

# 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 .....	11/01/2023 12:58 (SGT)
Reported by .....	Both
Date of Accident .....	28/12/2022 13:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AMA KENG ROAD TOWARDS SUNGEI GEDONG CAMP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBL9959M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ONG PANG YUAN, ALLEN
NRIC No .....	S9413883C
Email Address .....	ALLENONG419@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81158348
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	CBF190X
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 .....	190

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5129085440

### DRIVER

Name of Driver .....	ONG PANG YUAN, ALLEN
NRIC No .....	S9413883C
Date Of Birth .....	19/04/1994
Occupation .....	Indoor

Date Of Driving Pass .....	18/07/2022
Driving experience .....	5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81158348
Alt. Phone Number .....	-
Email Address .....	ALLENONG419@GMAIL.COM
Address .....	BLK 737 # 03-59 JURONG WEST STREET 75
Address complement .....	-
Postcode .....	640737
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 .....	Side Swipe
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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
Contact Number .....	-
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 PANG YUAN, ALLEN
Gender .....	Male
Phone No .....	(Phone) +65-81158348
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	29
Injuries Sustained .....	ABRASION ON RIGHT ARM AND BOTH HANDS. FRACTURE ON RIGHT SMALL TOE AND HEEL.
Injured person in which vehicle? .....	FBL9959M
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

Describe Circumstance of the Accident

Refer to POLICE REPORT

Declaration

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



11/01/2023  
12:30

Policyholder's Signature / Date & Time

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



LIM KAI CHUAN

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

**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.



11/012023  
12:30

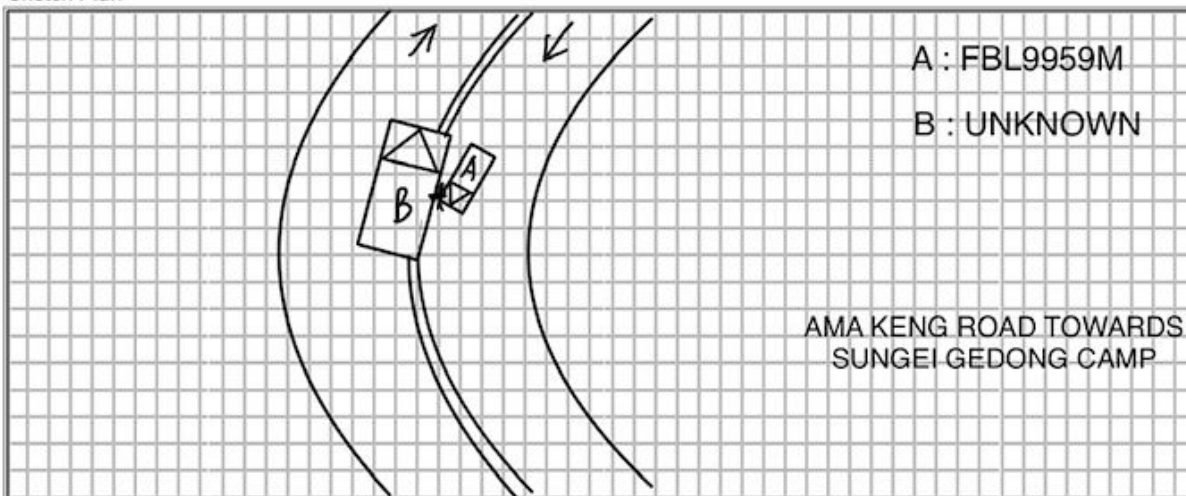
Policyholder's Signature / Date & Time

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



Lim Kai Chuan

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

**Sketch Plan**



















**SINGAPORE  
POLICE FORCE**



T/20221228/7061

1

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

1 of 4

Report No. T/20221228/7061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/12/2022 21:58	Vide Report No.: J/20221228/0098	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ONG PANG YUAN, ALLEN			Address: 737 JURONG WEST STREET 75 #03-59 SINGAPORE 640737		
ID Type / ID No.: NRIC NO / S9413883C			Contact No.: Home/Office: Mobile: 81158348		
Nationality: SINGAPORE CITIZEN			Email: ALLENONG419@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 19/04/1994	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 2B	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/12/2022 13:15	Type of Location: Bend
Location:  AMA KENG ROAD				
Weather: Clear		Road Surface: Sandy		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBL9959M	Motorcycle	HONDA	CBF190X MANUAL	White		0
	Bus/Coach/Mi nibus		SMRT BUS SERVICE NUMBER 975			0



**SINGAPORE  
POLICE FORCE**



T/20221228/7061

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

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Report No. T/20221228/7061

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9959M	NTUC Income Insurance Co-Operative Limited	5129085440	21/07/2022	20/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG PANG YUAN, ALLEN	ID No.	S9413883C
Related Vehicle	FBL9959M (Motorcycle)	Contact No.	81158348
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	28/12/2022	Date	28/12/2022
No. of Days granted Medical Leave	14	Degree of	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I was riding my motorcycle at Ama Keng Road to Sungei Gedong Camp. After coming out of a bend near Kangkar River, I saw a SMRT Bus Service Number 975 that travelled in an opposite direction at the other lane. The bus have slightly exceeded the center line that divide the lane and due to the distance was short, I could not avoid the bus totally and therefore our vehicles side graze with each other, causing me to lose balance of my motorcycle and skidded instead. The bus driver did not stop his vehicle and continue to drove off.

I have no videos or pictures of the accident.

There was no prominent landmark near it.

The accident did not take place at a pedestrian crossing.





**SINGAPORE  
POLICE FORCE**



T/20221228/7061

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

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Report No. T/20221228/7061

CONTINUATION OF REPORT

**SINGAPORE  
POLICE FORCE**

T/20221228/7061

4 of 4

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

Report No. T/20221228/7061

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SITI NORHAFIDAH BINTE HANAFI  
Contact No.: 65476202

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
28/12/2022 21:58

Classification Of Case: