

## 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	05/01/2020 00:14
Date Of Accident	04/01/2020 12:20
Exact Location Of Accident	KALLANG ROAD TURNING TO LAVENDER STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1513H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE LTD
Co Reg No	1XXXXXX88K <i>JKK</i>
Email Address	RAYMOND@BHH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62816520

### Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155 ABS
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	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	AVFMSB0000651901
Cover Note Number	

### Driver

Name of Driver	VIMAL RAJARUMINATHAN
Work Permit No	GXXXX516T
Date Of Birth	22/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91685699
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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 - 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?	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]	CAIRNHILL NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer to police report no:T/20200104/2063 On 04/01/2020 at 1220hrs, I was riding along 147 Kallang Road when the traffic light turned to amber and I started to slow down. As soon as I stopped my company vehicle (FBN1513H), I felt a mild nudge at the rear of my vehicle and I noticed that a black car (SKV9157B) had hit onto the rear of my vehicle. The driver had assumed that I am still on the move as the traffic light was amber as such the car owner hit onto the rear of my vehicle. I did not fall and I do not have any injuries. The driver of the car did not have any injuries. I am lodging this report for the purpose of claiming through my company.

#### 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	SKV9157B
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHATTERJI ALPANA
NRIC/Passport Number	SXXXX147J
Contact Number	87321789
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

FBN1513H

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 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. 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 upon application by interested parties.
7. By the lodgment 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.(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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4/1/20, 4:50 PM

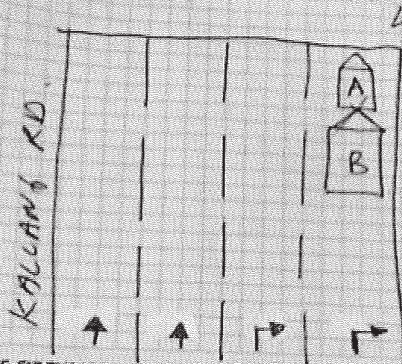
VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Sketch Plan #2

SKETCH PLAN



LAVERNER ST.

A - FBN1513H

B - SKV9157B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4/1/2020

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:





**SINGAPORE  
POLICE FORCE**



T/20200104/2063

Police Station Of Origin:  
Cairnhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

1 of 3

Report No. T/20200104/2063

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/01/2020 13:55	Video Report No.:	Station Diary No.: 17
--	-------------------	--------------------------

**Informant's Particulars**

Name of Informant: VIMAL RAJ ARUMINATHAN		Address:	
ID Type / ID No. FIN NO / G6670516T		Contact No.: Home/Office: Mobile: 91685699	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 29	Date of Birth: 22/11/1990	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: Certis Cisco Officer		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/01/2020 12:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KALLANG ROAD LAVENDER STREET 147 Kallang Rd turning into Lavender St				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
FBN1513H	Motorcycle	YAMAHA	NMAX155	White	Slightly Damaged	0
SKV9157B	Car	LEXUS		Black	Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Calmhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999



T/20200104/2063

2 of 3

Report No. T/20200104/2063

## CONTINUATION OF REPORT

<b>Rider:</b>		ID No.		G6670516T	
Name	VIMAL RAJ ARUMINATHAN			Contact No.	91685699
Related Vehicle	FBN1513H (Motorcycle)			Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 04/11/2024
Hospital/Clinic	NIL			Date Treatment	NIL
No. of Days granted Medical Leave			NIL	Date Discharge	NIL
No. of Days granted Medical Leave			NIL	Degree of Injury	NIL
<b>Driver:</b>		ID No.		S6967147J	
Name	CHATTERJI ALPANA			Contact No.	87321789
Related Vehicle	SKV9157B (Car)			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
No. of Days granted Medical Leave			NIL	Date Discharge	NIL
No. of Days granted Medical Leave			NIL	Degree of Injury	NIL

**Brief Details.**

On 04/01/2020 at 1220hrs, I was riding along 147 Kallang Road when the traffic light turned to amber and I started to slow down. As soon as I stopped my company vehicle (FBN1513H), I felt a mild nudge at the rear of my vehicle and I noticed that a black car (SKV9157B) had hit onto the rear of my vehicle. The driver had assumed that I am still on the move as the traffic light was amber as such the car owner hit onto the rear of my vehicle. I did not fall and I do not have any injuries. The driver of the car did not have any injuries.

I am lodging this report for the purpose of claiming through my company.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Calmhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2988999



T:20200104/2003

3 of 3

Report No. T:20200104/2003

**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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
A /  
Sgt 2 MOHAMED RAFHAN BIN MOHAMED  
ABDUL KADER

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/01/2020 13:55

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No: 65476151

Classification Of Case

Authorisation Stamp

SINGAPORE  
POLICE FORCE





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

### Third Party Insurer Enquiry

Our Ref No: GR-20-005311  
Date of Request: 09/01/2020

Your Ref No: Online Purchase

Ban Hock Hin Co. Pte Ltd  
No. 6 Defu Lane 4  
Singapore 539410

Dear Sir/Madam,

Enquiry Date 09/01/2020  
Enquiry By Hasrianah Binte Hassan  
TP Vehicle No. SKV9157B  
Accident Date 04/01/2020

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKV9157B	AIG Asia Pacific Insurance Pte. Ltd.	08/10/2019-07/10/2020	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.





RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
 Phone: +65 6224 0010 Fax: +65 6224 0030  
 Operating Hours: Monday to Friday 9am to 5pm  
 GST Registration No: M400017735

## TAX INVOICE

Our Ref No: GR-20-005311

Date of Request: 09/01/2020

Your Ref No:

Online Purchase

Ban Hock Hin Co. Pte Ltd  
 No. 6 Defu Lane 4  
 Singapore 539410

Dear Sir/Madam,

Enquiry Date 09/01/2020  
 Enquiry By Hasrianah Binte Hassan  
 TP Vehicle No. SKV9157B  
 Accident Date 04/01/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [ ] Cash [ ] Cheque