

# 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 .....	31/05/2023 11:39 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	18/05/2023 11:40 (SGT)
Exact Location of Accident .....	Redhill Cl, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBP2592L
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GOLDENLINK AUTO PTE LTD
Company Reg No .....	1XXXXX343K
Email Address .....	jamesongcs@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-97964477
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	SNIPER 150
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
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 .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SI23V01934/VMC/R04

### DRIVER

Name of Driver .....	ONG CHONG SAN
NRIC No .....	SXXXX781F
Date Of Birth .....	05/03/1966
Occupation .....	Outdoor

Date Of Driving Pass .....	05/07/1984
Driving experience .....	38 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97964477
Alt. Phone Number .....	-
Email Address .....	jamesongcs@yahoo.com.sg
Address .....	BLK 65 TELOK BLANGAH DRIVE #02-146
Address complement .....	-
Postcode .....	100065
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - U-Turn
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 .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230519/2080

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNG8151S
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 .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ONG CHONG SAN
Gender .....	Male
Phone No .....	(Phone) +65-97964477
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBP2592L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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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' 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.

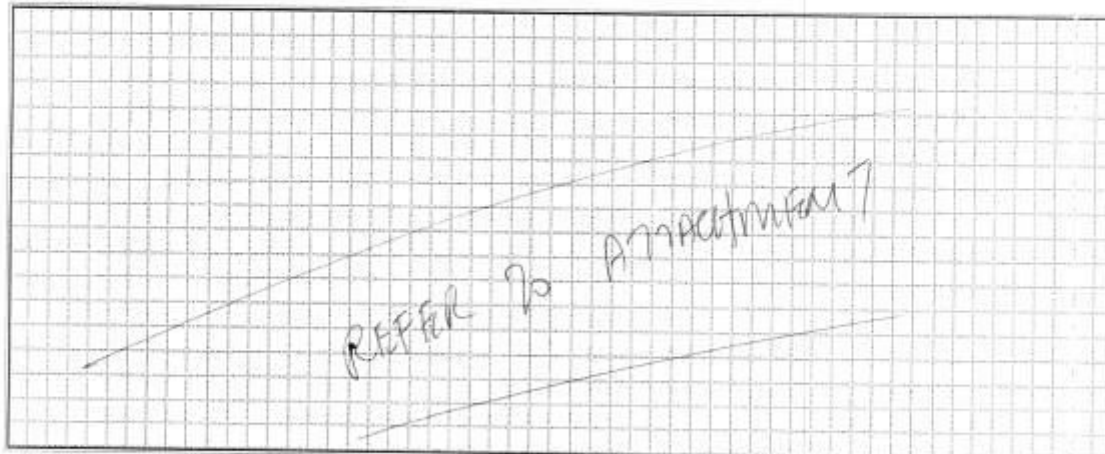
GOLDENLINK AUTO PTE LTD

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



vJun2022



A - FBP 2592L  
 B - SNG 8151S  
 2/05/2023

Latest in the area

- Explore
- Go
- Saved
- Contribute
- Updates

Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230519/2080

**Declaration**

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

GOLDENLINK AUTO PTE LTD

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)

vJun2022

2















































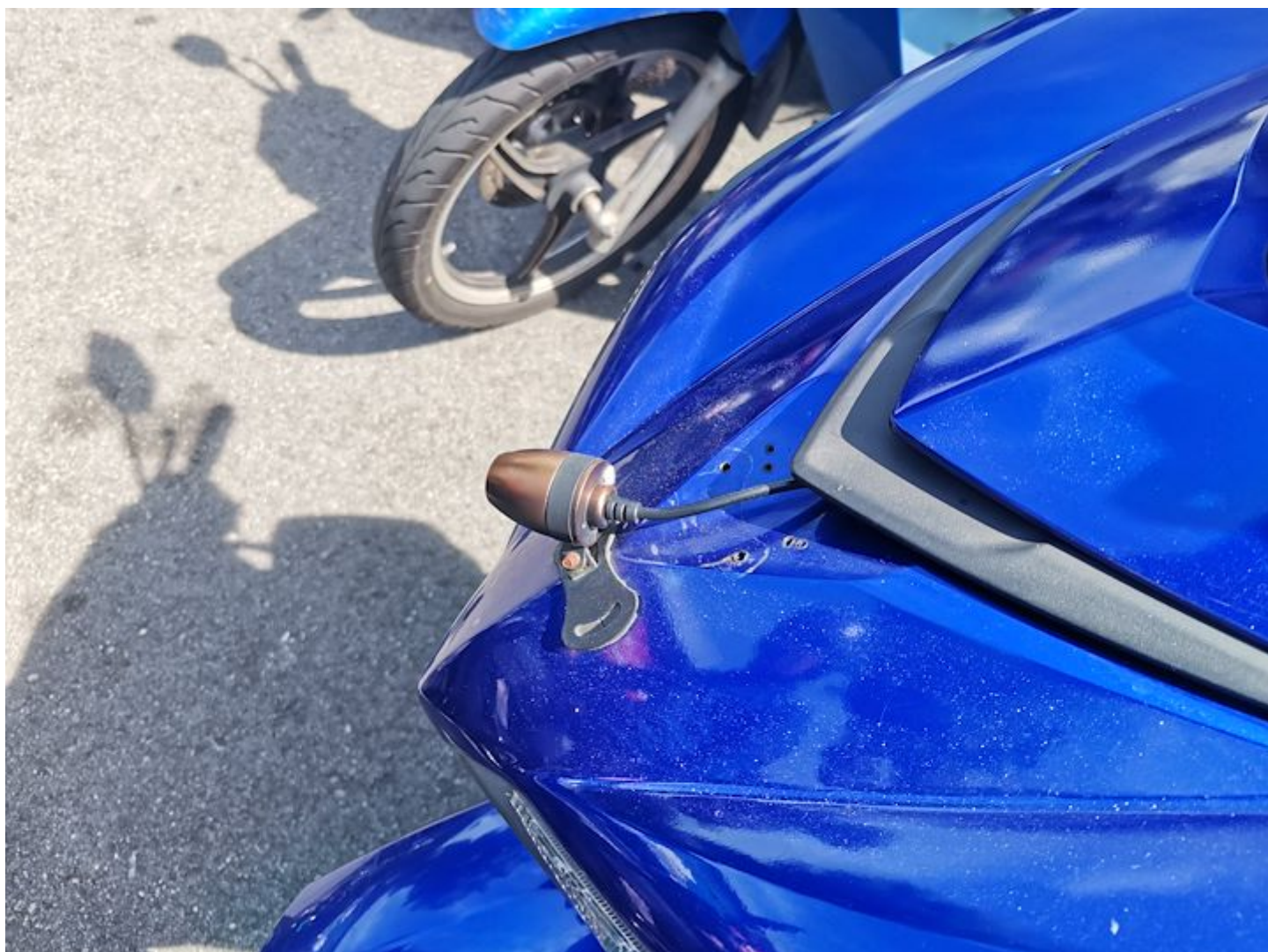














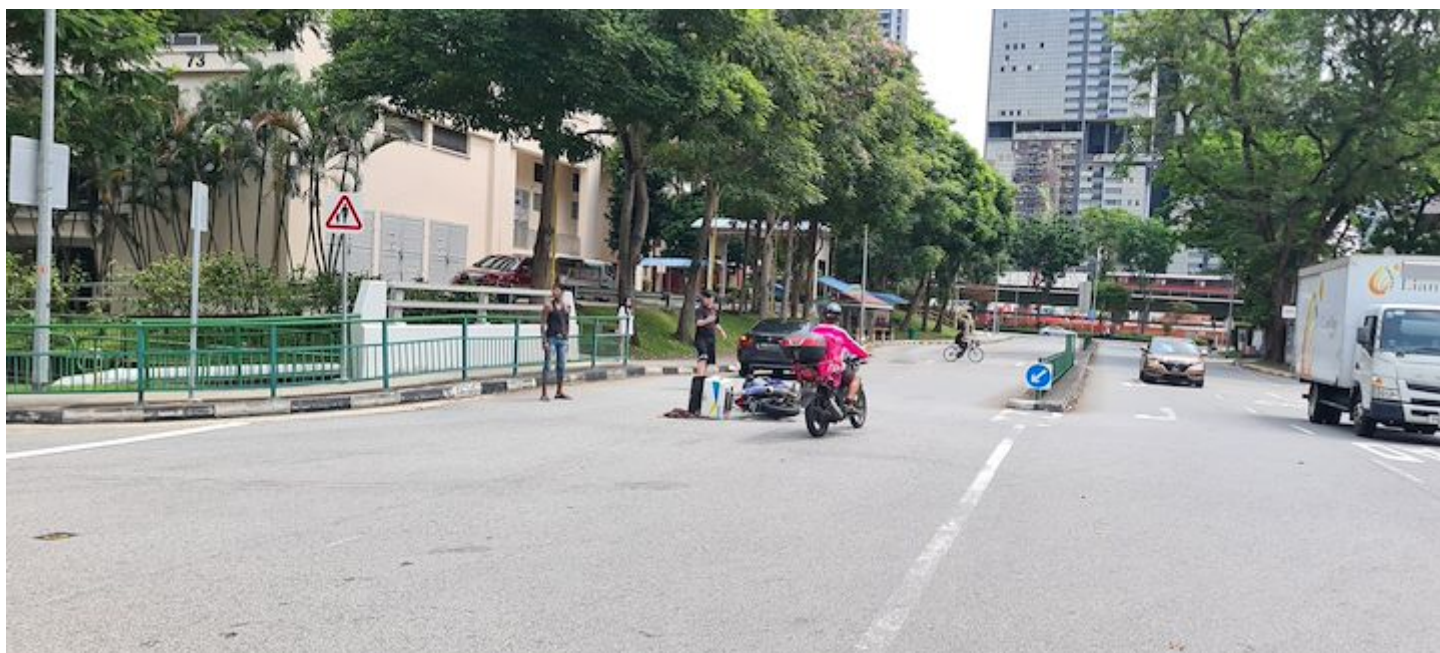


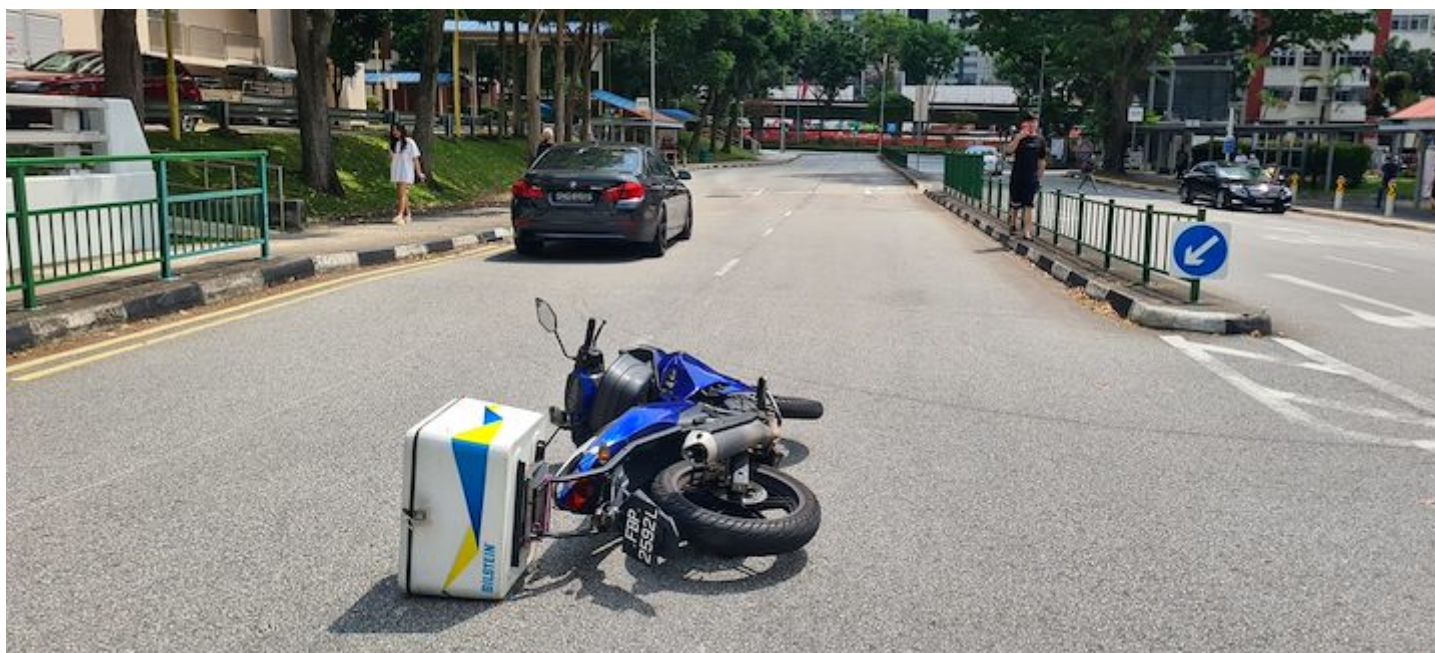




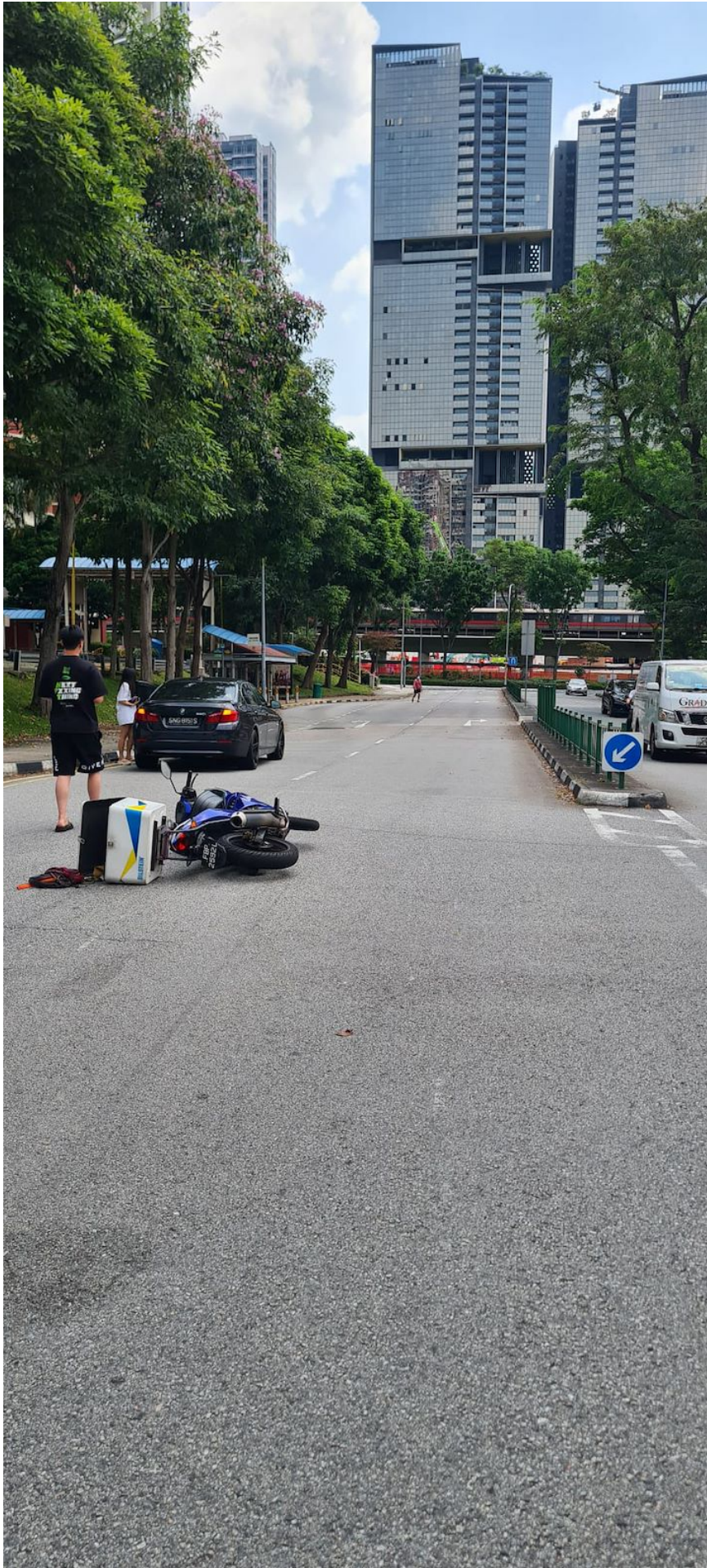

















**SINGAPORE  
POLICE FORCE**


T/20230519/2080

1 of 3

Report No. T/20230519/2080

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/05/2023 16:28	Vide Report No.:	Station Diary No.: 42
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**Informant's Particulars**

Name of Informant: ONG CHONG SAN			Address: APT BLK 65 TELOK BLANGAH DRIVE #02-146 SINGAPORE 100065		
ID Type / ID No.: NRIC NO / S1746781F			Contact No.: Home/Office: Mobile: 97964477		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 05/03/1966	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/05/2023 11:40	Type of Location: Straight Road
