

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 27/10/2022 12:33 (SGT)
Reported by Both
Date of Accident 20/10/2022 18:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BENOI SECTOR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL89H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG GIM YAM (WANG JINYAN)
NRIC No
Email Address
Mobile Phone No (Phone)
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Ktm
Model 200
Variant DUKE
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 200

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5068510622-07

DRIVER

Name of Driver ONG GIM YAM (WANG JINYAN)
NRIC No
Date Of Birth
Occupation Outdoor

Date Of Driving Pass	14/10/1992
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	[REDACTED]
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 - Major/Minor Rd
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	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 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	XD3235P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PAN QINGDONG
Work Permit No	G6691017U
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG GIM YAM (WANG JINYAN)
Gender	Male
Phone No	(Phone) [REDACTED]
Address	[REDACTED]
Address Complement	[REDACTED]
Post Code	[REDACTED]
Approximate Age Years Old	[REDACTED]
Injuries Sustained	LEFT KNEE, LEFT ARM AND BOTH LEGS ABRASION
Injured person in which vehicle?	FBL89H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

(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

27/10/2022

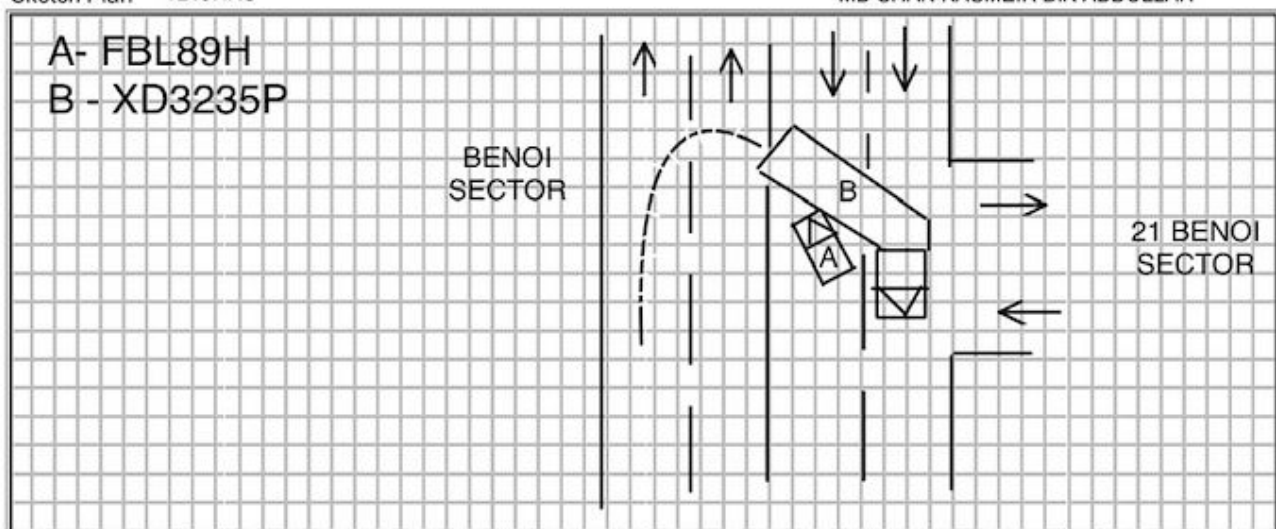
Sketch Plan 1215HRS

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

MD SHAN KASMEIR BIN ABDULLAH



Describe Circumstance of the Accident

Refer to Police Report

Declaration

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



Policyholder's Signature / Date & Time

27/10/2022
1215HRS

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

MD SHAN KASMEIR BIN ABDULLAH 2

















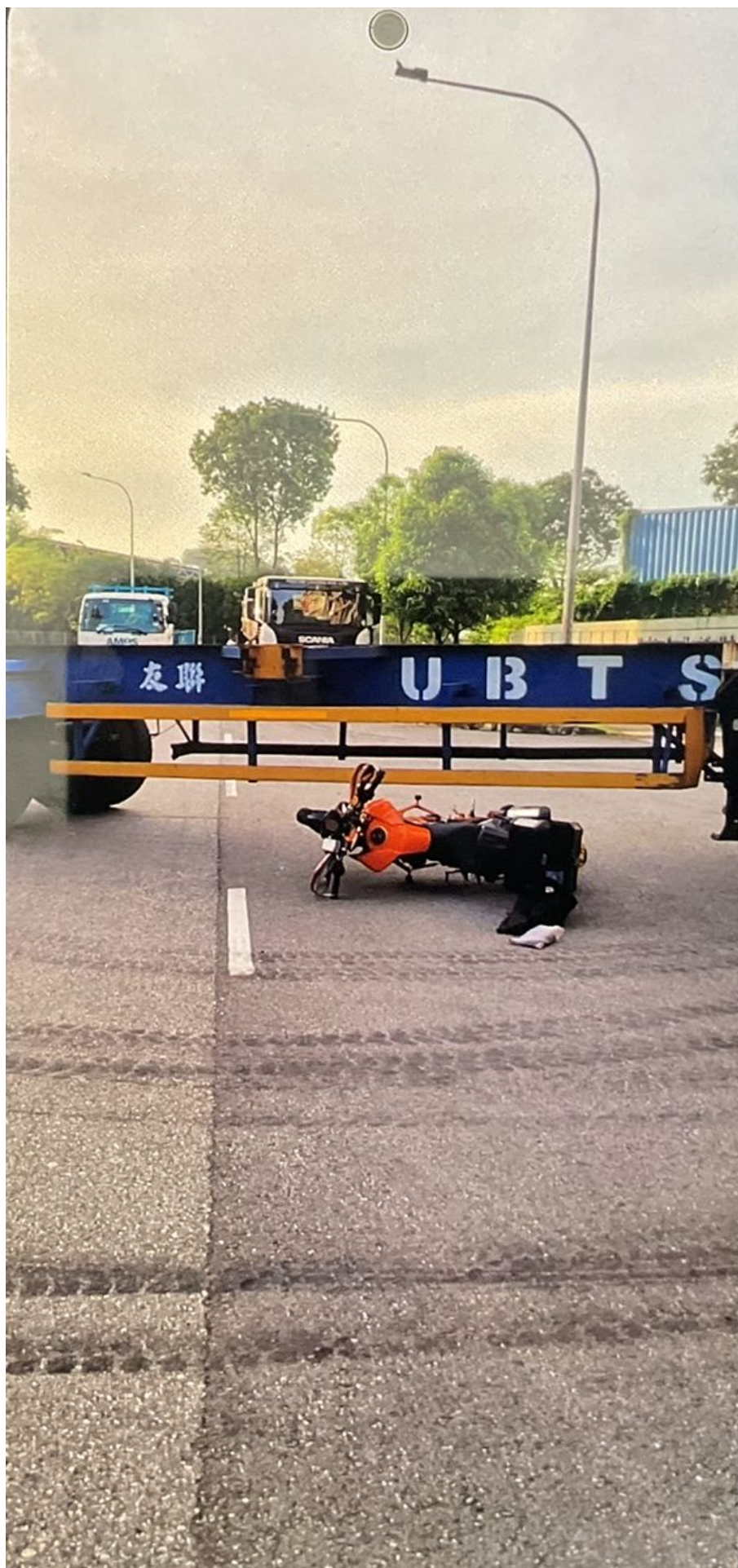

















**SINGAPORE
POLICE FORCE**


T/20221021/2056

1 of 3

Report No. T/20221021/2056

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2022 13:58	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG GIM YAM		Address: [REDACTED]	
ID Type / ID No.:	Contact No.:		
NRIC NO / [REDACTED]	Home/Office:	Mobile [REDACTED]	
Nationality: SINGAPORE CITIZEN	Email:		
Sex:	Age:	Date of Birth:	Type of Informant: Rider
Race: Chinese-English	Language: English		Institution / School Name:
Occupation: Other heavy truck and lorry drivers	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2022 06:05	Type of Location: Straight Road
Location: BENOI SECTOR				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 5 Km/h	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL89H	Motorcycle	KTM	200 DUKE	Orange	Slightly Damaged	1
XD3235P	Lorry			White	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL89H	NTUC Income Insurance Co-Operative Limited	5068510622-07	11/11/2021	10/11/2022



**SINGAPORE
POLICE FORCE**



T/20221021/2056

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

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Report No. T/20221021/2056

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG GIM YAM	ID No.	[REDACTED]
Related Vehicle	FBL89H (Motorcycle)	Contact No.	[REDACTED]
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/10/2022	Date Discharge	20/10/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	PAN QINGDONG	ID No.	[REDACTED]
Related Vehicle	NIL	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 20/10/22 AT AROUND ^{1800pm} 6:05AM I WAS EXITING FROM 21 BENOI SECTOR A TRAILOR WAS INFRONT OF ME AND THE TRAILOR SUDDENLY MAKE A ILLEGAL U TURN WITHOUT ANY SIGNAL I DID NOT HAD A CHANCE TO STOP AND REACH BECAUSE IT WAS TO SUDDEN AFTER THE INCIDENT HAPPEN THE TRAILOR DROVE ABIT TO THE FRONT AND HE CAME DOWN AND WE SWAB NRIC, AFTER THE INCIDENT I WENT TO NG TENG FONG HOSPITAL AND I GOT 7 DAYS OF MC.

**SINGAPORE
POLICE FORCE**

T/20221021/2056

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

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Report No. T/20221021/2056

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 MIKAIL BIN
ZALI

Signature Of Informant:

Signature Of Interpreter:
SC MUHAMMAD MIKAIL /
T0313429B

Date/Time:
21/10/2022 13:58

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168