCE



T/20200809/2004

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20200809/2004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2020 01:36	Vide Report No.:	Station Diary No.: 16
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### Informant's Particulars

Name of Informant: AONN RANSCENDT WONG	Address: APT BLK 981C BUANGKOK CRESCENT #14-13 SINGAPORE 533981		
ID Type / ID No.: NRIC NO / S8816734A	Contact No.: Home/Office: Mobile: 83146889		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 32	Date of Birth: 15/05/1988	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: FOOD DELIVERY	Driving Licence Information: Class: 2B		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2020 18:35	Type of Location: Straight Road
Location: Along Road 1 ORCHARD ROAD  along orchard road before junction of handy road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9153R	Motorcycle	KAWASAKI	KLX125D	Black	Slightly Damaged	0
SMQ1367S	Car				Slightly Damaged	2

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9153R	NTUC Income Insurance Co-Operative Limited	5114383466	25/11/2019	24/11/2020





# SINGAPORE POLICE FORCE



T/20200809/2004

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 3

Report No. T/20200809/2004

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AONN RANSCENDT WONG	ID No.	S8816734A
Related Vehicle	FBM9153R (Motorcycle)	Contact No.	83146889
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	09/08/2020	Date Discharge	09/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMMAD JUFERI BIN AHMAD	ID No.	S1672096H
Related Vehicle	SMQ1367S (Car)	Contact No.	81119565
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 08/08/2020 at about 1835hrs, I was riding my motorcycle bearing registration number FBM9153R along Orchard road on the extreme left lane. The road was congested with traffic at that point of time. When I was riding, suddenly there was a car bearing registration number SMQ1367S with the left passenger rear door opened. The car was stationary and I could not react in time and resulted in colliding with the door causing the door to close. The impact causes me to lose balance and I fell down.

The passengers in the car came down and helped to pick up my things that was scattered on the floor. I then proceeded to meet the driver at a lesser congested road to exchange particulars.

I wish to inform that I do not have any camera that may capture the accident. I felt pain at my hand and shoulder area and went to see the doctor. I was given 3 days of MC vide MC number 0000459561. I then came to lodge a traffic accident report.



SINGAPORE  
POLICE FORCE



T/20200809/2004

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20200809/2004

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:

F /

Sgt 3 MUHAMMAD IZZUWAN BIN SYED

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/08/2020 01:36

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168





	Claim Number	Accident Reporting Claim Task			
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 8 (BUKIT MERAH) on 12 Aug 2020 11:30	Photos	Normal		Photos 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 12 Aug 2020 11:30	Photos	Normal		Photos 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 6 (BUKIT MERAH) on 12 Aug 2020 11:30	Photos	Normal		Photos 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 12 Aug 2020 11:30	Photos	Normal		Photos 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 12 Aug 2020 11:30	Photos	Normal		Photos 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 6 (BUKIT MERAH) on 12 Aug 2020 11:30	Photos	Normal		Photos 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 12 Aug 2020 11:30	Photos	Normal		Photos 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 8 (BUKIT MERAH) on 12 Aug 2020 11:30	Photos	Normal		Photos 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 9 (BUKIT MERAH) on 12 Aug 2020 11:30	Photos	Normal		Photos 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 12 Aug 2020 11:30	Photos	Normal		Photos 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 9 (BUKIT MERAH) on 12 Aug 2020 11:30	SAR/D Driving License	9	Normal	NAC/D Driving License 2020-8-12
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 12 Aug 2020 11:30	SAR	Normal		SAR 2020-8-12

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1948-1949

Fidel Pizarro

Source

1

### Chapters on New Activities

Bian and Johnson



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/08/2020 09:45"/>
Vehicle No. (For Motor)	<input type="text" value="FBM9153R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114383466		ADNN RANSCENDT WDNG	58816734A	GMC	Third Party	FBM9153R	FBM9153R	25/11/2019	24/11/2020