

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
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RAYMOND

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.



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	03/03/2019 17:11
Date Of Accident	03/03/2019 12:15
Exact Location Of Accident	EAST COAST PARK BEFORE I12 KATONG MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1513H
Insured/Policyholder	
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	NMAX155
Exact Purpose for which vehicle was being used at time of accident	MOTORCYCLE
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	AVFMSB0000651800
Cover Note Number	

Driver

Name of Driver	LAI WAI LOON
NRIC No	G7595716K
Date Of Birth	28/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98858876
Fax Number	
Contact Number	
EEmail Address	LWLAI843@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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JOO CHIAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190303/2043(LODGED AT JOO CHIAT NPP) ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS DOING ENFORCEMENT DUTIES AS A PARKING ATTENDANT WHEREBY I PARKED MY MOTORCYCLE ALONG EAST COAST ROAD IN FRONT OF A FEW CARS THAT WERE PARKED ON A DOUBLE YELLOW LINE JUST BEFORE 112 KATONG OF UNKNOWN EAST COAST ROAD UNIT NUMBER. AS I WAS WALKING TOWARDS THESE PARTICULAR VEHICLE, I HEARD A SOUND FROM BEHIND ME WHERE I HAD PARKED MY MOTORCYCLE. I TURNED AROUND AND DISCOVERED MY MOTORCYCLE TO BE LING DOWN ON THE ROAD AND THE SAID VEHICLE BESIDE MY MOTORCYCLE WAS TRYING TO MOVE OFF. I THEN KEPT OBSERVATION IN WHICH THE CAR JUST DROVE OFF AND I DID NOT MANAGE TO GET THE CAR PLATE DETAILS. I THEN WENT TO TAKE PICTURES OF THE DAMAGES ON MY MOTORCYCLE AND PICKED IT UP. SUBSEQUENTLY, I SAW THE SAID VEHICLE DOING A U-TURN FURTHER DOWN THE ROAD AND I MANAGED TO GET HIS CAR PLATE NUMBER. NO PARTICULARS WERE EXCHANGED AND I WAS NOT INJURED. MY MOTORCYCLE SUFFERED SOME SCRATCHES AT THE LEFT SIDE OF MY FRONT WHEEL COVER. I INFORMED MY MANAGEMENT ABOUT THIS AND THEY ASKED ME TO LODGE 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	SKL7647U
Vehicle Make/Model/Colour	MINI / COOPER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Sketch Plan

1. Please report correctly the details of the accident to speed up the claims process.
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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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
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)
 - (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.
 - (ii) 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
JUN KEAT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

112 KATONG MALL

4

East coast park

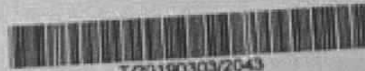
A: FBW1513H

B: SKL7647N

POLICE REPORT


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999



T/20190303/2043

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Report No. T/20190303/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2019 13:08	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: LAI WAI LOON		Address: APT BLK 121 PENDING ROAD #12-166 SINGAPORE 670121	
ID Type / ID No.: FIN NO / G7595716K		Contact No.:	Mobile: 98858876
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 34	Date of Birth: 28/03/1984	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: CERTIS CISCO ENFORCEMENT OFFICER		Driving Licence Information: Class: 2B,3C	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/03/2019 12:15	Type of Location: Straight Road
Location: Along Road 1 EAST COAST ROAD				
EAST COAST ROAD TRAVELLING TOWARDS MOUNTBATTEN ROAD, BEFORE I12 KATONG SHOPPING MALL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBN1513H	Motorcycle	YAMAHA	XMAX155	White	Slightly Damaged	0
SKL7647U	Car	MINI	MINI COOPER	Red		0

Details of Person Involved

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

POLICE REPORT


**SINGAPORE
POLICE FORCE**


T/20190303/2043

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20190303/2043

CONTINUATION OF REPORT

Rider			
Name	LAI WAI LOON		ID No. G7595718K
Related Vehicle	FBN1513H (Motorcycle)		Contact No. 98858876
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SKL7647U (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the above mentioned date, time and location, I was doing enforcement duties as a parking attendant whereby I parked my motorcycle along East Coast Road in front of a few cars that were parked on a double yellow line just before 112 Katong of unknown East Coast Road Unit number. As I was walking towards these particular vehicles, I heard a sound from behind me where I had parked my motorcycle. I turned around and discovered my motorcycle to be lying down on the road and the said vehicle beside my motorcycle was trying to move off. I then kept observation in which the car just drove off and I did not manage to get the car plate details. I then went to take pictures of the damages on my motorcycle and picked it up. Subsequently, I saw that said vehicle doing a U-turn further down the road and I managed to get his car plate number. No particulars were exchanged and I was not injured. My motorcycle suffered some scratches at the left side of my front wheel cover. I informed my management about this and they asked me to lodge a report.

POLICE REPORT



Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999



T/20190303/2043

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Report No: T/20190303/2043

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:

G /

Sgt 2 SEAN TAY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/03/2019 13:08

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE