

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 Authorised 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 ability.
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 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 Report	29/11/2017 16:29
Date Of Accident	27/11/2017 13:25
Exact Location Of Accident	TRAFFIC JUNCTION OF TAMPINES AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6113L
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN CO PTE LTD
Co Reg No	197000288K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96327413

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	DMMFHQ16-000014
Cover Note Number	

Driver

Name of Driver	LI CHANG LIANG
NRIC No	G2805591P
Date Of Birth	01/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93913245
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 826 TAMPINES ST 81 #04-120 SINGAPORE 520826
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE DIVISION HQ UBI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171128/2072. AT THE ABOVE MENTION TIME, DATE AND LOCATION: I WAS WORKING ON 27/11/2017, THE WEATHER WAS WET AND DRIZZLING. I WAS SEND MY ORDER ALONG TAMPINES AVE 4. WHEN I WAS ABOUT TO REACH THE JUNCTION. I SAW THE CAR ON MY RIGHT SLOWLY MOVING TO MAKE A TURNING TO CUT ACROSS ME. APPROACHING THE JUNCTION I WAS GOING STRAIGHT TO PROCEED WITH MY ORDER. SUDDENLY THE CAR STARTED CUT ACROSS INTO MY LANE AS I WAS APPROACHING THE JUNCTION TRYING TO AVOID CRASHING INTO HIS CAR, I MOVE TO THE LEFT SIDE OF THE LANE. BUT EVEN I WAS A LEFT SIDE OF THE LANE. HE CONTINUE MOVING FORWARD TO MY LANE. I FELT THERE WAS A BANG AT THE BACK OF MY BIKE. THE NEXT MOMENT I WAS ON THE ROAD SIDE OF THE FLOOR BUT THE CAR QUICKLY MOVE OFF. AS I WAS OUTSIDE OF THE POLICE STATION, OFFICER CAME OUT OF THE OFFICE AND ASSIST ME. OFFICER NORASHIKIN DAUD (GENERAL INVESTIGATION TEAM C) PASS ME HIS CARD AND INFORM TO LAUNCH A REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HIT AND RUN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LI CHANG LIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBK6113L

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

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.

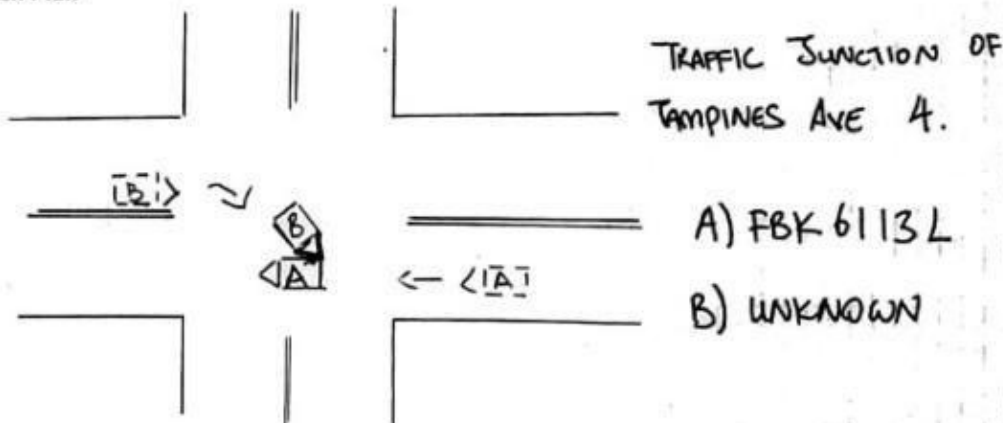
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
EUGENE KOH

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

PLEASE REFER TO THE ATTACHMENT OF THE POLICE REPORT

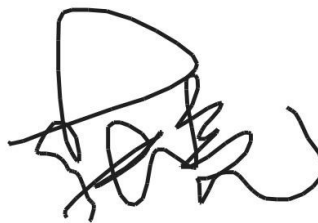
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
EUGENE KOH YEW KIAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

29 November 2017 at 3:28 PM

Date/Time:

29 November 2017 at 3:28 PM

Police Report



**SINGAPORE
POLICE FORCE**

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



1/20171128/2072

1 of 3

Report No T/20171128/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 28/11/2017 14 08	Vide Report No	Station Diary No
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Informant's Particulars

Name of Informant: LI CHANGLIANG			Address: APT BLK 826 TAMPINES ST 81 #04-120 SINGAPORE 520826	
ID Type / ID No FIN NO / G2805591P			Contact No: Home/Office:	Mobile: 93913245
Nationality: CHINESE			Email:	
Sex Male	Age: 27	Date of Birth: 01/05/1990	Type of Informant: Rider	
Race Chinese		Language: Chinese	Institution / School Name	
Occupation: RIDER		Driving Licence Information: Class: 2B,3C		Date of Expiry: 19/06/2021

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/11/2017 13:25	Type of Location:
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 4				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK6113L	Motorcycle				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20171128/2072

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Report No. T/20171128/2072

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

CONTINUATION OF REPORT

Rider		ID No.	
Name	LI CHANGLIANG	ID No.	G2805591P
Related Vehicle	NIL	Contact No.	93913245
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 19/06/2021
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTION TIME, DATE AND LOCATION:
I WAS WORKING ON 27/11/2017, THE WEATHEAR WAS WET AND DRIZZLING. I WAS SEND MY ORDER ALONG TAMPINES AVE 4. WHEN I WAS ABOUT TO REACH THE JUNCTION, I SAW THE CAR ON MY RIGHT SLOWLY MOVING TO MAKE A TURNING TO CUT ACROSS ME. APPROACING THE JUNCTION I WAS GOING STRIGHT TO PROCEED WITH MY ORDER. SUDDENLY THE CAR STARTED CUT ACROSS INTO MY LANE AS I WAS APPROACHING THE JUNCTION, TRYING TO AVOID CRASHING INTO HIS CAR, I MOVE TO THE LEFT SIDE OF THE LANE. BUT EVEN I WAS ON LEFT SIDE OF THE LANE, HE CONTINUE MOVING FORWARD TO MY LANE. I FELT THERE WAS A BANG AT THE BACK OF MY BIKE. THE NEXT MOMENT I WAS ON THE ROAD SIDE OF THE FLOOR BUT THE CAR QUICKLY MOVE OFF. AS I WAS OUTSIDE OF THE POLICE STATION, OFFICER CAME OUT OF THE OFFICE AND ASSIST ME. OFFICER NORASHIKIN DAUD (GENERAL INVESTIGATION TEAM C) PASS ME HIS CARD AND INFORM TO LAUNCH A REPORT

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408655
Tel No 65470000



1720571128/2017

3 of 1

Report No 1720571128/2017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No 65476902

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
28/11/2017 14:08

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

Polyclinic Referral



Polyclinic Referral
To : POLYCLINIC

TCU Duration : 1 – 8 days

Thank you for referring the patient to CGH A&E

Date of Visit : 27-Nov-2017 13:42
Name of patient : LI CHANGLIANG
NRIC : G3805591P Account Number : 6917437341G
Address : Blk # Singapore
Telephone :
Date of Birth : 01-May-1990 Sex : Male Race : Chinese

FINAL DIAGNOSIS : Road traffic accident
left ankle laceration

Referral Remarks
in x27 for STD. Then to arrange STD x10/7 as well - 1 – 8 days

Triage Information

Time Of Triage : 27-Nov-2017 13:42 Triage Category : P2.
Travel History : Yes Travel in the last 21 days? : No
Does patient have Fever or Flu-like Symptoms in the last 21 days? : No
Chief Complaint : road traffic accident, punctured wound over left ankle, abrasions over elbow and knees following RTA at 1316hrs, nil hung, HILOC
Additional Chief Complaint : motorcyclist self skidded

Vital Signs

Temperature (°C) : 36.8 Shock Index : 0.83
Pulse Rate (/min) : 85 Adjusted Shock Index
Respiration (/min) : 18 PEFR :
Blood Pressure (mmHg) : 136/70 SpO2 : 100
Blood Sugar (mmol/l) : Level of Consciousness : 0: Alert
Weight (kg) : MEV Score : 1
GCS : Total GCS :

Eye Opening : Verbal Response : Motor Response :
Unable to Assess : Location : left ankle
Pain Score : 8 - Severe Pain Duration : since RTA
Quality : aching

Jason Tay Tian En
Doctor
#622031

Accident & Emergency
Attending Doctor's Name

Doctor's Signature

Page 1 of 4

27 Nov 2017 19:20

Ben

From: Raymond <raymond@bhh.com.sg>
Sent: Tuesday, 9 January 2018 1:39 PM
To: 'Ben'
Cc: 'Meilin'; group@ajaxmars.com
Subject: FW: AWAC-MARS00001466-FBK6113L-GIA
Attachments: AWAC-MARS00001466-FBK6113L-GIA.PDF

Dear Ben,

Please amend the Name of Registered Owner to Ban Hock Hin Co Pte Ltd.

In future please don't key Ban Hock Hin (Leasing) as the registered owner.

Thanks

Best Regards,
Raymond

Ban Hock Hin Co., Pte Ltd

Tel: (65) 6281 6520 x 220 | Fax: (65) 6284 2969

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Facebook: <http://www.facebook.com/bhhsg>



No. 6 Defu Lane 4, Singapore 539410

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MOTORCYCLE ACCESSORIES | SERVICE CENTRE | MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL WORKS |



From: Ben [<mailto:ben@ajaxmars.com>]
Sent: Friday, 1 December, 2017 3:30 PM
To: raymond@bhh.com.sg; mignon@bhh.com.sg; workshop@bhh.com.sg
Subject: AWAC-MARS00001466-FBK6113L-GIA

Dear Sir/ Madam

Please kindly find the attached file for your perusal.

Thank you