

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	31/03/2023 15:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/03/2023 16:45 (SGT)
Exact Location of Accident	Leedon Heights, Singapore
Additional Location Information	LEEDON HEIGHTS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN9708K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OON LING CHONG
NRIC No	S2593991C
Email Address	LINGCHONG@MEDIACORP.COM.SG
Mobile Phone No	(Phone) +65-91520608
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Sym
Model	Maxsym
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?	No - Reporting only
Vehicle Category	Motorcycle
Transmission	Auto
CC	399

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5115397768-03

DRIVER

Name of Driver	OON LING CHONG
NRIC No	S2593991C
Date Of Birth	24/09/1967
Occupation	Indoor

Date Of Driving Pass	04/05/2004
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91520608
Alt. Phone Number	-
Email Address	LINGCHONG@MEDIACORP.COM.SG
Address	39 MANDALAY ROAD #07-39
Address complement	-
Postcode	SINGAPORE 308216
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN.

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	SMJ3156H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG LAP KWAN MARY
Contact Number	(Phone) +65-94565733
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	OON LING CHONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5-DAYS MC
Injured person in which vehicle?	FBN9708K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.

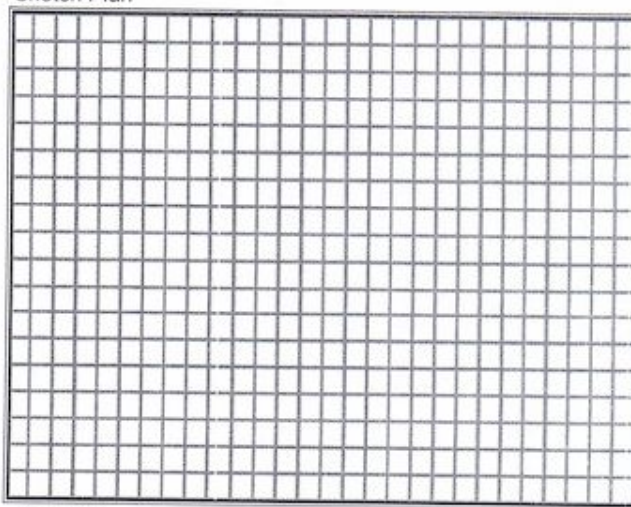
 31/3/2023
Policyholder's Signature / Date & Time

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


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



Sketch Plan

	<p>Leedon Heights / Farrer Road</p> <p>A - FBN 9708 K</p> <p>B - SMJ 3156 H</p>
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vJun2022

Describe Circumstance of the Accident

Refer to police report page 2.

Declaration

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



Policyholder's Signature / Date & Time

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



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





















SINGAPORE POLICE FORCE

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



T/20230330/2044

1 of 3

Report No. T/20230330/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2023 13:40	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars				
Name of Informant: OON LING CHONG			Address: 39 MANDALAY ROAD #07-39 SINGAPORE 308216	
ID Type / ID No.: NRIC NO / S2593991C			Contact No.: Home/Office:	Mobile: 91520608
Nationality: MALAYSIAN			Email: lingchong@mediacorp.com	
Sex: Male	Age: 55	Date of Birth: 24/09/1967	Type of Informant: Rider	
Race: Chinese			Language: English	
Occupation: MANAGER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2023 16:45	Type of Location: T-Junction
Location: LEEDON HEIGHTS				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Rear collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9708K	Motorcycle	SYM	MAXSYM 400I ABS	Grey	Slightly Damaged	0
SMJ3156H	Car	TOYOTA	PREVIA AERAS 2.4 CVT MR	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN9708K	NTUC Income Insurance Co-Operative Limited	5115397768-03	11/01/2023	10/01/2024



**SINGAPORE
POLICE FORCE**



T/20230330/2044

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

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Report No. T/20230330/2044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	OON LING CHONG	ID No.	S2593991C
Related Vehicle	FBN9708K (Motorcycle)	Contact No.	91520608
Hospital/Clinic	BRADDELL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	27/03/2023	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	NG LAP KWAN MARY	ID No.	S8169831G
Related Vehicle	SMJ3156H (Car)	Contact No.	94565733
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 27/03/2023 at around 1645hrs, my motorcycle (FBN9708K) was involved in a road traffic accident with one private car (SMJ3156H). My motorcycle was at the stop line at the junction of Leedon Heights and Farrer road waiting for the traffic to clear. While waiting, my exhaust pipe, which was on the right side portion of my motorcycle, was rear ended by this vehicle and caused my bike to topple. As a result, I fell off from my motorcycle causing injury to my left leg area.
I exchanged particulars with this driver and I left the scene afterward.

In the evening, I fell unwell and went to Braddell Medical clinic to see a doctor. I was given 5 days MC by the doctor.

**SINGAPORE
POLICE FORCE**

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



T/20230330/2044

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Report No. T/20230330/2044

Signature of Officer Recording The Report:
E /
SGT 2 LEE SIONG HUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:

Date/Time:
30/03/2023 13:40

Classification Of Case:



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: SL0P233V0002 Vehicle Registration No: FBN9708K
 Name (as shown in NRIC): 00n Ling Chong NRIC/FIN/Passport No: SXXX 991C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 39 Mandalay Rd #0739 Singapore 308216
 Contact (Tel): _____ Mobile No.: 91520608
 Email Address: _____
 Date of Accident: 27/3/23 Time of Accident: 16:45pm
 Place of Accident: Leedon Heights
 Insurance Company: Incore Insurance

(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:

The email Address should be
lingchong@mediacorp.com.sg
 instead of lingchong@mediacorp.com

LEE SHENG AUTO PTE LTD
 1, Kak/Bukit Ave 6 #01-60
 Singapore 417883
 Tel: 6747 7397
 Email: lsheng@singnet.com.sg

Policyholder / Actual Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card): Lee E Chen
 Date: 4/4/23