

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	11/07/2020 22:30
Date Of Accident	10/07/2020 23:00
Exact Location Of Accident	JURONG WEST STREET 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1799R
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	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	YES
Policy Number	MC/00780777
Cover Note Number	

Driver

Name of Driver	AZMAN BIN MOHAMED
NRIC No	SXXXX227H
Date Of Birth	07/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	24/12/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87424185
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 - 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?	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	TRAFFIC POLICE HEADQUARTERS
Police Station Address	ROAD: 10 UBI AVENUE 3 SINGAPORE , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer as police report (T/20200711/7011). I was travelling straight on Jurong West St 41 towards Jurong West Ave 1 when suddenly a car from the opposite direction just make a right turn into my path to turn into the carpark. I braked and horned the car but was not able to stop in time and hit the car. This carpark is opposite Fuhua Secondary School. A few policemen from the polling station at Fuhua Secondary School came to my assistance as they had witnessed the whole incident. There is also a witness with carcam footage of the accident.

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 Witness 1

Name	DESMOND
Phone Number	91793881
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV2201C
Vehicle Make/Model/Colour	PEUGEOT / 308 SW ALLURE PURETECH 1.2 A/T 2WD S/R
Details Of Properties	NA
Vehicle Category	PRIVATE CAR

Name of Driver	NO DETAILS
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AZMAN BIN MOHAMED
Approximate Age	39
Injuries Sustain	
Injured person in which vehicle?	FBK1799R
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

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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

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Sketch Plan #2

B
6E

SKETCH PLAN

CH 494-499

JURONG WEST ST 71

FIELD SECONDARY

A FBK 1799R

B SKV 2201C

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
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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.:

2

MEDICAL CERTIFICATE

Ng Teng Fong General Hospital

A member of the NUSHS

MEDICAL CERTIFICATE (Ref: 71480642)

ORIGINAL

NAME: AZMAN BIN MOHAMED

NRIC: S8027227H

Type of Medical Leave granted: Outpatient Sick Leave

The above named is unfit for duty from 11/07/2020 to 14/07/2020 inclusive.

The certificate is not valid for absence from court attendance.

The above named was in Emergency Department from 10/07/2020 23:23 to 11/07/2020 01:37.

11/07/2020
Date

Dr. Yang Chean LIM (614702)
Issued by

Signature

Location: NTFGH EMERGENCY

MEDICAL CERTIFICATE

TAX INVOICE

Hong Kong General Hospital
Jurong Community Hospital
Jurong Medical Centre
Division of the HKS

TO
MR. AZMAN BIN MOHAMED
BLK 551B #15-1186
JURONG WEST STREET 42
SPRING HAVEN @ JURONG
SINGAPORE 642561

MRN/IRIC XXXXX227H
BILL NO 14826288G
BILL DATE 11 07 2020
VISIT DATE 10 07 2020
TYPE OF SUPPLY CASH/CREDIT
GST REG NO 200910555Z

PATIENT NAME: AZMAN BIN MOHAMED

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9219401246D Specialty / Class : Accident & Emergency / NA	
A&E Attendance Fee	240.00
XR Ankle Joint AP & Lateral Left	44.00
XR Cervical Spine AP & Lateral	80.50
XR Hand PA & Oblique Right	40.70
XR Pelvis & Hip Joint Lateral Both	75.50
Metoprolol 10MG Tablet	1.20
Tramadol 50MG Tab	1.20
Ketoprofen 30MG Plast (Kefentech) 7S/8S	4.80
Ketorolac Tromet 30MG/ML Inj	7.12
Naproxen Sod 275MG Tablet	2.40
Tramadol Hcl 50MG/ML Injection (Tramal)	1.52
Total Charges	479.34
Less: Government Subsidy	343.50
Add: 7% GST	9.52
Less: GST Absorbed	8.52
Amount Payable	135.84

Payee(s) Summary

Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount	135.84				
AZMAN BIN MOHAMED	135.84	0.00	0.04	135.80	

Amount to be paid: \$135.80

For Information

The amount payable by patient has been rounded down to the nearest cents.

PAGE 1 OF 1

11/07/2020 02:05

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THE PARTY WHO ISSUES A CONTRACTOR INVOICE TO GUARANTEE THE MEDICAL SERVICES PROVIDED BY THE HKS, IS REQUESTED TO SIGN IT IN NEWSPRINT AND SUBMIT IT TO THE HKS. THE HKS WILL SIGN THE MEDICAL INVOICE AND RETURN IT TO THE PARTY WHO ISSUES THE INVOICE. THE PARTY WHO ISSUES THE INVOICE SHOULD SIGN IT IN NEWSPRINT AND SUBMIT IT TO THE HKS. THE HKS WILL SIGN THE MEDICAL INVOICE AND RETURN IT TO THE PARTY WHO ISSUES THE INVOICE. THE PARTY WHO ISSUES THE INVOICE SHOULD SIGN IT IN NEWSPRINT AND SUBMIT IT TO THE HKS. THE HKS WILL SIGN THE MEDICAL INVOICE AND RETURN IT TO THE PARTY WHO ISSUES THE INVOICE.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200711/7011

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200711/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2020 14:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AZMAN BIN MOHAMED			Address: APT BLK 561B JURONG WEST STREET 42 #16-1155 SINGAPORE 642561		
ID Type / ID No.: NRIC NO / S8027227H			Contact No.: Home/Office: Mobile: 87424185		
Nationality: SINGAPORE CITIZEN			Email: azmanmohamed456@gmail.com		
Sex: Male	Age: 39	Date of Birth: 07/09/1980	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: McDonald's Delivery Rider			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/07/2020 23:00	Type of Location: Straight Road
Location: JURONG WEST STREET 41				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
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
FBK1799R	Motorcycle					0
SKV2201C	Car					0

Details of Person Involved

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200711/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200711/7011

CONTINUATION OF REPORT

Rider			
Name	AZMAN BIN MOHAMED	ID No.	S8027227H
Related Vehicle	FBK1799R (Motorcycle)	Contact No.	87424185
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	10/07/2020	Date Discharge	11/07/2020
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

I was travelling straight on Jurong West St 41 towards Jurong West Ave 1 when suddenly a car from the opposite direction just make a right turn into my path to turn into the carpark. I braked and horned the car but was not able to stop in time and hit the car. This carpark is opposite Fuhua Secondary School. A few policemen from the polling station at Fuhua Secondary School came to my assistance as they had witnessed the whole incident. There is also a witness with carcam footage of the accident.

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POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200711/7011

3 of 3

Report No. T/20200711/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
LIM ENG KUAN, CLARENCE
Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/07/2020 14:50

Classification Of Case: