

ASS. REC. BY:

Steve

REF:

CS/ASM21004879/VC

E

ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

QP / TP / WS / TP RES / QD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured: SH 6335C

Policy No:

Claims No: S1M036QK

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

StA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FBR4508M

Yr Regn:

S/10/19

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Yamaha Aerox

c.c 155

Colour:

Black

A/C:

Insured / Std / NI / N

Sp Reading:

16215

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

MH3564640 KJ 057120

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: MII / S/Rim / STD A/Rim or

Tyre Size:

F:

110/80-14

R:

140/70-14

BS / SUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

29/3/21

D.O.A.

19/4/21

Survey held at

Motorplex

Des. of Damages: (Frt) Rear / (O/S) / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-9K

repair range - 4K-5K
5 repair days

22/4/21 Submit PRS, repair range \$4,000-\$5,000

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

Date/Time, File Return to?

22/4/21-Typist

Pop. Form: SMART CLAIM

Lump Sum / L.E.B. /

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

SN07214F000N / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 15/04/2021 16:35 (SGT)
SUBMITTED BY: Kek Chong Chiang Eugene
VERSION: 1 (15/04/2021 16:35 (SGT))

Your NCD will be affected due to late reporting

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 15/04/2021 16:35 (SGT)
Date of Accident 29/03/2021 10:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Hougang Street 51
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ4508M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG ZHI QUAN FRANK
NRIC No S8852496I
Email Address sebastianluis.ong@gmail.com
Mobile Phone No (Phone) +65-84689968
Alternative Phone No +65-84689968

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
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? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5118959911
Cover Note Number -

DRIVER

Name of Driver ONG CHIN KEONG SEBASTIAN
NRIC No S8849639F

| | |
|--|-------------------------------|
| Date Of Birth | 09/12/1988 |
| Occupation | Indoor |
| Date Of Driving Pass | 19/06/2008 |
| Driving experience | 12 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83229414 |
| Alt. Phone Number | - |
| Email Address | sebastianluis.ong@gmail.com |
| Address | APT BLK 451 HOUGANG AVENUE 10 |
| Address complement | #03-553 |
| Postcode | S530451 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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 | Collision - Head on collision |
| 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? | Yes |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Please refer to sketch plan

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

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SH6335C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |

Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS:

INJURED 1

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

ONG CHIN KEONG SEBASTIAN
APT BLK 451 HOUGANG AVENUE 10
#03-553
S530451
-
-
FBQ4508M
No
Yes

WITNESS DETAILS:

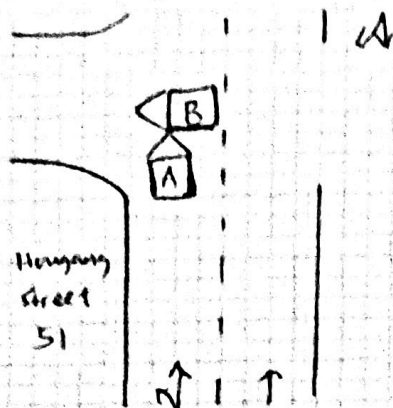
WITNESS 1

Name
Phone
Email

SUSY CHUAN
(Phone) +65-97593280
-

A black and white photograph of a closed, rectangular suitcase or case. The case is dark-colored with a lighter-colored handle or latch visible in the center. The image is oriented horizontally.

A. FRQ4508M
B. SH 6335C



Refer to Police report : T/20210408/7010

DECLARATION

Ref. to police report T/20210408/TOLU

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

Policyholder's Signature _____
Date & Time _____

(If driver is not the policyholder)

Date & Time: 15/09/2021
1600 hr

Name Everett Kerk

NRIC/FIN 140 591283



**SINGAPORE
POLICE FORCE**



T/20210408/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20210408/7010

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 08/04/2021 13:39 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ONG CHIN KEONG, SEBASTIAN | | | Address: APT BLK 451 HOUGANG AVENUE 10 #03-553 SINGAPORE 530451 | | |
| ID Type / ID No.: NRIC NO / S8849639F | | | Contact No.: Home/Office: Mobile: 83229414 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: Sebastianluis.ong@gmail.com | | |
| Sex: Male | Age: 32 | Date of Birth: 09/12/1988 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: self-employed | | | 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: 29/03/2021 10:50 | Type of Location: Straight Road |
| Location: HOUGANG STREET 51 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 50 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction | | | | Anyone conveyed by ambulance: Yes |

| | | | | | | |
|------------------------------------|------------|---------|-------|-------|----------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBQ4508M | Motorcycle | | | | | 0 |
| SH6335C | Car | HYUNDAI | | Blue | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20210408/7010

2 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210408/7010

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|---|
| Rider Name | ONG CHIN KEONG, SEBASTIAN | ID No. | S8849639F |
| Related Vehicle | FBQ4508M (Motorcycle) | Contact No. | 83229414 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date | 29/03/2021 | Date | 31/03/2021 |
| No. of Days granted Medical Leave | 30 | Degree of | Serious |

Brief Details.

I, Ong Chin Keong Sebastian (S8849639F) was riding my motorcycle (FBQ4508M) and had just moved off from being stationary at the Buangkok Green traffic junction, to turn right into Hougang Street 51, when the traffic light showed the green arrow for me to move. I just entered Hougang Street 51, and kept to the left lane. My speed was approximately 30 to 40 km/h and I was going straight towards Hougang Street 52. There was no traffic then.

As I was approaching the carpark entrance of Blk 565, the Comfort Taxi (SH6335C) which was on the opposite side of the road, suddenly turned right into the carpark, crossing my way. I did not expect the taxi to suddenly turn in front of me at such a near distance. As the taxi was already less than 2 meters in front of me, I immediately jammed my brakes, but was unfortunately unable to stop due to the insufficient distance and time.

I remembered my motorcycle slammed onto the front left side of his taxi, while I flew over and smashed onto his windscreen and continued to roll over the front roof of his taxi to the other side, before his vehicle came to a complete stop.

As I was falling off the other side of his taxi, my crotch landed on his right side mirror, before I finally hit the ground, and landed on my right shoulder.

There was no traffic at that time, and there were a number of bystanders that may have witnessed the accident, one of which approached to help me, and also called the ambulance. She extended her name card to me and told me that she would be my witness for the accident. Her name is Ms Susy Chuan (HP:9759 3280).

I was brought to take a seat at a small hut shelter nearby and I remember feeling giddy and was almost on the verge of passing out. I remembered feeling pain in my crotch, my right shoulder, and saw the right side of my body covered with blood.

Shortly after the paramedics and traffic police arrived and attended to me. I was put into an ambulance and rushed to SengKang Hospital.



**SINGAPORE
POLICE FORCE**



T/20210408/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210408/7010

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210408/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210408/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/04/2021 13:39

Classification Of Case:

Authentication Stamp
NP168