

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 Actual 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	29/08/2022 13:23 (SGT)
Reported by	Both
Date of Accident	23/08/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL FIELD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR1207X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG AIK GUAN
NRIC No	S6933881Z
Email Address	JACKONGONGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-98735414
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV150
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	150

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5116479429-02

DRIVER

Name of Driver	ONG AIK GUAN
NRIC No	S6933881Z
Date Of Birth	27/09/1969
Occupation	Outdoor

Date Of Driving Pass	22/05/1989
Driving experience	33 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98735414
Alt. Phone Number	-
Email Address	JACKONGONGSG@GMAIL.COM
Address	BLK 195C PUNGGOLROAD #16-534
Address complement	-
Postcode	823195
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 - Cross Junction
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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFERRED TO POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU7658C
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	B
No. Of Passenger (Including Driver)	-




INJURED PERSONS DETAILS

INJURED 1

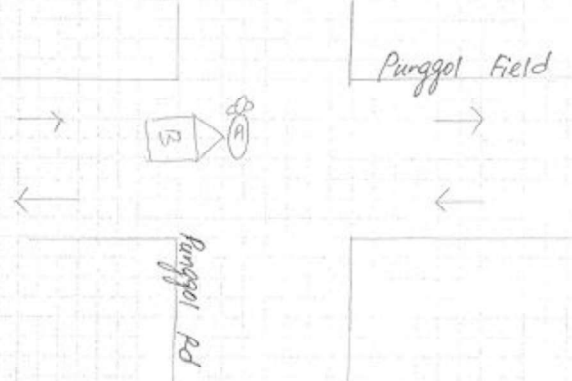
Name of injured person	ONG AIK GUAN
Gender	Male
Phone No	(Phone) +65-98735414
Address	BLK 195C PUNGGPL ROAD #16-534
Address Complement	-
Post Code	823195
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR1207X
Were seat belts worn?	No
Was this injured conveyed to hospital 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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 5. Any false reporting may be referred to the Police for investigation.
 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time 29/8/2022 Sketch Plan 10.23am	 Driver's Signature (# driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Punggol Field



(A) FBR 1207X

(B) SJU 7658C

Describe Circumstances of the Accident

Refer to police report

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature] x
 Policyholder's Signature / Date & Time
 29/8/02 10.24am

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

[Signature]

 Witnessed by Reporting Centre Personnel















SINGAPORE
POLICE FORCE



T/20220824/2022

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 3
Report No. T/20220824/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2022 10:02	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: ONG AIK GUAN	Address: APT BLK 195C PUNGGOL ROAD #16-534 SINGAPORE 823195		
ID Type / ID No.: NRIC NO / S6933881Z	Contact No.: Home/Office: Mobile: 98735414		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 52	Date of Birth: 27/09/1969	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: DELIVERY RIDER	Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/08/2022 18:30	Type of Location: Straight Road
Location: PUNGGOL FIELD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR1207X	Motorcycle	HONDA	ADV150 ABS CVT	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR1207X	NTUC Income Insurance Co-Operative Limited	5116479429-02	01/03/2022	28/02/2023



**SINGAPORE
POLICE FORCE**



T/20220824/2022

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20220824/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG AIK GUAN	ID No.	S6933881Z
Related Vehicle	FBR1207X (Motorcycle)	Contact No.	98735414
Hospital/Clinic	SENGKANG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	10	Degree of Injury	Slight

Brief Details.

On the 23/08/2022 at about 1830hrs, I was riding my motorbike (FBR1207X, Honda ADV150) at lane 2 along Punggol Road. It was green light for me to proceed at the Punggol Road and Punggol Field junction. Suddenly, an unknown car hit me from my left side and it cause me to fall on the ground. I was abit conscious however I could not move.

A moment later, ambulance came and conveyed me to Sengkang Hospital. I was given MC from 23/08/2022 to 01/09/2022. I suffered injury on my left shoulder.

I have no information of the driver and vehicle that caused the accident.



SINGAPORE
POLICE FORCE



T/20220824/2022

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20220824/2022

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:
F /
SGT 2 Muhammad Rozaini Bin
Rosli

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/08/2022 10:02

Officer In Charge Of Case:
TP / GIT /
STAFF SGT NUR ADELINA BINTE
MOHAMMAD FUAT
Contact No.: 65476066

Classification Of Case:

NP168



T/20220827/2078

1 of 2

Report No. T/20220827/2078

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20220824/2022

Report Number T/20220827/2078

Vide Report Number T/20220824/2022

Date/Time of Report Made 27/08/2022 16:08

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant ONG AIK GUAN

ID Type / ID No. NRIC NO / S6933881Z

Home/Office

Mobile 98735414

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 23/08/2022 18:30

Accident Location PUNGGOL ROAD

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU7658C	Car	HONDA	STREAM 1.8L A	Grey		0

Brief Facts.

I wish to add in the vehicle number SJU7658C which had hit me from behind for my insurance claim.



T/20220827/2078

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Report No. T/20220827/2078

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / NUR ADELINA BINTE MOHAMMAD FUAT
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

