

## 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 ..... 25/08/2021 15:31 (SGT)  
Date of Accident ..... 23/08/2021 19:45 (SGT)  
Exact Location of Accident ..... Paya Lebar Rd, Singapore  
Additional Location Information ..... PAYA LEBAR ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS8138K

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner .....  
NRIC No ..... SIMON ONG  
Email Address ..... S9790853B  
Mobile Phone No ..... SIMONATTICUSONG1@GMAIL.COM  
Alternative Phone No ..... (Phone) +65-83882410  
..... (Home) +65-83882410

#### 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 ..... Manual  
CC ..... 155

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5123292094  
Cover Note Number ..... -

#### DRIVER

Name of Driver .....	SIMON ONG
NRIC No .....	S9790853B
Date Of Birth .....	04/03/1997
Occupation .....	Outdoor
Date Of Driving Pass .....	03/02/2021
Driving experience .....	6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83882410
Alt. Phone Number .....	(Home) +65-83882410
Email Address .....	SIMONATTICUSONG1@GMAIL.COM
Address .....	BLK 728 WOODLANDS CIRCLE
Address complement .....	#07-59
Postcode .....	730728
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 - Head to Rear
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 vehicle 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 ATTACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC1715D
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
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 .....	SIMON ONG
Gender .....	Male
Phone No .....	(Phone) +65-83882410
Address .....	BLK 728 WOODLANDS CIRCLE
Address Complement .....	#07-59#07-59
Post Code .....	730728
Approximate Age Years Old .....	24
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	FBS8138K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

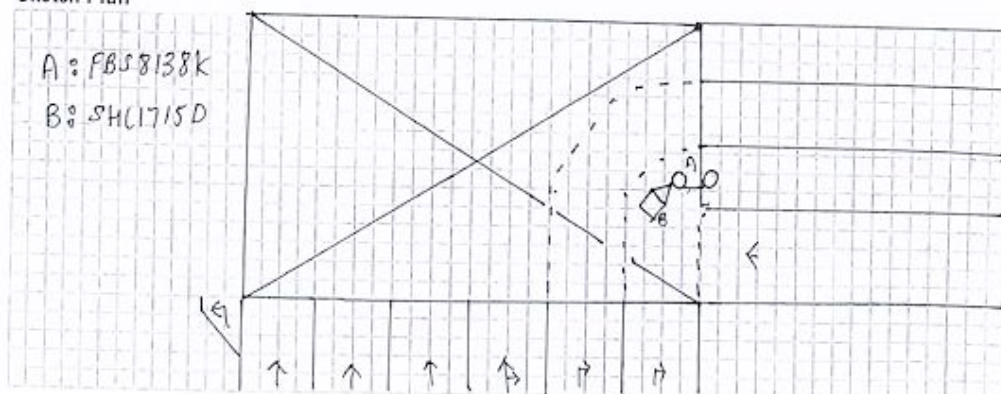
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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



Describe Circumstances of the Accident

REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel







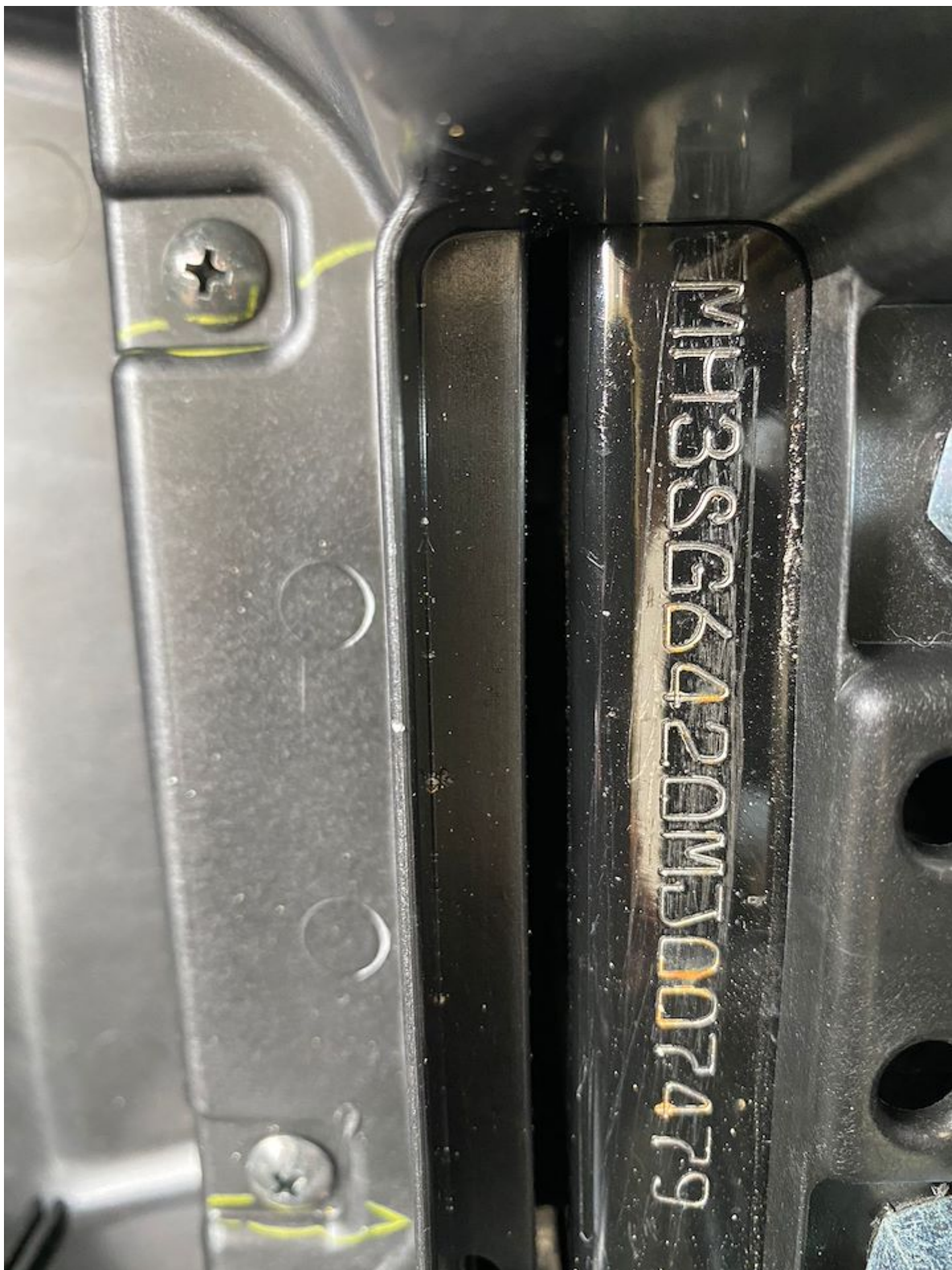


























**SINGAPORE  
POLICE FORCE**



T/20210823/7048

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

1 of 3

Report No. T/20210823/7048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/08/2021 22:00		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SIMON ONG			Address: 728 WOODLANDS CIRCLE #07-59 SINGAPORE 730728		
ID Type / ID No.: NRIC NO / S9790853B			Contact No.: Home/Office: Mobile: 83882410		
Nationality: SINGAPORE CITIZEN			Email: SIMONATTICUSONG1@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 04/03/1997	Type of Informant: Rider		
Race: Thai			Language: English		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2021 19:45	Type of Location: X-Junction
Location:  PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS8138K	Motorcycle	YAMAHA	AEROX 155 CONNECTE D ABS	Black	Slightly Damaged	0
SHC1715D	Car		HYUNDAI	Blue	Slightly Damaged	2





**SINGAPORE  
POLICE FORCE**



T/20210823/7048

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

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Report No. T/20210823/7048

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS8138K	NTUC Income Insurance Co-Operative Limited	5123292094	11/08/2021	10/08/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SIMON ONG		ID No. S9790853B
Related Vehicle	FBS8138K (Motorcycle)		Contact No. 83882410
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: 2B,3A Date of Expiry: NIL
Date	23/08/2021		Date 23/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING MOTOR PLATE FBS8138K WAS TRAVELLING STRAIGHT IN MY LANE TURNING RIGHT AFTER CITY PLAZA FROM GEYLANG RD TO PAYA LEBAR RD.

SUDDENLY, I FELT AN IMPACT FROM THE REAR PORTION OF MY BIKE. I PROPEL FORWARD AND TRY TO BALANCE MY BIKE THEN SLOWLY COME TO A STOP. AFTER I STOP, I TURN MY HEAD BACK AND REALISED VEHICLE B, BEARING TAXI PLATE SHC1715D HAD BANG ONTO THE REAR PORTION OF MY VEHICLE.

I SHIFTED MY BIKE TOGETHER WITH THE TAXI TO THE MOST LEFT SIDE OF THE LANE.

I TOOK PHOTOS OF THE ACCIDENT SCENE AND EXCHANGE PARTICULARS WITH HIM.

AFTER THE ACCIDENT, I SUFFERED DISCOMFORT AND PAIN ON MY NECK, SHOULDER, LOWER BACK AND BOTH OF MY LEG. SO I WENT TO MOUNT ALVERNIA HOSPITAL TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**



T/20210823/7048

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

3 of 3

Report No. T/20210823/7048

**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 / TPB /  
TAY CHUN KEEN  
Contact No.: 65476436

Authentication Stamp  
NP168

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

Date/Time:  
23/08/2021 22:00

Classification Of Case:



### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5123292094

**Cover** : Third Party, Fire & Theft

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : <b>FBS8138K</b>   |
| Chassis Number                                   | : MH3SG6420MJ007479 |
| 2. Name of Policyholder                          | : SIMON ONG         |
| 3. Effective Date of Insurance                   | : 11 Aug 2021       |
| 4. Expiry Date of Insurance                      | : 10 Aug 2022       |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  
 (b) Use for food/parcel/other delivery services.

This Policy does not cover

- (a) Use for hire or reward.  
 (b) Use for racing, pace-making, reliability trial or speed-testing.  
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
 (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: SIMON ONG
NAMED DRIVER (2)	: ONG TIONG CHOON, MERVIN
HIRE PURCHASE COMPANY	: YEW HENG CREDIT ENTERPRISE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue : 11 Aug 2021 13:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive