

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 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	02/03/2018 16:56
Date Of Accident	25/02/2018 01:30
Exact Location Of Accident	JUNCTION BOON KENG RD TURN INTO BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9099U
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-62982250

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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	AVFMSB0000621700
Cover Note Number	

Driver

Name of Driver	MUSADI BIN AHMAD
NRIC No	G8403017T
Date Of Birth	19/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90394175
Fax Number	
Contact Number	
Email Address	BEN@MCD.SG.COM

Address	NIL
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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]	BUKIT TIMAH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180225/2013. ON 25/02/2018 AT AROUND 1.30AM WHILST I WAS RIDING MY MOTORCYCLE, ONE RED COLOUR YAMAHA REGISTRATION PLATE NO. FBL9099U ON THE RIGHT LANE (MEANT FOR TURNING RIGHT ONLY) OF TWO LANES ROAD, AT THE JUNCTION OF BOON KENG ROAD TURNING RIGHT INTO BENDEMEER ROAD, SUDDENLY A BLUE COLOUR COMFORT DELFRO TAXI REGISTRATION PLATE NO. SH6299Z WHICH WAS TRAVELLING ON THE LEFT LANE (MEANT FOR GOING STRAIGHT ONLY) MADE A HASTY RIGHT U-TURN, THUS THE TAXI COLLIDED WITH MY MOTORCYCLE. THE TAXI STOPPED TO MAKE A CHECK BUT HE DID NOT RENDER ANY ASSISTANCE TO ME. THE TAXI DRIVER, A MALE CHINESE ALSO DENIED THAT HIS FAULT OF CAUSING THE ACCIDENT AND REFUSED TO EXCHANGE HIS PARTICULARS. I AM NOT SURE IF THERE IS ANY CCTV INSTALLED AT THE VICINITY. ON THE SAME DAY, I WENT TO THE TAN TOCK SENG HOSPITAL TO SEEK MEDICAL TREATMENT AND I WAS GIVEN 2 DAYS OF MC FOR MY INJURIES WHICH I SUSTAINED DURING THE ACCIDENT. THAT IS ALL.

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	SH6299Z
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN DRIVER
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	MUSADI BIN AHMAD
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL9099U
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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6. The 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 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.
 - (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.

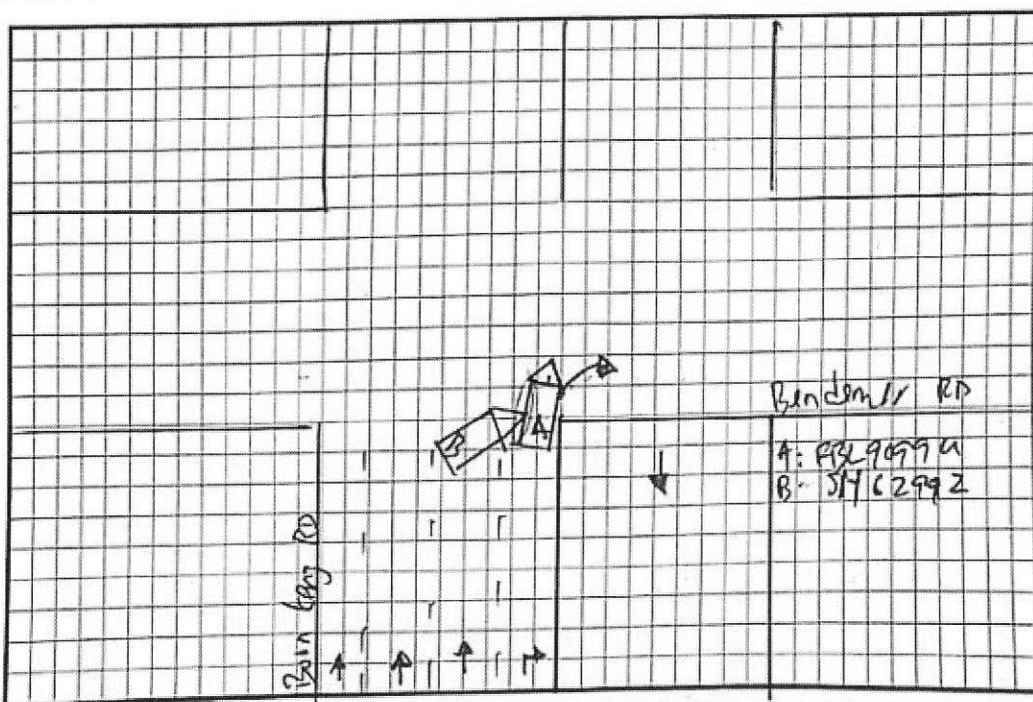
VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C.
1 Duke's Road SINGAPORE 268914
Tel No. 1800-4629999



T20180225/2013

1 of 3

Report No. T20180225/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2018 07:45	Video Report No.	Station Diary No. 18
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Informant's Particulars

Name of Informant MUSADI BIN AHMAD		Address: 15 Jin Sekuntum 9 Tmn Bukit Dahlia	
ID Type / ID No. FIN NO / G8403017T		Contact No. Home/Office: Mobile: 90394175	
Nationality MALAYSIAN		Email:	
Sex: Male	Age: 32	Date of Birth: 19/05/1985	Type of Informant Rider
Race Malay		Language English	Institution / School Name:
Occupation Motorcycle delivery man		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident 25/02/2018 01:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BOON KENG ROAD BENDEMEER ROAD Traffic light junction Boon Keng Road turning into Bendemeer Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBL9099U	Motorcycle	YAMAHA		Red	Slightly Damaged	0
SH6299Z	Taxi	HYUNDAI		Blue	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**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



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Report No: T/20180225/2013

CONTINUATION OF REPORT

Rider			
Name	MUSADI BIN AHMAD	ID No.	G8403017T
Related Vehicle	FBL9099U (Motorcycle)	Contact No.	90394175
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/02/2018	Date Discharge	25/02/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 25/02/2018 at around 1.30am whilst I was riding my motorcycle, one red colour Yamaha registration plate no. FBL9099U on the right lane (meant for turning right only) of the two lanes road, at the junction of Boon Keng Road turning right into Bendemeer Road, suddenly a blue colour Comfort Delgro taxi registration plate no. SH6299Z which was travelling on the left lane (meant for going straight only) made a hasty right u-turn, thus the taxi collided with my motorcycle. The taxi stopped to make a check but he did not render any assistance to me. The taxi driver, a male Chinese also denied that his fault of causing the accident and refused to exchange his particulars. I am not sure if there is any CCTV installed at the vicinity.

On the same day, I went to the Tan Tock Seng Hospital to seek medical treatment and I was given 2 days of MC for my injuries which I sustained during the accident. That is all.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Timah N.P.C
1 Duker's Road SINGAPORE 268914
Tel No: 1800-4529999



1/20160225/2013

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Report No: 1/20160225/2013

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:

E /

Sr Staff Sgt NOREFFENDI BIN OTHMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/02/2018 07:45

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No: 65476414

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 170

SIGNATURE

Authentication Stamp

NP168