

REF:

TOTAL

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	21/05/2021 17:17 (SGT)
Date of Accident	18/05/2021 15:00 (SGT)
Exact Location of Accident	Serangoon, Singapore
Additional Location Information	SERANGOON CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4149D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG LAY HOON FANNIE S
NRIC No	SXXXX678D
Email Address	fannong72@gmail.com
Mobile Phone No	(Phone) +65-97996771
Alternative Phone No	+65-0

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fino
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	114

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5116694846-01
Cover Note Number	5116694846-01

DRIVER

Name of Driver	ONG LAY HOON FANNIE S
NRIC No	SXXXX678D

Date Of Birth	14/09/1972
Occupation	Outdoor
Date Of Driving Pass	03/11/2016
Driving experience	4 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97996771
Alt. Phone Number	+65-0
Email Address	fannong72@gmail.com
Address	BLK 229 SERANGOON AVENUE 4 #03-31
Address complement	-
Postcode	550229
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	Collision - U-Turn
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

REFER TO SKETCH PLAN AND POLICE REPORT

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	SCU9818C
Vehicle Manufacturer	Subaru
Vehicle Model	Forester
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car

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 LAY HOON FANNIE S
Address	BLK 229 SERANGOON AVENUE 4 #03-31
Address Complement	-
Post Code	550229
Approximate Age Years Old	-
Injuries Sustained	SEVERE INJURIES
Injured person in which vehicle?	FBE4149D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. The 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.
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.



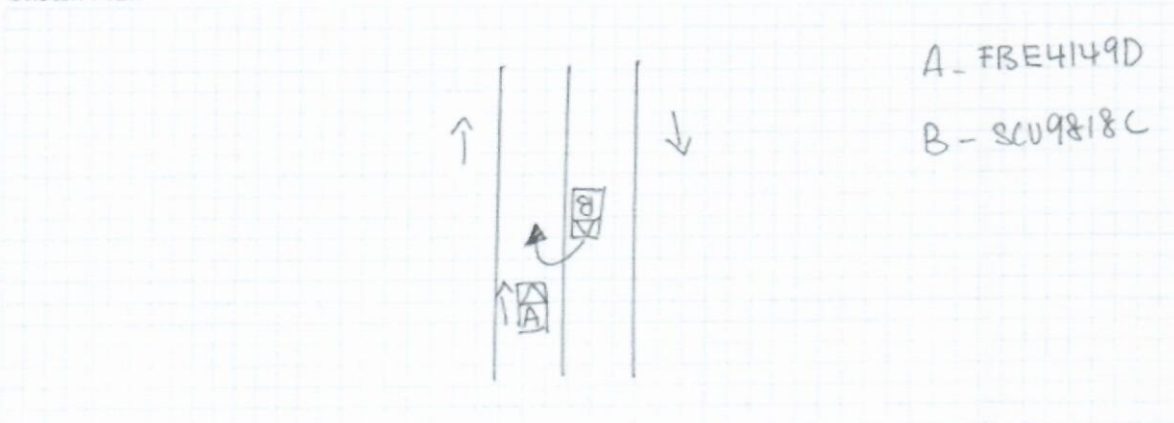
Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan



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

Report No. T/20210521/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2021 16:28	Vide Report No.: F/20210518/0113	Station Diary No.:
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Informant's Particulars

Name of Informant: FANNIE ONG LAY HOON			Address: APT BLK 229 SERANGOON AVENUE 4 #03-31 BOUNDARY VILLE SINGAPORE 550229		
ID Type / ID No.: NRIC NO / S7232678D			Contact No.: Home/Office: Mobile: 97996771		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 48	Date of Birth: 14/09/1972	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/05/2021 15:00	Type of Location: LOADING BAY
Location: SERANGOON CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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	Condition	No of Passenger
FBE4149D	Motorcycle	YAMAHA	FINO 115	Purple		0
SCU9818C	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210521/2043

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE4149D	NTUC Income Insurance Co-Operative Limited	5116694846-01	16/04/2021	15/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	FANNIE ONG LAY HOON		ID No.	S7232678D
Related Vehicle	FBE4149D (Motorcycle)		Contact No.	97996771
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	18/05/2021		Date Discharge	20/05/2021
No. of Days granted Medical Leave		17	Degree of Injury	Serious
Driver				
Name	HOON WEE LEE		ID No.	S0233129B
Related Vehicle	SCU9818C (Car)		Contact No.	NIL
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 THE STATED MENTIONED FOR DATE TIME AND LOCATION,

I WAS AT LOADING BAY OF NEX SHOPPING CENTRE, I PICKED UP MY CUSTOMER FOOD AND GETTING READY TO SEND TO THE CUSTOMER HOUSE. I WAS RIDING ON MY RIGHT WAY OF A TWO WAY TRAFFIC. SUDDENLY WHEN I WAS RIDING, A VEHICLE WAS APPEARED FROM THE OPPOSITE WAY MADE A U TURN WHICH IS OUT OF MY SIGHT. SO, I TRIED TO JAMMED BRAKE BUT COULDN'T STOP IN TIME. SO, I COLIDED WITH THE VEHICLE THAT WAS INFRONT OF ME. I FALL OFF FROM MY BIKE TO MY RIGHT SIDE AND I WAS SUFFER SEVERE INJURIES. PASSERBY CALLED THE POLICE AND AMBULANCE FOR ASSISTANCE. AMBULANCE CAME TO SCENE AND CONVEY ME TO HOSPITAL WHILE TRAFFIC POLICE ATTENDED FOR INVESTIGATION. MY SON WENT DOWN TO THE SCENE TO TALK WITH THE TRAFFIC POLICE OFFICER. HE ALSO WAS GIVEN A CASE CARD FOR IO PARTICULAR THAT TAKING THIS CASE. NO GOVERMENT PROPERTY WAS DAMAGED. THIS CASE IS UNDER IO JOFI.



SINGAPORE
POLICE FORCE



T/20210521/2043

4 of 4

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


Report No. T/20210521/2043

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:
TP / 
SC MUHAMMAD NASHIF BIN HADI PUTRA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Authentication Stamp
NP168

Signature Of Informant:



Date/Time:
21/05/2021 16:28

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 