

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	23/10/2020 15:34
Date Of Accident	21/10/2020 21:20
Exact Location Of Accident	ALONG NANSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9153R
Insured/Policyholder	
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

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5114383466
Cover Note Number	

Driver

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	5 YEARS AND 0 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 - HEAD TO REAR
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20101023/2052

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	GBH272R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MAH CHEE SENG
NRIC/Passport Number	SXXXX697J
Contact Number	93802272
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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	

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: 23 Oct 2015
1535

Driver's Signature

(If driver is not the policyholder)

Date & Time:

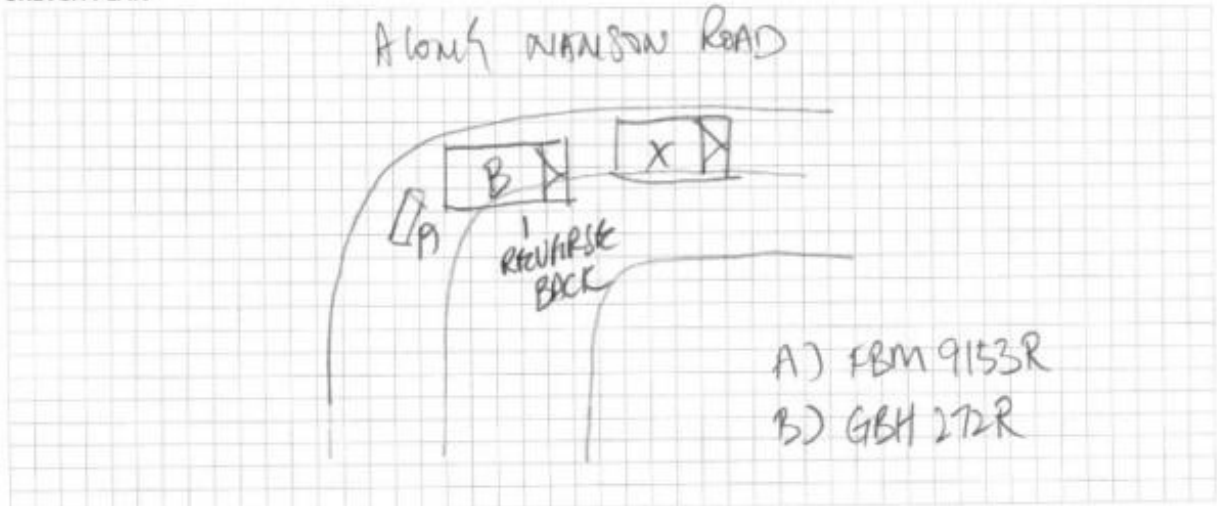

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20201023/2052

DECLARATION

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

Policyholder's Signature
Date & Time: 23 OCT 2015
1535

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

Reporting Centre Personnel's Signature
Name: 23/10/2020
NRIC/FIN No.: 2811 107103

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201023/2052

1 of 3

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

Report No. T/20201023/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2020 14:50		Vide Report No.:		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: AONN RANSCEMDT 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: DELIVERYMAN			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: 21/10/2020 21:20	Type of Location:
Location: NANSON DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9153R	Motorcycle	KAWASAKI	KLX125	Black	Seriously Damaged	0
GBH272R	Lorry	NISSAN	CABSTAR	Red		0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201023/2052

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

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Report No. T/20201023/2052

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	23/10/2020	Date Discharge	23/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MAN CHEE HENG	ID No.	S6938697J
Related Vehicle	NIL	Contact No.	93802272
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 21/10/2020 at about 2123hrs, I was riding my motorbike (FBM9153R) along Nanson Road. While negotiating a right bend in front of Studio M Hotel, there was a lorry (GBH272R) travelling ahead of me which had stopped due to a stationary vehicle ahead of it. As such I then stopped my motorbike behind him. Suddenly, the said lorry then reversed and collided onto the front portion of my motorbike, causing me to fall down. The driver then came out of the vehicle to make a check.

We then exchanged particulars and my motorbike was later towed away from the scene. Due to the accident, I later felt some pain on my right shin, left knee, left thigh, and left toe. I have since sought medical treatment and was subsequently given 3 days of MC. I am lodging this report as required. My motorbike is not equipped with any CCTV.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201023/2052

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

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Report No. T/20201023/2052

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:
F /
Staff Sgt MUHAMMAD KHAIRUL AZRIZ BIN A
GHAFAR

Signature Of Informant:

[Handwritten signature]

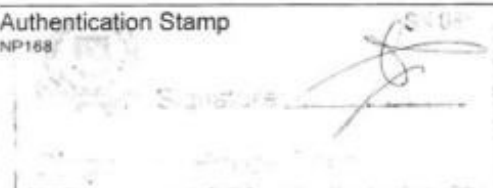
Signature Of Interpreter:
Not applicable

Date/Time:
23/10/2020 14:50

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

Classification Of Case:

Authentication Stamp
NP168



CENTRAL 24HR CLINIC (HOUGANG)
BLOCK 681 HOUGANG AVE 8
#01-831 SINGAPORE 530681

SINGAPORE
Medical Certificate

Date : 23 Oct 2020

MC No. : 0000463534

This is to certify that :

Name : WONG AONN RANSCENDT

NRIC : S8816734A

is Unfit for Duty for 3 days

from 23/10/2020 to 25/10/2020 inclusive.



DR ONG THENG SUNG

For Health News and Updates : <http://news.centralclinic.com.sg>

24-Hour Clinics

HOUGANG	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 5387 0955
BEDOK	Blk 219 Bedok Central #01-124 Singapore 460219	Tel: 6247 5122
PASIR RIS	Blk 445 Pasir Ris Drive 8 #01-142 Singapore 510445	Tel: 6332 2640
TAMPINES	Blk 201D Tampines Street 21 #01-1151 Singapore 524301	Tel: 6968 7001
CLEMENTI	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
YISHUN	Blk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6750 3985
JURONG WEST	Blk 482 Jurong West Street 41 #01-04 Singapore 640482	Tel: 6665 7484
PIONEER NORTH	Blk 959 Jurong West Street 92 #01-180 Singapore 640959	Tel: 6251 2776
WOODLANDS	Blk 760 Woodlands Ave 5 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 4895
MARSILING	Blk 303 Woodlands Street 31 #01-185 Singapore 730303	Tel: 6395 2908

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

