

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 2. This Form must be <u>completed by the Policybulder and/or the Authorised Driver</u>
  3. Information provided must be as truthful and accurate as possible. Any writing respiresentation or witholding of material facts may allow insurance companies to repudate policy liability
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy batelity 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 "W. Percents Management Centre established by the General Insurance Association of Singacore "SiA) for archoring and that copies of this report will, for a fee the 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 afforcead.

### ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

12/03/2022 14:27 (SGT) 09/03/2022 11:55 (SGT) Near 53 Irrawaddy Rd, Singapore 329552

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

FBS4272G

INSURED POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

ong kwee ching

S7938477A

lokc201279@gmail.com (Phone) +65-97946432

+65-97946432

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Honda

400x

Private use

No - Claiming third party

Motorcycle

Manual

400

INSURAINCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd Comprehensive

No

5121915003

5121915003

SRIVER

Name of Driver

NRIC No

ong kwee ching S7938477A

© Accident report SF0E223C0001

Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

LIRCUMSTANCES OF ACCIDENT

refer to poilice report

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes Yes

165

20/12/1979

15/06/2006

+65-97946432

S310195

Side Swipe

Clear

Dry

No

Yes

No

Yes

No

No

Toa Payoh Neighbourhood Police Centre

93 Toa Payoh Central Toa Payoh Community Building #01-02

(Phone) +65-18002519999

(Fax) +65-63548749

Singapore 319194

2

Yes

No

15 YEARS AND 9 MONTHS

(Phone) +65-97946432

lokc201279@gmail.com

blk 195 kim keat ave #07-336

Indoor

upond request No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant FBC8866B Yamaha Aerox

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ollyholder's Signature (If driver is not the policyholder) Name: Name: NRIC/FIN No.	Folkyholder's Signature	(If driver is not t	ne policyholder)	Name: S	1715-Con	
Date & Time	Date & Time	Date & Time		NRIC/FIR	13/3/3	2
12/03/2012	12/03/2012				· · · / ·	
(5) pm						

Vehicle Colour Vehicle Category Name of Driver

NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

White

Motorcycle

muhd helmy bin kamsani

S9048019G

(Phone) +65-96479883

-

- NTUC Income Insurance Co-operative Ltd

-

1

## **INJURED PERSONS DETAILS**

INJURED 1

Name of injured person

Gender Phone No 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 kwee ching

Male

(Phone) +65-97946432

blk 195 kim keat ave #07-336

-

S310195

42

refer to medical report

FBS4272G

-

No





Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

1 of 1 Feport No. 1/20220310/2095

	me Report 1 022 22 09	Made:	Vide Report No.: T/20220310/2006	Station Diary No.: 107
Informa	ent's Partic	ulars		
Name o	f Informant:		Address.	
ONG KI	WEE CHING	3	APT BLK 195 KIM KEA 310195	AT AVENUE #07-336 SINGAPORE
ID Type	/ ID No .:	es e como i distribuir i administrativo di specializza y mare successiva di servizioni	Contact No.:	The second secon
NRIC N	0 / 579384	77A	Home/Office:	Mobile: 97946432
National SINGAF	lity: PORE CITIZ	ZEN	Email:	MONEY MATERIAL DE L'AN CONTRACTOR DE L'ANNE DE L'ANNE DE L'ANNE MATERIAL DE L'ANNE DE
Sex:	Age:	Date of Birth:	Type of Informant:	this days a read-warding a training and the state of the
Male	42	20/12/1979	Rider	
Race: Chinese			Language:	Institution / School Name:
Occupat TECHNI		ORT OFFICER	Driving Licence Inform Class: 2B,2A	ation: Date of Expiry:

General Inform	mation of the Acc			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/03/2022 11:55	Type of Location Straight Road
Location:				
IRRAWADDY	ROAD			
Weather:	and the second s	Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way		Not Controlled		Light
Type of Collisi	ion:			Anyone conveyed by
Between Movi	ng Vehicles - Head	To Side		ambulance:
			<b>†</b>	No

Details of V	ehicle Involve	d				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8866B	Motorcycle					0
FBS4272G	Motorcycle	HONDA	CB400XA	Black	Slightly Damaged	0

Insurance Company	Insurance No	Effective	Expiry Date
NTUC Income Insurance Co-Operative	5121915003	23/04/2021	22/04/2022
	The state of the s	Insurance Company Insurance No NTUC Income Insurance Co-Operative 5121915003	The state of the s





2 of 3

Report No. T/20220310/2095

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No	1		See as NIA
No. of Pedestrian	s Injured: NIL	Use of Pec	lestrian Cross	ing: INA
Rider Name	MUHD HELMY BIN KAMSANI		ID No.	S9048019G
Related Vehicle	FBC8866B (Motorcycle)		Contact No.	96479883
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment No. of Days gran	NIL ted Medical Leave NIL	Date Disc Degree of	harge NIL	
Rider Name	ONG KWEE CHING		ID No.	S7938477A
Related Vehicle	FBS4272G (Motorcycle)		Contact No.	97946432
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	09/03/2022 nted Medical Leave 06	Date Disc	charge 10/0	3/2022

On 09/03/2022 at about 1158hrs, I was riding my motorcycle bearing registration no: FBS4272G, along Irrawaddy Road. While approaching No. 53 Irrawaddy Road, I was riding on the right lane of the 2 lane road, when another motorcycle bearing registration no: FBC8866B, who was on the left lane, turned right and collided into my motorcycle. Due to the accident, I felt some aching on my left shoulder and swelling on my left knee. My motorcycle also sustained damages on the left side mirror and left handguard. There is also some rattling noise coming from my motorcycle but I am unsure from which part it is coming from. I then went to TTSH to seek medical treatment and the doctor informed me that there is blood in my urine and I was given 6 days MC. The accident was also captured on my motorcycle camera.