

# 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 Submission .....	08/03/2021 10:37 (SGT)
Date of Accident .....	06/03/2021 13:05 (SGT)
Exact Location of Accident .....	Near 460 Alexandra Rd, Singapore 119963
Additional Location Information .....	TURNING FROM PASIR PANJANG ROAD TO ALEXANDRA ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBK103E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ONG HAN CHONG FABIAN
NRIC No .....	S8038629Z
Email Address .....	fabian_ong03@hotmail.com
Mobile Phone No .....	(Phone) +65-97541450
Alternative Phone No .....	(Home) +65-65233018

### VEHICLE PARTICULARS

Manufacturer .....	Citroen
Model .....	C4 picasso
Variant .....	-
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? .....	Yes
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	AIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2100468219-04
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ONG HAN CHONG FABIAN
NRIC No .....	S8038629Z
Date Of Birth .....	03/12/1980

Occupation .....	Indoor
Date Of Driving Pass .....	31/01/2000
Driving experience .....	21 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97541450
Alt. Phone Number .....	(Home) +65-65233018
Email Address .....	fabian_ong03@hotmail.com
Address .....	206 Depot Road
Address complement .....	#10-53
Postcode .....	109697
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Motorcyclist
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ONG YI KAI ETHAN
Gender .....	Male

#### PASSENGER 2

Name .....	ONG XIN EN FREYA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I was travelling back home from Pasir Panjang Recreation Centre, Berries World, after picking my 2 younger children from tuition. I was turning from Pasir Panjang Road towards Alexandra Road, in front of ARC (Alexandra Retail Centre) to get home. Coming to the slip lane, I watch the front vehicle first as we near the stop line and noticed he have moved off. I turned my head to the right to watch for incoming vehicle and did not see that vehicle B stopped again in front of me. I braked but the car A has knocked into vehicle B and his bike fell together with him to the ground.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBQ930C
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Motorcycle
Name of Driver .....	BAY WEISHENG
NRIC No .....	S8604364E
Contact Number .....	(Phone) +65-91719731
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	FWD
Nature Of Damage .....	MOTORCYCLE FELL TO THE GROUND
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	BAY WEISHENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	scratches on his right leg against the road. went to a clinic with injured for dressing on his leg. No MC given by doctor at Havelock Family Clinic.
Injured person in which vehicle? .....	FBQ930C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No











































