

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	13/07/2019 14:34
Date Of Accident	12/07/2019 15:10
Exact Location Of Accident	HOUANG ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1212L
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	YBR125
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	AVFMSB0000591803
Cover Note Number	

Driver

Name of Driver	YIN SUCAN
NRIC No	G8785024U
Date Of Birth	02/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91327119
Fax Number	
Contact Number	
Email Address	NOEMAIL

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	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]	PAYA LEBAR NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190712/2125 (LODGED AT PAYA LEBAR NPP) ON 12/07/2019 AT ABOUT 1508HRS, I WAS RIDING MY COMPANY (MCDONAD'S) MOTORCYCLE (FBL1212L) ALONG HOUGANG STREET 21 TO PERFORM DELIVERY DUTIES. AS I WAS APPROACHING THE OPEN CARPARK OF BLK 208-210 HOUGANG STREET I PROCEEDED TO TURN ON MY RIGHT SIGNAL LIGHT. SUDDENLY, THE HEAD OF ANOTHER MOTORCYCLE (FBH7279B) HIT ONTO THE REAR OF MY MOTORCYCLE, RESULTING ME TO FALL OFF FROM MY VEHICLE TO THE IMPACT. THE OTHER RIDER THEN ALIGHTED FROM HIS VEHICLE TO MAKE A CHECK BEFORE WE EXCHANGED PARTICULARS AND LEAVING THE ACCIDENT LOCATION THEREAFTER. I WISH TO INFORM THAT TRAFFIC POLICE AND AMBULANCE ATTENDED TO THE INCIDENT AND THAT I WAS ALSO AWARDED THREE DAYS OD MEDICAL CERTIFICATION FROM 12/07/2019 - 14/07/2019 DUE TO PAIN EXPERIENCED AT MY RIGHT KNEE. I AM LONG THIS REPORT FOR TRAFFIC POLICE INVESTIGATION.

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	FBH7279B
Vehicle Make/Model/Colour	PIAGGIO / VESPA LX 150 I.E. 3V / BLUE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LOK JIAN WEN
NRIC/Passport Number	S9083343Z
Contact Number	9411595
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name YIN SUCAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBL1212L

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;
(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;
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their 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

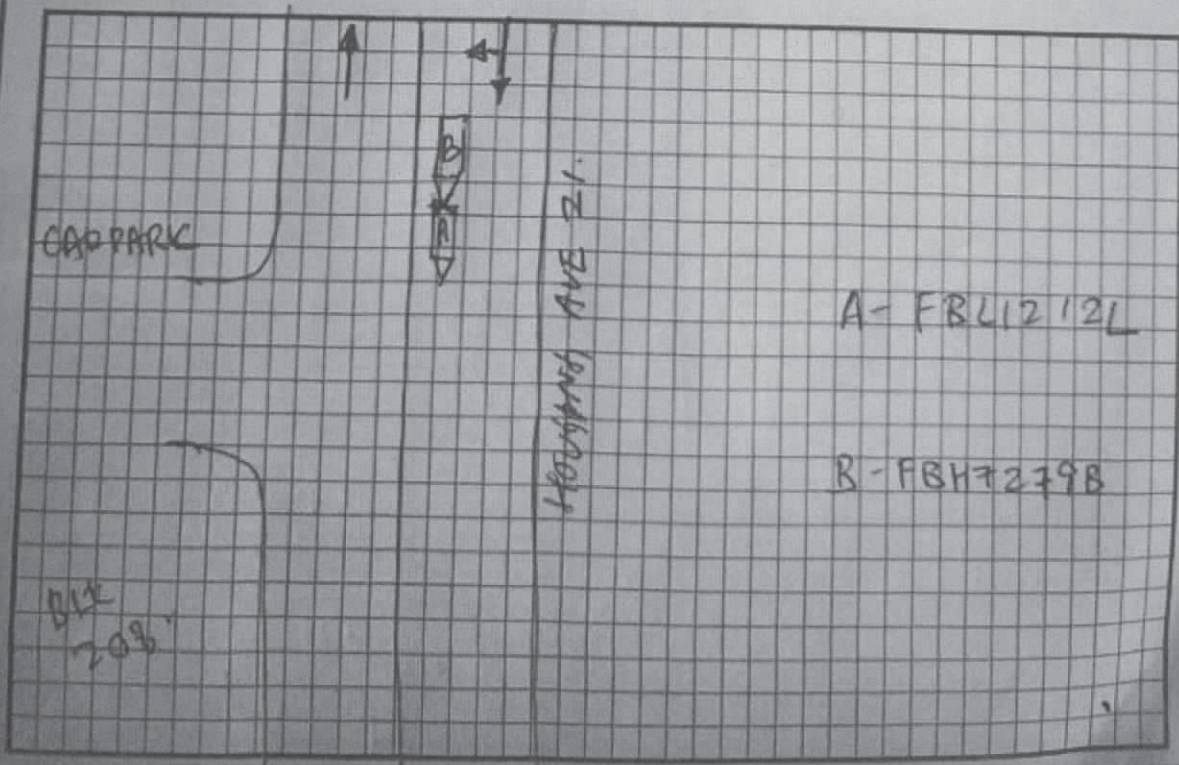
Mohammad Azaly Bin Abdullah

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**



T/20190712/2125

1 of 3

Report No. T/20190712/2125

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2019 16:31	Video Report No.	Station Diary No.: 29
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Informant's Particulars

Name of Informant: YIN SUCAN		Address: APT BLK 220 Hougang Street 21 #10-50 SINGAPORE 530220	
ID Type / ID No.: FIN NO / G8785024U		Contact No. Home/Office: Mobile: 91327119	
Nationality: CHINESE		Email:	
Sex: Male	Age: 25	Date of Birth: 02/03/1994	Type of Informant: Rider
Race: Chinese		Language: [REDACTED] / School Name	
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,3C [REDACTED] of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2019 15:10	Type of Location: Straight Road
Location: Along Road 1 HOUGANG STREET 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7279B	Motorcycle	PIAGGIO	VESPA LX 150 I.E. 3V	Blue		0
FBL1212L	Motorcycle	YAMAHA	YBR125	Red		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/20190712/2125

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20190712/2125

CONTINUATION OF REPORT

Rider			
Name	LOK JIAN WEN		ID No. S9083343Z
Related Vehicle	FBH7279B (Motorcycle)		Contact No. 94811595
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	
No. of Days granted Medical Leave	NIL	Degree of Injury	
Rider			
Name	YIN SUCAN		ID No. G8785024U
Related Vehicle	FBL1212L (Motorcycle)		Contact No. 91327119
Hospital/Clinic	KOVAN CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3C Date of Expiry: 09/06/2019
Date Treatment	12/07/2019	Date Discharge	12/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 12/07/2019 at about 1508hrs, I was riding my company (McDonald's) motorcycle (FBL1212L) along Hougang Street 21 to perform delivery duties. As I was approaching the open carpark of Blk 208-210 Hougang Street 21, I proceeded to turn on my right signal light.

Suddenly, the head of another motorcycle (FBH7279B) hit onto the rear of my motorcycle, resulting me to fall off from my vehicle due to the impact. The other rider then alighted from his vehicle to make a check before we exchanged particulars and leaving the accident location thereafter.

I wish to inform that no Traffic Police and Ambulance attended to the incident and that I was also awarded three days of medical certification from 12/07/2019 - 14/07/2019 due to pain experienced at my right knee. I am lodging this report for Traffic Police Investigations.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190712/2125

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No: T/20190712/2125

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:

F/

Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Informant:

Yin Su Can

Signature Of Interpreter:

Not applicable

Date/Time:

12/07/2019 16:31

Officer In Charge Of Case:

TP/AEIT/

SIANG YI TING, STEPHANIE

Contact No: 65476414

SN 085

Classification Of Case:

Authentication Stamp:

RP152

Singapore Police Force