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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

31/05/2023 11:39 (SGT) **Actual Driver** 18/05/2023 11:40 (SGT) Redhill CI, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBP2592L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes GOLDENLINK AUTO PTE LTD 1XXXXX343K jamesongcs@yahoo.com.sg (Phone) +65-97964477

VEHICLE PARTICULARS

Manufacturer Model

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?

Vehicle Category Transmission CC

Employment

SNIPER 150

Yamaha

No - Claiming third party Motorcycle Manual 150

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Liberty Insurance Pte Ltd SI23V01934/VCM/R04

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ONG CHONG SAN SXXXX781F 05/03/1966 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

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Bukit Merah West Neighbourhood Police Centre

(Phone) +65-18003779999

(Fax) +65-63773923

500 Bukit Merah View #01-01 Singapore 159682

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230519/2080

ATTACHMENT(S)

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

Yes Yes WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model

SNG8151S

0.774

Accident report SN09235V0003

Vehicle Variant	
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	_
The state of the s	-
Address complement	8
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	_
	1.77

INJURED PERSONS DETAILS

INJURED 1

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

SKETCH PLAN

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.
- 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.

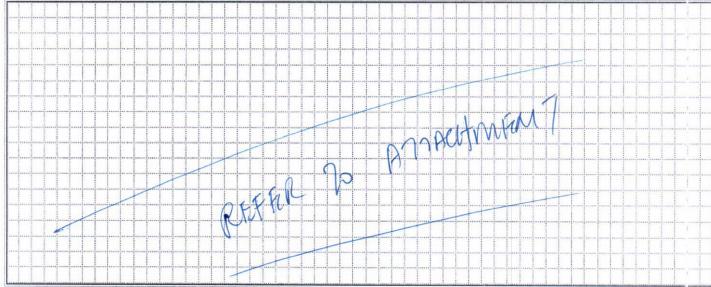
GOLDENLINK AUTO PTE LTD

Policyholder's Signature / Date & Time

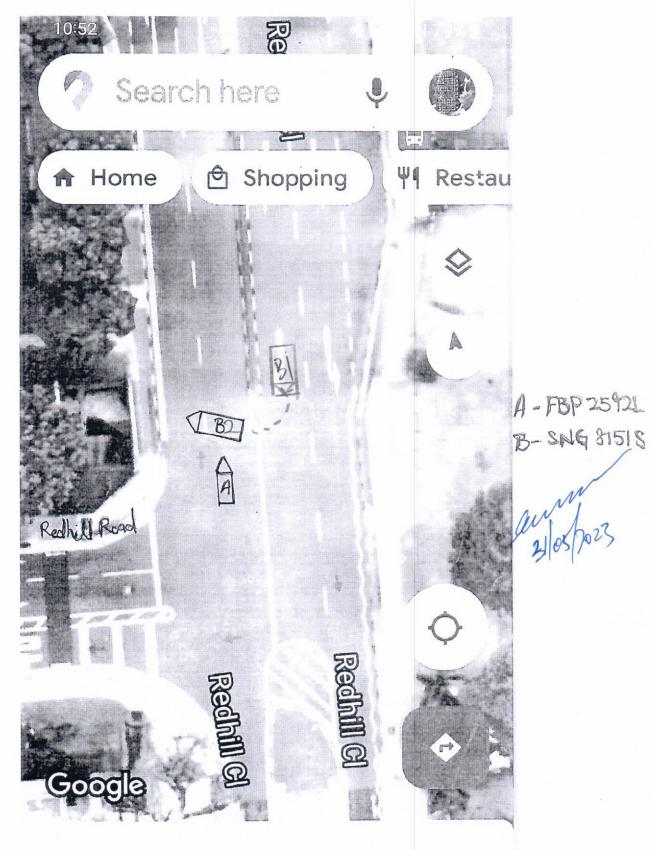
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



vJun2022



Latest in the area











Explore

Go

Saved Contribute Updates

Describe Circumstance of the Accident REFER 20 Policy Paper 7/20230519/>	osti
	,
	*

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

05





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		ade:	Vide Report No.:		Station Diary No.:	
Informant	's Particu	lars				
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:	Mol	pile: 97964477	
Nationality SINGAPOR		EN	Email:			
Sex: Male	Age: 57	Date of Birth: 05/03/1966	Type of Informant: Rider			
Race: Chinese			Language:			
Occupation DELIVERY			Driving Licence Information: Class:	Date	e of Expiry:	

General Infor	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambuland	Drink Drive: No	Date/Time of Accident: 18/05/2023 11:40	Type of Location: Straight Road
REDHILL CL	OSE			
Weather:	Ro	ead Surface:		
Traffic Flow: Two Way	Tra	affic Control: of Controlled		Traffic Volume:
Type of Collis Between Mov	ion: ing 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



T/20230519/2080

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682

2 of 3 Report No. T/20230519/2080

Tel No: 1800-3779999

CONTINUATION OF REPORT

Name	ONO OLIONIO CALL					
ivaille	ONG CHONG SAN			ID No).	S1746781F
Related Vehicle	FBP2592L (Motorcycle)		Conta	ect No.	97964477	
Hospital/Clinic	SINGAPORE GENE	DAL LICODIA	- A I			
1 toopitali Oli lic	SINGAPORE GENE	RAL HUSPII	AL	Class	- 2	Class: NIL
				Drivin		Date of Expiry: NIL
				Licen	ce &	
				Expiry	Date	
Date Treatment	18/05/2023 Date Disc		Date Disch			/2023
No. of Days grant	ted Medical Leave	05	Degree of		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.





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

3 of 3 Report No. T/20230519/2080

Signature Of Informant:	9
Date/Time: 19/05/2023 16:28	
Classification Of Case:	
	Date/Time: 19/05/2023 16:28

PAONO

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 18 05 2013	TIME OF ACCIDENT:
VEHICLE NO: FBP 2592L	TRANSMISION : AUTO / MANUAL
MAKE & MODEL: YAMAHA SNPER 150	LOCATION: REDHILL CLOSM
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: LIBURTY	POLICY NO: \$123 VO1984/ VMC/ROY
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	(SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: GOLDEN HAK BYD PIR 170	NRIC: 199606343K
ADDRESS:	CONTACT NO: 91964477
EMAIL ADDRESS: JAMECONGCS & YOHOO. COM, SG	VIDEO RECORDING : YES / NO
NAME OF DRIVER: AS ABOVE / IF NO:	NRIC: 51746281 F CONTACT NO: 97964477
DRIVER OWNER RELATIONSHIOP: FM PLOYER.	PASSENGER: MALE()
DATE OF BIRTH: 05 / 03 / 1966	DRIVING PASSING DATE: 16 / 65 / 1986
OCCUPATION: INDOOR / OUTDOOR	ADDRESS: BIK 65 TRUNC BLONGAH DR 402-146 100065
ANY INJURIES : NO, IF YES :	POLICE REPORT: NO/ IF YES WHERE? BUKI? MAJORIA
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SNG 81515	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS? NO, IF YES:
DRIVER NAME :	NAME:
NRIC :	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ?: YES / NO WERE INJURY CONVEYED BY AMBULANCE: YES / NO





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Website: http:// www.libertyinsurance.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987

ROAD TRANSPORT (AMENDMENT) ACT 2019 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No

Form

SI23V01934/VMC/R04

MY100

17-Feb-2023

FBP2592L

Date of Issue:

1.Index Mark and Registration No. of Vehicle:

2. Chassis number of Vehicle:

3. Name of Policyholder:

4. Effective date of Commencement of Insurance

for the purposes of the Act:

5.Date of Expiry of Insurance:

6. Persons or Classes of Persons

07-MAR-2024 23:59

08-MAR-2023 00:00

MH3UG0740K0149574

GOLDENLINK AUTO PTE LTD

titled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disquainted by order a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or 7. Limitations as to use*;

A) Use only for the Policyholder's business or profession.

B) Use for social, domestic and pleasure purposes by any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

8. The Policy does not cover:

A) Use for the carriage of passengers for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and art IV of the Road Transport Act, 1987.

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

Information only:

VERAGE:

Third Party Fire & Theft

1 INSURED (SS):

MARKET VALUE AT THE TIME OF LOSS

SECURISKS INSURANCE AGENCIES PTE LTD

ESS (S\$):

Fire & Theft (Singapore) \$3,750.00, Fire & Theft (Outside Singapore) \$2,500.00

INCE COMPANY:

DUCER NAME: