

## 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	14/03/2019 08:24
Date Of Accident	08/03/2019 05:00
Exact Location Of Accident	JUNCTION OF HOY FATT RD AND JLN BUKIT MERAH.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9545T
<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	PRIVATE
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	AVFMSB0000591803
Cover Note Number	

### Driver

Name of Driver	MOHD BURHANUDIN HELMIE BIN TAIFOR
NRIC No	G8687289M
Date Of Birth	26/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90834901
Fax Number	
Contact Number	
Email Address	QSC@SG.MCD.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?	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]	QUEENSTOWN NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO T/20190308/2021 LODGE AT QUEENSTOWN NPC ON 08/03/2019 AT ABOUT 0500HRS, I WAS RIDING MY COMPANY MOTORCYCLE FBM9545T AT THE TRAFFIC LIGHT OF THE JUNCTION OF HOY FATT RD AND JLN BUKIT MERAH. THE TRAFFIC LIGHT WAS RED AND I WAS ON THE RIGHT TURNING LANE ON HOY FATT RD, AND A COMFORT TAXI, A YELLOW HYUNDAI SHC98D WAS ON THE LEFT TURNING LANE. AS THE TRAFFIC LIGHT TURNED GREEN, I ACCELERATED FORWARD TO MAKE MY RIGHT TURN, HOWEVER THE TAXI ON MY LEFT DROVE AHEAD AND TRIED TO MAKE A U-TURN AHEAD OF ME, CUTTING INTO A RIGHT TURN. I COULD NOT BRAKE AND SUFFERED TISSUE INJURIES ON MY RIGHT SHOULDER. MY COMPANY MOTORCYCLE SUFFERED DAMAGES TO THE SIDE MIRROR, BULB AND ENGINE. THE TAXI SUFFERED A DENT ON THE RIGHT SIDE. THE TAXI DRIVER DID NOT GIVE ME HIS PARTICULARS BUT PROVIDED HIS CONTACT: 94894833. SUBSEQUENTLY I WENT TO ALEXANDRA HOSPITAL TO SEE A DOCTOR AND RECEIVED 5 DAYS MC (08/03/2019 TO 12/03/2019)

#### 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	SHC90D
Vehicle Make/Model/Colour	HYUNDAI AE IONIQ HEV 1.6 DCT YELLOW
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	
Contact Number	94894833

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MOHD BURHANUDIN HELMIE BIN TAIFOR\_

Approximate Age

Injuries Sustain TISSUE INJURIES ON RIGHT SHOULDER

Injured person in which vehicle? FBM9545T

Were seat belts worn?

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 as 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 my 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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

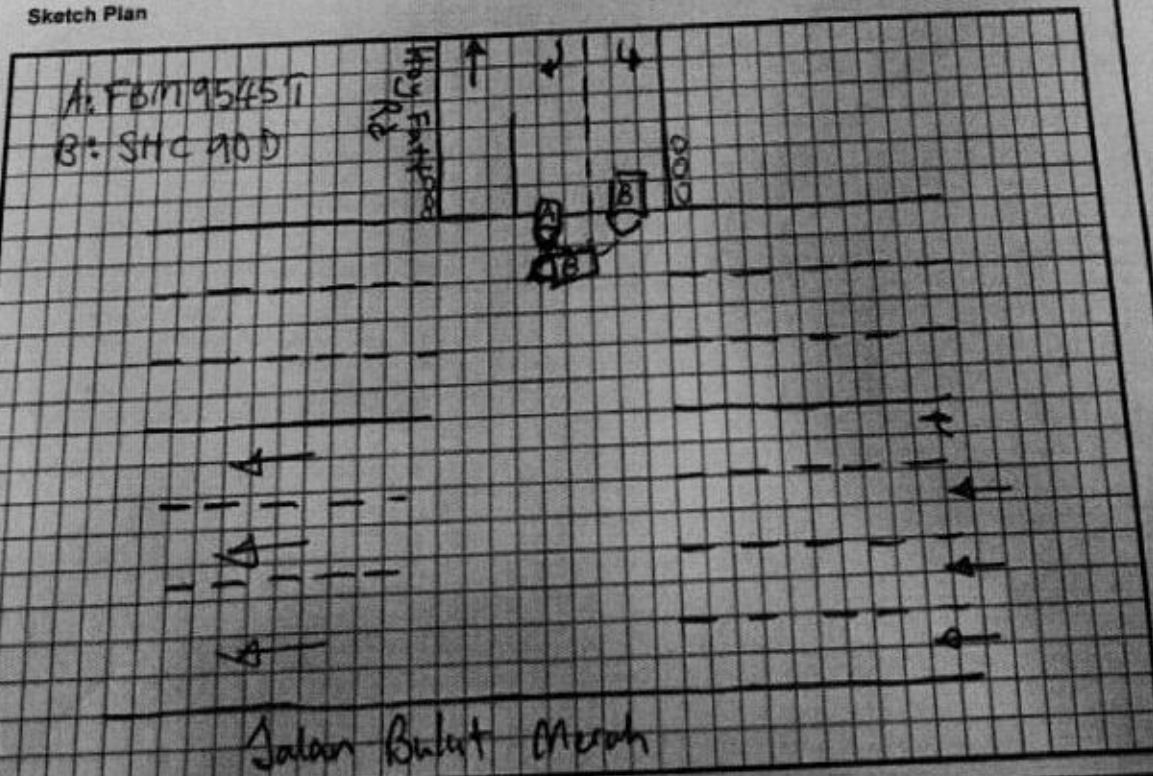
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan





**SINGAPORE  
POLICE FORCE**



T/20190308/2021

Police Station Of Origin:  
Queenstown N.P.C.  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3  
Report No: T/20190308/2021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/03/2019 07:18		Vide Report No.:		Station Diary No. 18	
<b>Informant's Particulars</b>					
Name of Informant: MOHD BURHANUDIN HELMIE BIN TAJFOR			Address:		
ID Type / ID No.: FIN NO / G8687289M			Contact No.: Home/Office:		Mobile: 90834901
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 26/04/1986	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,3C		Date of Expiry:

**General information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/03/2019 05:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 HOY FATT ROAD JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9545T	Motorcycle				Slightly Damaged	0
SHC90D	Car				Slightly Damaged	0





SINGAPORE  
POLICE FORCE



T/20190308/2021

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Report No. T/20190308/2021

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

CONTINUATION OF REPORT

**Brief Details.**

On 08/03/2019 at about 0500hrs, I was riding my company's motorcycle (FBM9545T) at the traffic light of the junction of Hoy Fatt Rd and Jln Bukit Merah. The traffic light was red and I was on the right turning lane on Hoy Fatt Rd, and a Comfort Taxi, a yellow Hyundai (SHC90D) was on the left turning lane. As the traffic light turned green, I accelerated forward to make my right turn, however the taxi on my left drove ahead and tried to make a U-turn ahead of me, cutting into a right turn. I could not brake in time and collided into the right side of the taxi. As a result of the collision, I fell to my right and suffered tissue injuries on my right shoulder. My company's motorcycle suffered damages to the side mirror, bulb and engine. The taxi suffered a dent on the right side. The taxi driver did not give me his particulars but provided his contact: 94894833. Subsequently I went to Alexandra Hospital to see a doctor and received 5-days MC (08/03/2019 to 12/03/2019).



**SINGAPORE  
POLICE FORCE**



T/20190308/2021

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20190308/2021

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:  
D /  
Sgt 2 MUHAMMAD YUSOFF BIN MOHD RASID

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/03/2019 07:18

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Classification Of Case:

SN 49

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE

SIGNATURE