

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	25/03/2020 17:21
Date Of Accident	15/03/2020 23:00
Exact Location Of Accident	JUNCTION OF LICHU AVENUE AND WILLOW AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2469L
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE LTD
Co Reg No	1XXXXX288K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83796920
Alternative Phone No	OFFICE-83796920

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR 125
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	AVFMSB0000591702
Cover Note Number	NA

Driver

Name of Driver	AHMAD HAFIZUDDIN BIN ABDUL RAHIM
Passport No/FIN	GXXXX792U
Date Of Birth	26/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2017
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83796920
Fax Number	
Contact Number	
EMail Address	PTP@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	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?	YES
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]	TOA PAYOH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 15/03/2020 AT AROUND 2300HRS, I WAS RIDING MY MOTORCYCLE (FBK2469L) ALONG LICHU AVENUE TOWARDS THE DIRECTIONS OF UPPER ALJUNIED ROAD NEAR TO THE JUNCTION OF LICHU AVENUE AND WILLOW AVENUE WHILE I WAS GOING STRAIGHT A TAXI ON THE OPPOSITE DIRECTION SUDDENLY MADE A RIGHT TURN IN TO MY PATH. I COULD NOT STOP MY BIKE IN TIME AND COLLIDED TO THE FRONT PORTION OF THE SAID TAXI SUBSEQUENTLY I WAS CONVEYED TO TAN TOCK SENG HOSPITAL . I WAS WARDED IN THE HOSPITAL FOR 3 DAYS. I WAS DISCHARGED FROM HOSPITAL ON 17/03/2020 AND WAS GIVEN 47 DAYS MC BY THEE DOCTOR. I CAN BE CONTACTED BY MALAYSIAN NUMBER AT 0149996257

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	SH8487J
Vehicle Make/Model/Colour	TOYOTA / PRIUS HYBRID 1.8 CVT
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AHMAD HAFIZUDDIN BIN ABDUL RAHIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBK2469L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	NA
Postcode	

Sketch Plan

SKETCH PLAN

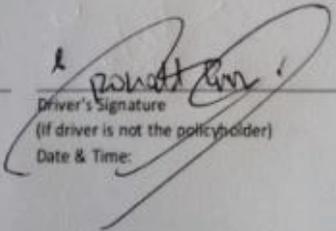
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8. **Consent under the Personal Data Protection Act (POPA)**

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:

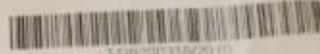
**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR**

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

police report



**SINGAPORE
POLICE FORCE**



1207003182010

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Report No: T/00200318/2010

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2020 03:47	Video Report No:	Station Diary No: 10
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Informant's Particulars

Name of Informant: AHMAD HAFIZUDDIN BIN ABDUL RAHIM		Address: APT BLK 25-06 Jalan Perak 1 Desa Palma Pangsapuri Palma Menara A SINGAPORE	
ID Type / ID No.: FIN NO / G2899792U		Contact No: Home/Office	Mobile: 83796920
Nationality: MALYSIAN		Email:	
Sex: Male	Age: 29	Date of Birth: 26/01/1991	Type of Informant: Rider
Race: Malay	Language: English		Institution / School Name:
Occupation: rider		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/03/2020 23:00	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 LICH AVENUE UPPER ALJUNIED ROAD Lichi Avenue towards Upper Aljunied Road, at the junction of Lichi Avenue and Willow Avenue				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBK2469L	Motorcycle	YAMAHA	YBR 125	Black	Slightly Damaged	0

Details of Person Involved

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

police report



SINGAPORE
POLICE FORCE



T/20200318-2010

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Report No. T/20200318/2010

Police Station Of Origin:
Toa Payoh N.P.C
83 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Rider		ID No.		G2899792U	
Name	AHMAD HAFIZUDDIN BIN ABDUL RAHIM		ID No.	G2899792U	
Related Vehicle	FBK2469L (Car)		Contact No.	83796920	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	15/03/2020	Date Discharge	17/03/2020		
No. of Days granted Medical Leave	47	Degree of Injury	Serious		

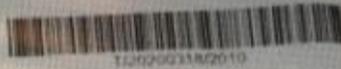
Brief Details.

On 15/03/2020 at around 2300hrs, I was riding my motorcycle (FBK2469L) along Lichi Avenue towards the direction of Upper Aljunied Road. Near to the junction of Lichi Avenue and Willow Avenue, while I was going straight, a taxi on the opposite direction suddenly made a right turn into my path. I could not stop my motorcycle in time and collided to the front right portion of the said taxi. Subsequently I was conveyed to Tan Tock Seng Hospital. I was warded in the hospital for 3 days. I was discharged from hospital on 17/03/2020 and was given 47 days MC by the doctor.

I can be contacted by my Malaysian number at +60 149996257



**SINGAPORE
POLICE FORCE**



T/20200318/2010

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Report No T/20200318/2010

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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:
E /
Sgt 2 LEE SIONG HUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/03/2020 03:47

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

Authentication Stamp
NP168

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