

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 13/08/2021 18:45 (SGT)
Date of Accident 12/08/2021 20:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information Sembawang Rd & Canberra Link
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK179L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA WEN ZHAN
NRIC No S9911841E
Email Address calsonong@outlook.com
Mobile Phone No (Phone) +65-85880723
Alternative Phone No +65-85880723

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YZF-R15
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 150

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC01000725
Cover Note Number 23/01/21 - 22/01/22

DRIVER

Name of Driver ONG JIAN WEN, CALSON
NRIC No S9903596Z

Date Of Birth	02/02/1999
Occupation	Indoor
Date Of Driving Pass	11/11/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91836919
Alt. Phone Number	-
Email Address	calsonong@outlook.com
Address	BLK 620 ANG MO KIO AVE 9 #08-06
Address complement	-
Postcode	560620
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 - Cross Junction
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HUANG JINGYI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

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 1

Vehicle Registration Number	SCV5557B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JEREMY
Contact Number	(Phone) +65-92206501
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 JIAN WEN , CALSON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER SKETCH
Injured person in which vehicle?	FBK179L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HUANG JINGYI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER SKETCH
Injured person in which vehicle?	FBK179L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

1. VEHICLE NO.: FBK 179 L

2. INSURER CO: Sampo

3. ACCIDENT
DATE & TIME: 12/5/21 8pm

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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.
- (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.

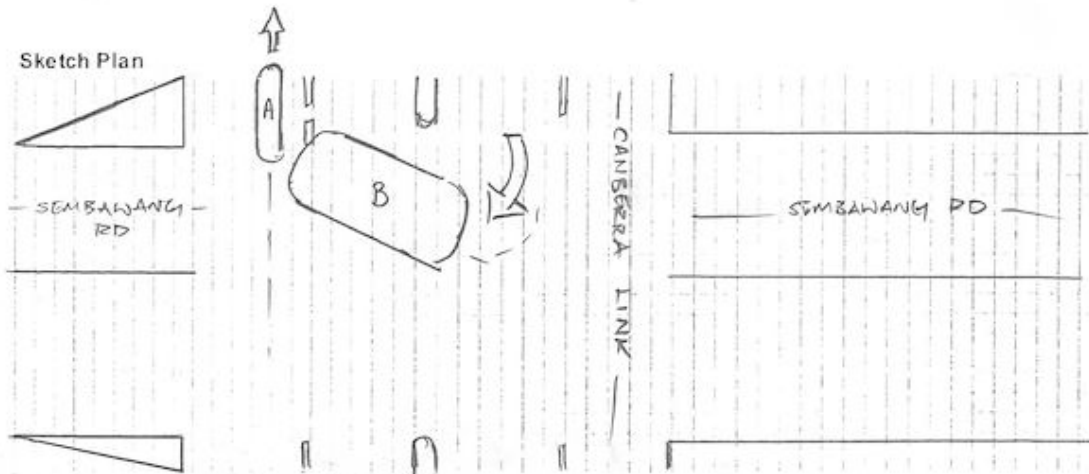
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE
TURN
OVER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 Aug 2021 at approximately 2000hrs, I was rear-ended by a black Honda Civic (3CV5557B) driven by Mr. Jeremy (92206501) from my 5 o'clock direction. Road condition was slippery after rain, and I was with a pillion (Huang Jingyi 836C). As I approached the junction at a speed of between 50-60 km/h, I saw the Honda Civic making an u-turn, but stopped and reversed as he overshot. I pressed the horn for 2 seconds as I approached, as the bike will not be able to brake in time at that distance considering the road conditions & the presence of a pillion. The Civic stopped reversing after the horn and as I proceeded forward, I horned a second time as a deterrent whilst passing him. Right as I was passing his car, he switched gear & moved forward, rear-ending me from my 5 o'clock. My pillion & I fell from the bike on the right side. The Civic was making a discretionary right u-turn and I was approaching the junction whilst the traffic was green. Pillion & Rider was injured but not conveyed to hospital. Both parties will seek medical treatment separately if necessary.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party (/) Reporting Only
() Claim OD/TP at other workshop ()

8/13/2021



Vitacare Family Clinic

@ Canberra Pte Ltd

361 Sembawang Crescent #01-06 Singapore 750361


Tel: 6366 6088 Fax: 6366 2988

Patient: ONG JEAN WEN, CALSON
IC: S9903596Z
ID: 13979

Date: 13 Aug 2021
MC: #30958

Medical Certificate

This is to certify that the patient is Unfit for work from 13 August 2021 to 15 August 2021 for 3 days.


Dr Kang Sue Lynn Rosabelle
M60218C

Note: This medical certificate is not valid for absence from court.

www.mc.gov.sg

MEDICAL CERTIFICATE

REG NO.: 201432854H
MC-8NBIOYB

NAME HUANG JINGYI	NRIC / FIN / PASSPORT S9976836C
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This is to certify that the above-named is unfit for duty for a period of 3 days from 13-Aug-2021 to 15-Aug-2021.

