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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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

Yamaha

Vehicle Registration Number FBQ4508M

INSURED/POLICYHOLDER

Is company? 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

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 Nο 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 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? Nο If No. Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο 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? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SH6335C Vehicle Manufacturer

Taxi

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

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 ONG CHIN KEONG SEBASTIAN Address APT BLK 451 HOUGANG AVENUE 10 Address Complement #03-553 Post Code S530451 Approximate Age Years Old Injuries Sustained Injured person in which vehicle? FBQ4508M Were seat belts worn? No Was this injured conveyed to hospital by ambulance? Yes

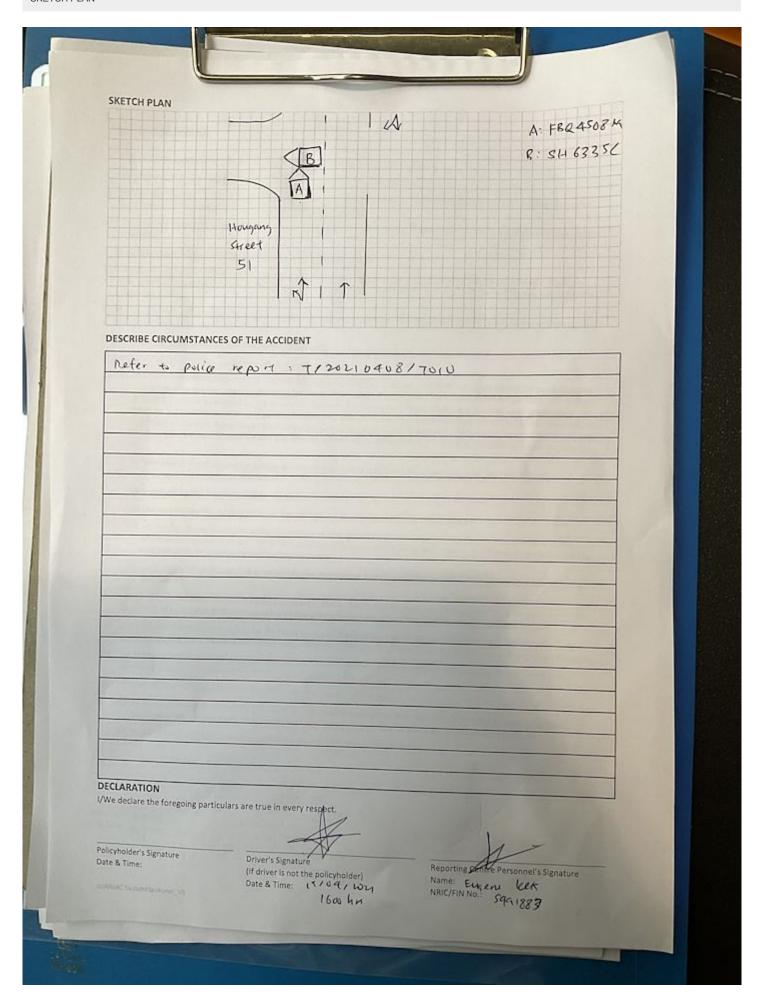
WITNESS DETAILS

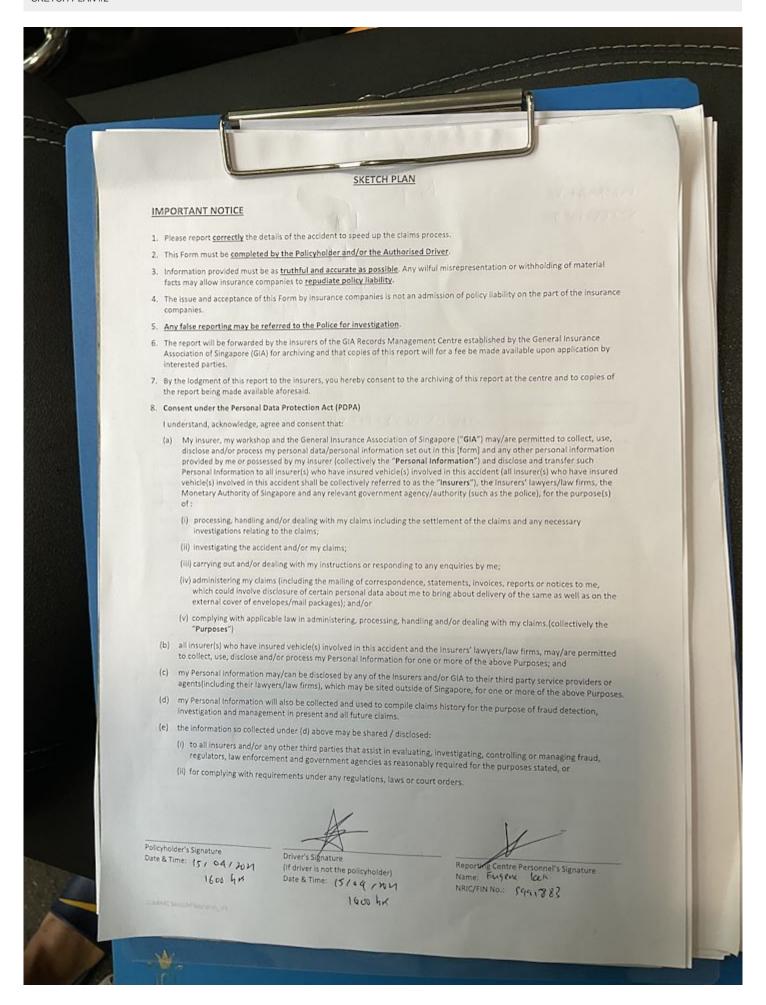
WITNESS 1

 Name
 SUSY CHUAN

 Phone
 (Phone) +65-97593280

 Email



















1 of 4 Report No. T/20210408/7010

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
08/04/2021 13:30		

	nt's Particu	ilars	Marian Control of the	and the state of t		
	Informant: IN KEONG	, SEBASTIAN	Address: APT BLK 451 HOUGAN 530451	G AVENUE 10 #03-553 SINGAPORE		
ID Type / NRIC NO	ID No.: 0 / S884963	39F	Contact No.: Home/Office: Mobile: 83229414			
Nationali SINGAP	ty: ORE CITIZ	EN	Email; Sebastianluis.ong@gmail.com			
Sex: Male	Age: 32	Date of Birth: 09/12/1988	n: Type of Informant:			
Race: Chinese		Language: English	Institution / School Name:			
Occupat self-emp			Driving Licence Informati Class: 2B,2A,2,3	ion: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2021 10:50	Type of Location: Straight Road
----------------------	------------------------------	-----------------------	---	------------------------------------

HOUGANG STREET 51

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	50 Km/h
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	No Traffic
Type of Collision:	- Side Swipe - Opposite Direction	Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Conditio	No of
	Motorcycle					0
SH6335C	Car	HYUNDAI		Blue		0

Details of Person Involved	The state of the s
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL.	Use of Pedestrian Crossing: NA



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



Report No. T/20210408/7010

CONTINUATION OF REPORT

Rider		- Lumana	S8849639F
Name	ONG CHIN KEONG, SEBASTIAN	ID No.	S8849639F
Related Vehicle	FBQ4508M (Motorcycle)	Contact No.	83229414





2 of 4 Report No. T/20210408/7010

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

CONTINUATION OF REPORT

Rider						
Name	ONG CHIN KEONG, SEBASTIAN			ID No).	S8849639F
Related Vehicle	FBQ4508M (Motorcycle)			Conta	act No.	83229414
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class Drivin Licen Expin	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date	29/03/2021		Date	-	31/03	/2021
No. of Days gran	ted Medical Leave	30	Degree o	1	Serio	us

I, Ong Chin Keong Sebastian (S8849639F) was riding my motorcycle (FBQ4508M) and had just moved off from 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 th 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.



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

Report No. T/20210408/7010

CONTINUATION OF REPORT

