

## 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	28/07/2019 13:38
Date Of Accident	26/07/2019 13:00
Exact Location Of Accident	ALONG KRETA AYER ROAD AND KEONG SAIK ROAD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6178X
<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	YBR 125 MANUAL
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	AVFMSB0000611902
Cover Note Number	NA

### Driver

Name of Driver	SUN XIAOFENG
NRIC No	G2958531N
Date Of Birth	24/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83458107
Fax Number	
Contact Number	
Email Address	PP@SG.MCD.COM

Address	NA
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 - CROSS JUNCTION
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I was riding my bike along Kreta Ayer Road and Keong Saik Road junction. I was stop at the yellow box to checked my traffic, when I started moving my bike. Suddenly SHB6299K was came from my right side, and I cannot stop on and collided onto his car front left side position. My right leg and my neck was painful.

#### 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	SHB6299K
Vehicle Make/Model/Colour	MERCEDES BENZ / E 220 CDI BLUEEFFICIENCY
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	LIM KIAN SENG
NRIC/Passport Number	S1494416H
Contact Number	98538402
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	SUN XIAOFENG
Approximate Age	
Injuries Sustain	PAIN ON RIGHT LEG AND NECK
Injured person in which vehicle?	FBG6178X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



ACCIDENT STATEMENT (2000 characters)

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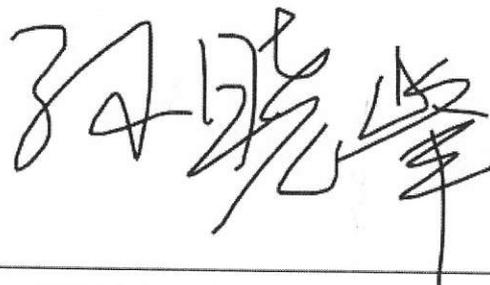
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
JOHNNY VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

27 July 2019 at 2:12 PM

Date/Time:

27 July 2019 at 2:12 PM