TYPE OF MEDICAL CERTIFICATE:

<input type="checkbox"/> Hospitalisation Leave	Admitted on: _____ Discharged on: _____
<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on: _____
<input type="checkbox"/> Maternity Leave	Operated on: _____
<input type="checkbox"/> Sterilisation Leave	Time In: _____ Time Out: _____
<input type="checkbox"/> Time Chit	

This certificate is not valid for absence from court attendance.

Fit for light duty from N.A. to N.A..

COMMENTS:

HOSPITAL/CLINIC Minimed Clinic (Yishun)	WARD NA DATE 13-Aug-2021	NAME/DESIGNATION/MCR NO LOCUM DOCTOR
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This medical certificate is electronically generated. No signature is required.

This medical certificate was retrieved from <https://www.mc.gov.sg/mc/xljds1o0dhsu9q0zt04w9cpa8x>

Find out more about the Digital MC initiative at mc.gov.sg

















**SINGAPORE
POLICE FORCE**



T/20210813/2097

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 4

Report No. T/20210813/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2021 21:15	Vide Report No.:	Station Diary No.: 95
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Informant's Particulars

Name of Informant: ONG JIAN WEN, CALSON			Address: APT BLK 620 ANG MO KIO AVENUE 9 #08-06 SINGAPORE 560620		
ID Type / ID No.: NRIC NO / S9903596Z			Contact No.: Home/Office: Mobile: 91836919		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 02/02/1999	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			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: 12/08/2021 20:00	Type of Location: X-Junction
Location: SEMBAWANG ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		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	Condition	No of Passenger
FBK179L	Motorcycle	YAMAHA	YZF-R15	Black	Slightly Damaged	1
SCV5557B	Car	HONDA	CIVIC	Black	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**



T/20210813/2097

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20210813/2097

CONTINUATION OF REPORT

Pillion			
Name	HUANG JINGYI	ID No.	S9976836C
Related Vehicle	FBK179L (Motorcycle)	Contact No.	97432757
Hospital/Clinic	MINMED CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2021	Date Discharge	13/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Rider			
Name	ONG JIAN WEN, CALSON	ID No.	S9903596Z
Related Vehicle	FBK179L (Motorcycle)	Contact No.	91836919
Hospital/Clinic	VITACARE FAMILY CLINIC (CANBERRA)	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	13/08/2021	Date Discharge	13/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	JEREMY WONG	ID No.	NIL
Related Vehicle	SCV5557B (Car)	Contact No.	92206501
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 12.08.2021 at about 2000hrs, my pillion and I was travelling along Canberra Link towards Sembawang. As we were crossing the traffic junction of Canberra Link and Sembawang Road, from the opposite direction, I noticed a car (SCV5557B) was making a U-turn but he was unable to complete it and stopped. I then slowed down and honked at the said vehicle to notify my presence. I then noticed that the said car was reversing and I honked at the said car to notify him that I was passing through. After I rode past the said car, the said car hit onto the rear right of my motorcycle which led my motorcycle to fall onto the right side and skidded.

The said car driver then alighted from his car and called for the police. The ambulance was also at the scene and assessed the injuries of my pillion and myself. However, at that time, our injuries were superficial. I suffered abrasions on my right knee whilst my pillion suffered abrasions on her right palm.



**SINGAPORE
POLICE FORCE**



T/20210813/2097

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
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Tel No: 1800-5549999

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Report No. T/20210813/2097

CONTINUATION OF REPORT

On 13.08.2021, both of us went to seek medical treatment at respective private clinics. The doctors informed that I suffered from muscle strain on my right shoulder and a swell/abrasion on my right knee. The doctors informed that my pillion suffered abrasion on the right palm and suspected fracture on the right wrist.



**SINGAPORE
POLICE FORCE**

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4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20210813/2097

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Report No. T/20210813/2097

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:

L /

Sr Staff Sgt SULAIMAN BIN MOHAMED
YUSOFF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/08/2021 21:15

Classification Of Case:



SN 095

Signature:

Singapore Police Force



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SC1G218D0007 Vehicle Registration No: FBK 179L
 Name (as shown in NRIC): Ong Jian Wen Calson NRIC/FIN/Passport No: S9903596 Z
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BK 620 Ang Mo Kio Ave 9 # 08-06 Singapore (560620)
 Contact (Tel): _____ Mobile No.: 9183 6919
 Email Address: calsonong@outlook.com
 Date of Accident: 12/08/2021 Time of Accident: 20:00
 Place of Accident: Sembawang Rd & Canberra Link
 Insurance Company: Sompo

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- 1) My pillion and I want to consult doctor and given 3 days MC each. As such, police report was done and wish to attach.
- 2) Convert from Reporting Only to Third Party Claim
- 3) To attach one scene photo.

 19/08/2021
 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: Wei Lin
 NRIC/FIN No.: _____
 Date: 19/8/21