

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	27/05/2020 16:39
Date Of Accident	24/05/2020 14:10
Exact Location Of Accident	IN FRONT 515 BEDOK NORTH AVE 2 CAR PARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2286Y
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE LTD
Co Reg No	1XXXXXX88K
Email Address	RAYMOND@BHH.COM.SG
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
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00791691
Cover Note Number	

Driver

Name of Driver	CAO YUAN HANG
Work Permit No	GXXXX853R
Date Of Birth	12/09/1990
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91452780
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 - MAJOR/MINOR RD
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]	BEDOK NORTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS RIDING ALONG BEDOK NORTH AVE 2 TOWARDS BEDOK NORTH ST 3 . VEHICLE B WAS TURNING OUT FROM 515 BEDOK NORTH AVE 2 CAR PARK WITHOUT CHECKING , I CAN'T STOP IN TIME AND COLLIDED ONTO RIGHT FRONT SIDE OF VEHICLE B . NO INJURIES INVOLVED

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	SJR2865U
Vehicle Make/Model/Colour	MERCEDES BENZ / E200 AVG (R18 LED)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHUI HOON
NRIC/Passport Number	
Contact Number	98387121
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.



Policyholder's Signature
Date & Time:

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

27/5/2020

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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

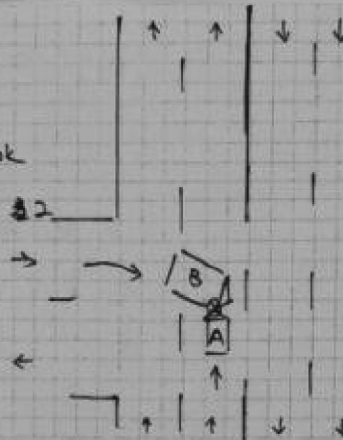
Sketch Plan #2

SKETCH PLAN

515 Bedok
North Ave 32

A: FBK 2286Y

B: SJR 2865U



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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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

ANNEX E

NOTICE OF REPORTING

This is to confirm that Cao Yuanhang, FIN: G2677835R, has reported to the Police a non-injury traffic accident which occurred along Bedok North Avenue 2, near Blk 515 Bedok North Ave 2 carpark entrance on 24/05/2020 at 1410hrs involving the following vehicles:

- FBK2286Y (Red Yamaha 125)
- SJR2865U (Black Mercedes Benz)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Bedok north NPC
No. 30 Bedok North Road
Singapore 469676
Tel: 1800-2449999

Rank / Name of Issuing officer: SGT(3) Lim Wei Siang

Date: 24/05/2020 Time: 1639hrs

S/D Ref: 19

Police Post/ Unit: BEDOK NORTH NPC

Original - To be issued to informant
Duplicate - to be submitted to Traffic Police

ACCIDENT STATEMENT (2000 characters)

I WAS RIDING ALONG BEDOK NORTH AVE 2 TOWARDS BEDOK NORTH ST 3 .
VEHICLE B WAS TURNING OUT FROM 515 BEDOK NORTH AVE 2 CAR PARK
WITHOUT CHECKING , I CAN'T STOP IN TIME AND COLLIDED ONTO RIGHT
FRONT SIDE OF VEHICLE B . NO INJURIES INVOLVED .

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 -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

27 May 2020 at 3:18 PM

Date/Time:

27 May 2020 at 3:18 PM