

# 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 ..... 28/11/2022 19:02 (SGT)  
Reported by ..... Both  
Date of Accident ..... 26/11/2022 08:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF SEMBAWANG WAY AND WOODLANDS AVENUE  
10  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR90X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ONG JIAWEN  
NRIC No ..... S8204270I  
Email Address ..... alvinong82@gmail.com  
Mobile Phone No ..... (Phone) +65-98412568  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Harley Davidson  
Model ..... ROAD GLIDE SPECIAL  
Variant ..... NA  
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 ..... 1868

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SD22V08130

### DRIVER

Name of Driver ..... ONG JIAWEN  
NRIC No ..... S8204270I

Occupation .....	Indoor
Date Of Driving Pass .....	30/01/2007
Driving experience .....	15 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98412568
Alt. Phone Number .....	-
Email Address .....	alvinong82@gmail.com
Address .....	469A ADMIRALTY DRIVE
Address complement .....	#16-111
Postcode .....	751469
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I was making a right turn at junction of woodlands Avenue 10 and Sembawang way as I stopped to look for oncoming traffic third party vehicle which was behind me collided onto my vehicle rear. No injuries involved.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMT2599S
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	GLC300
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car

Name of Driver .....	ISZUWAN BIN RAWI
NRIC No .....	S7718626C
Contact Number .....	(Phone) +65-94772994
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1



**Describe Circumstances of the Accident**

I was making a right turn at junction of woodlands avenue 10 and Sembawang way as I stopped to look for oncoming traffic third party vehicle which was behind me collided onto my vehicle rear. No injuries involved.

**Declaration**

We declare the foregoing particulars are true in every respect.

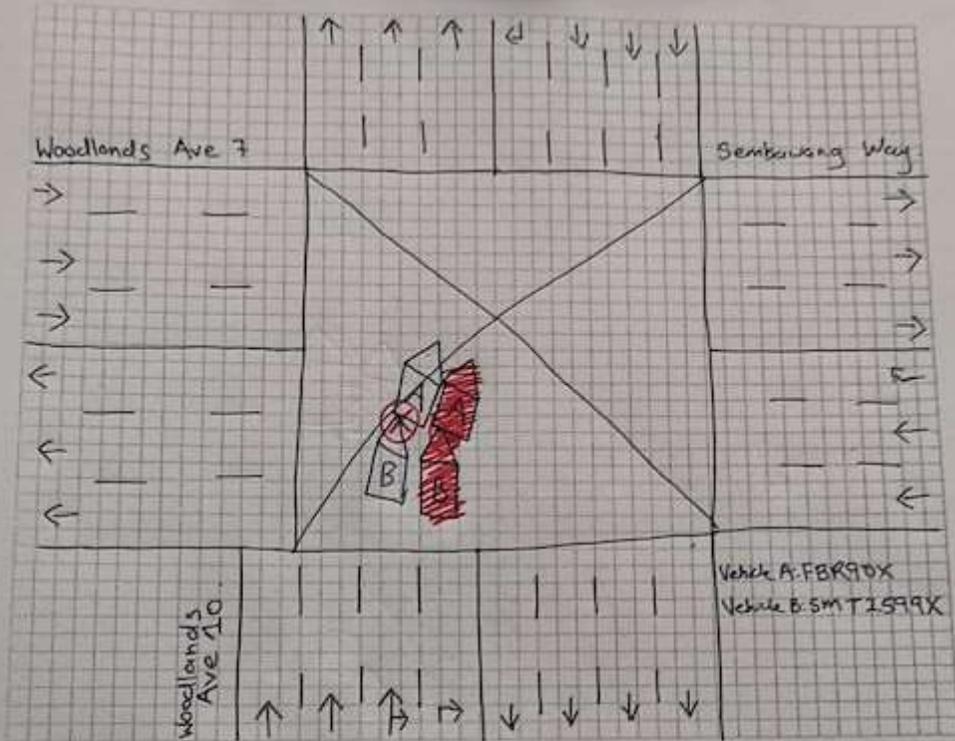
  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time 28 Nov 2022

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

Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

ACCIDENT DIAGRAM

Ver. 1/12/2022



  
Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Mohamed Saifulah S/O Syed Masood  
Witnessed by Reporting Centre Personnel



























**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: SA1D22BR0009 Vehicle Registration No: FBR90X

Name (as shown in NRIC): ONG JIAWEN NRIC/FIN/Passport No: SXXXX2701

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 98412568

Email Address: \_\_\_\_\_

Date of Accident: 26/11/2022 Time of Accident: 08:00

Place of Accident: JUNCTION OF SEMBAWANG WAY AND WOODLANDS AVENUE 10

Insurance Company: Liberty Insurance Pte Ltd

**(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. AMEND TO 3RD PARTY CLAIM.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: MEERA  
NRIC/FIN No.:  
Date: 30/11/2022