

## 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 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 Report	07/12/2018 16:57
Date Of Accident	06/12/2018 18:00
Exact Location Of Accident	BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1083Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN HOCK HIN COMPANY PRIVATE LIMITED
Co Reg No	197000288K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62816520

### 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	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	DMMFHQ18-000006
Cover Note Number	

### Driver

Name of Driver	NOR ASY'ARI BIN YUSOFF
NRIC No	S9349185H
Date Of Birth	31/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81822124
Fax Number	
Contact Number	
Email Address	ASYARIDNE@GMAIL.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	COLLISION - HEAD TO REAR
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I was travelling along BEDOK NORTH ROAD it was a 3 lane traffic and my vehicle FBK1083Y was positioned in the middle lane and vehicle SFM3636G was stationary ahead of me it was raining heavily and there was oil patch on the road so when I brake my front tire give way and my vehicle front mudguard collided onto vehicle SFM3636G rear. No injuries involved.

#### 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	SFM3636G
Vehicle Make/Model/Colour	PORSCHE / 911 CARRERA / GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARRELL YEO YING SHENG
NRIC/Passport Number	S8440578G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

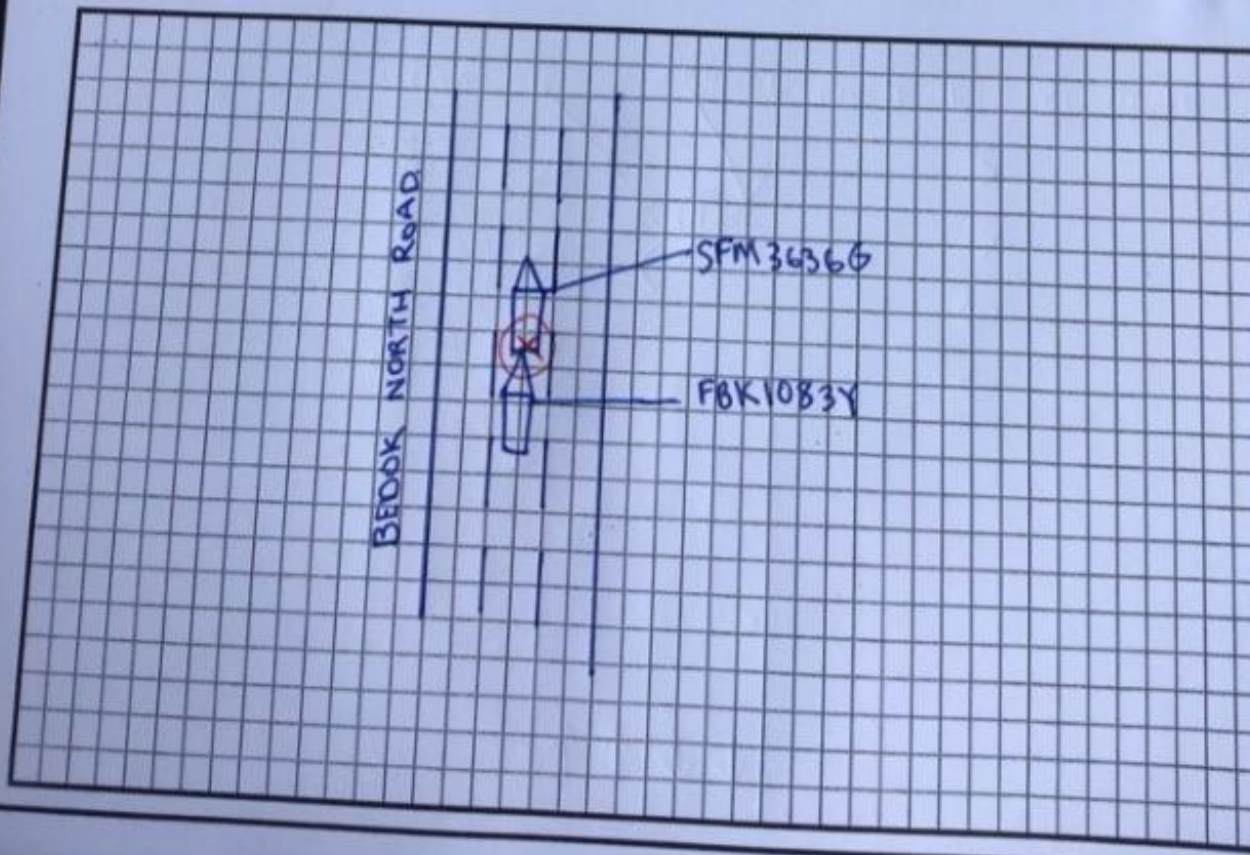
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) 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  
Mohamed Saifullah S/O Syed  
Masood  
Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

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

#### Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I was travelling along BEDOK NORTH ROAD it was a 3 lane traffic and my vehicle FBK1083Y was positioned in the middle lane and vehicle vehicle SFM3636G was stationary ahead of me it was raining heavily and there was oil patch on the road so when I brake my front tire give way and my vehicle front mudguard collided onto vehicle SFM3636G rear. No injuries involved.

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 -  
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

7 December 2018 at 3:38 PM

Date/Time:

7 December 2018 at 3:38 PM



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo






Accident Photo



Driving License

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S9349185H**



Name  
**NOR ASY'ARI BIN YUSOFF**

Race  
**BOYANESE**

Date of birth  
**31-12-1993**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**

**S9349185H**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S9349185H**

Name:  
**NOR ASY'ARI BIN YUSOFF**

Birth Date: **31 Dec 1993**

Issue Date: **24 Oct 2016**

**002622495F**



Driving License

5874181



NRIC No. S9349185H



Date of issue  
31-01-2018


Address  
APT BLK 222 SIMEI STREET 4  
#02-20  
SINGAPORE 520222

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	03 Dec 2014
Class 2A Motorcycles between 201 cc and 400 cc	08 Jul 2016

NP 428A

Licence No: S9349185H





Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MBHH18158461 Vehicle Registration No: FBK1083Y  
Name (as shown in NRIC) : NOR ASY'ARI BIN YUSOFF NRIC/FIN/Passport No : S9349185H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 81822124  
Email Address : \_\_\_\_\_  
Date of Accident : 06/12/2018 Time of Accident : 18:00hrs  
Place of Accident : BEDOK NORTH ROAD  
Insurance Company: ALLIED WORLD ASSURANCE COMPANY, LTD

**(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:

\_\_\_\_\_

Amend insurance company and policy number

\_\_\_\_\_

Change to Reporting only

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

Meilin Chai  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 841119016058  
Date: 10 Dec 2018