

## 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	23/09/2020 15:45
Date Of Accident	19/09/2020 20:20
Exact Location Of Accident	60 HAVELOCK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR5566H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHEOW SENG (WANG ZHAOXIN)
NRIC No	SXXXX093G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88214024
Alternative Phone No	OFFICE-88214024

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5118562696
Cover Note Number	

### Driver

Name of Driver	ONG CHEOW SENG (WANG ZHAOXIN)
NRIC No	SXXXX093G
Date Of Birth	15/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	30/04/1993
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88214024
Fax Number	
Contact Number	OFFICE-88214024
EEmail Address	NOEMAIL

Address	BLK 93 HENDERSON ROAD #05-250
Postcode	150093
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	SIDE SWIPE
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 128 KIM TIAN ROAD #01-123/ 125 , <b>POSTCODE:</b> 160128 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2739999 - <b>FAX NO:</b> 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200920/2052

#### 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	SJF218P
Vehicle Make/Model/Colour	BMW X4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEE KAH LEK
NRIC/Passport Number	SXXXX634D
Contact Number	96301480
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name ONG CHEOW SENG (WANG ZHAOXIN)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBR5566H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

### **B. 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:

23/09

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

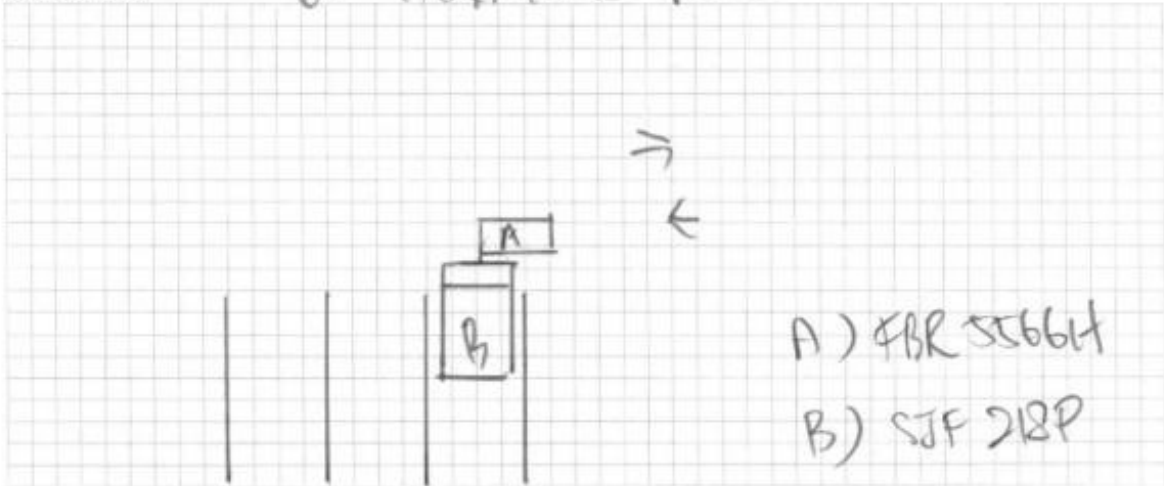
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

60 HAYFLOCC ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFR TO POLICE REPORT 7/2020/920/2012

DECLARATION

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

Policyholder's Signature

Date & Time:

23/09

QA/HR/AC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/09/2020

Redi [Signature]

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200920/2052

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

1 of 3  
Report No. T/20200920/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/09/2020 15:47	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars:			
Name of Informant: ONG CHEOW SENG		Address: APT BLK 93 HENDERSON ROAD #05-250 SINGAPORE 150093	
ID Type / ID No.: NRIC NO / S7524093G		Contact No.: Home/Office: Mobile: 88214024	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 15/08/1975	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DELIVERY		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/09/2020 20:00	Type of Location: Drop off point
Location:  HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBR5586H	Motorcycle	YAMAHA	AEROX GDR155R CVT	White	Slightly Damaged	0
SJF218P	Car	BMW	X4 XDRIVE20i NAV	Black	Slightly Damaged	0

Details of Vehicle Insurance:				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200920/2052

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Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No. T/20200920/2052

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
FBR5566H	NTUC Income Insurance Co-Operative Limited	5118562696	11/08/2020	10/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	ONG CHEOW SENG		ID No.	S7524093G
Related Vehicle	FBR5566H (Motorcycle)		Contact No.	88214024
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/09/2020		Date Discharge	19/09/2020
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	CHEE KAH LEK		ID No.	S2606634D
Related Vehicle	SJF218P (Car)		Contact No.	96301480
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 19/09/2020 around 2000hrs, I was going to deliver the order to my customer which staying at the above mentioned location, when I riding my Yamaha motorcycle bearing FBR5566H suddenly got one Black BMW bearing SJF218P drive out from his parking lot and collided with my front part of my motorcycle. I went to SGH to visit the doctor as my chest and shoulder was in pain, therefore had received 5 days Medical Certificate.

I came to lodge a police report for insurance claim.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200920/2052

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

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Report No. T/20200920/2052

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: A / Sgt 2 TAN HONG RUI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2020 15:47
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 85476204	Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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