Location:  REDHILL CLOSE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBP2592L	Motorcycle				Slightly Damaged	0
SNG8151S	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20230519/2080

2 of 3

Report No. T/20230519/2080

## CONTINUATION OF REPORT

Rider			
Name	ONG CHONG SAN		ID No. S1746781F
Related Vehicle	FBP2592L (Motorcycle)		Contact No. 97964477
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2023	Date Discharge	18/05/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 18/05/2023 at about 1140hrs, I was traveling along Redhill Close towards Tiong Bahru Road to make a U turn at the T-junction of Tiong Bahru Road.

As I was about to reach the junction of Redhill close and Redhill Rd, suddenly a vehicle (SND8151S) make a U-turn and stopped between the two lanes that I had to apply my emergency brakes and knocked onto the left door of the vehicle. I then fell on the ground and the front part of my motorcycle has scratches and dented. The other party vehicle left door has a small dent.

I then called for police assistant and TP officer also attended to me. I felt a pain on my left ribs hence I was conveyed to Singapore General Hospital by the ambulance.

I was discharged on that same day and given 5 days of mc.

Hence, I am here to lodge a report for insurance claim purpose.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

CONTINUATION OF REPORT



T/20230519/2080

3 of 3

Report No. T/20230519/2080

Signature of Officer Recording The Report:  
D /  
SGT 2 YEO YI LING

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT MUHAMMAD NORSIDDIQ BIN  
IBRAHIM  
Contact No.: 65476138

NP168

Signature Of Informant:

Date/Time:  
19/05/2023 16:28

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: SN09235V0003 Vehicle Registration No: FBP2592L  
 Name (as shown in NRIC): ONG CHONG BAN NRIC/FIN/Passport No: SXXGX781F  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97964477  
 Email Address: \_\_\_\_\_  
 Date of Accident: 18/05/2023 Time of Accident: 11:46  
 Place of Accident: Red Hill Close  
 Insurance Company: LIBERTY

**(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:

POLICY NUMBER 70 5723V01934/VMC/RO4  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

18/06/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: