

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	04/02/2020 22:48
Date Of Accident	04/02/2020 12:55
Exact Location Of Accident	ALONG DORSET ROAD AND TRURO ROAD JUNCTION.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1159Y
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE LTD
Co Reg No	1XXXXX288K
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	AVFMSB0000651800
Cover Note Number	

Driver

Name of Driver	KARTHIK MUNUSAMY
NRIC No	GXXXX993U
Date Of Birth	06/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83626329
Fax Number	
Contact Number	
EMail Address	KARTHIKMALA1906@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	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

PLEASE REFER TO POLICE REPORT NO. A/20200204/2048 LODGE AT CAIRNHILL NPP ON 04/02/2020 AT ABOUT 1258HRS, I WAS RIDING MY COMPANY' MOTORCYCLE (FBN1159Y) ALONG DORSET RD. UPON APPROACHING THE JUNCTION OF TRURO RD, THE CAR IN FRONT OF ME, A GREY MERCEDES (SJU450E) SUDDENLY STOPPED AND STARTED TO REVERSE. I STOPPED MY VEHICLE AND HORNED TO ALERT THE DRIVER HOWEVER, THE CAR CONTINUED REVERSING AND EVENTUALLY HIT THE FRONT OF MY MOTORCYCLE. THE DRIVER ALIGHTED AND APOLOGIZED. I ASSESSED THAT MY MOTORCYCLE'S FRONT MUD GUARD WAS BROKEN. I AM LODGING THIS REPORT FOR MY COMPANY'S INSURANCE CLAIM PURPOSES. THE DRIVER DETAILS ARE AS FOLLOW: YOONG NYOK YEE, AILEEN S7110378A BLK 121 LORONG 2 TOA PAYOH #19-24 HP:94350085

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU450E
Vehicle Make/Model/Colour	MERCEDES BENZ / GLC200 (R18 LED)
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	YOONG NYOK YEE, AILEEN
NRIC/Passport Number	SXXXX378A
Contact Number	94350085
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
 VOO CHEON YEE

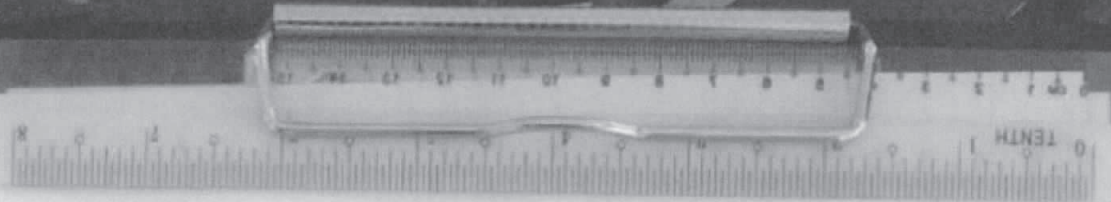
Policyholder's Signature
 Date & Time:

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

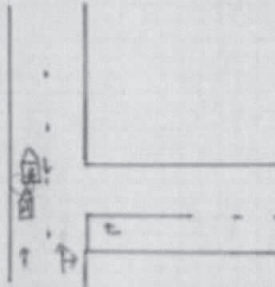
Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

4-2-2020

Sketch Plan #2



A: FBN/159Y
B: SJV450E



Along Dorset road and
Truro Road T Junction.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
VOO CHEON YEE

Policyholder's Signature
Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20200204/2048

1 of 2

POLICE REPORT (NP299)

Report No. A/20200204/2048

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

Date/Time Report Made 04/02/2020 14:05	Vide Report No.	Station Diary No. 17
Name Of Informant KARTHIK MUNUSAMY	Address	
ID Type / ID No. FIN NO / G8693993U	Contact No. Home/Office	Mobile 83626329
Nationality MALAYSIAN	Email Address	
Occupation PARKING ENFORCEMENT OFFICER	Sex Male	Age 27
Institution/School Name	Date of Birth 06/12/1992	Race Indian
Date/Time Of Incident 04/02/2020 12:55	Location Of Incident 101 DORSET ROAD DORSET MANSIONS SINGAPORE 219494 in front of 99/101 Dorset Rd and junction of Truro Rd	

Brief details.

On 04/02/2020 at about 1258hrs, I was riding my company's motorcycle (FBN1159Y) along Dorset Rd. Upon approaching the junction of Truro Rd, the car in front of me, a grey Mercedes (SJU450E) suddenly stopped and started to reverse.

I stopped my vehicle and horned to alert the driver however, the car continued reversing and eventually hit the front of my motorcycle.

Signature Of Officer Recording The Report:

A / Sgt 2 GOH JUN XIAN SHERMAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp KARL ELLIOTT LIM PENG
Contact No: 65573354

Authentication Stamp

Signature Of Informant:

Date/Time:
04/02/2020 14:05

Classification Of Case:

POLICE REPORT



SINGAPORE
POLICE FORCE



A/20200204/2048

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200204/2048

The driver alighted and apologized. I assessed that my motorcycle's front mud guard was broken.

I am lodging this report for my company's insurance claim purposes.

The driver details are as follow:

Yoong Nyok Yee, Aileen

S7110378A

Blk 121 Lorong 2 Toa Payoh #19-24

HP: 94350085

Signature Of Officer Recording The Report:

A / Sgt 2 GOH JUN XIAN SHERMAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp KARL ELLIOTT LIM PENG
Contact No. : 65573354

Authentication Stamp

Signature Of Informant:

Date/Time:
04/02/2020 14 05

Classification Of Case: