

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	04/08/2020 00:08
Date Of Accident	23/07/2020 17:30
Exact Location Of Accident	JUNC OF WOODLANDS CENTRE ROAD AND WOODLANDS ST 13
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6114H
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE LTD
Co Reg No	197000288K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91596472
Alternative Phone No	OFFICE-91596472

Vehicle Particulars

Manufacturer	YAMAHA
Model	YAMAHA 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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00792689
Cover Note Number	NA

Driver

Name of Driver	XU JIAWEI HUSTON
NRIC No	S8923465D
Date Of Birth	12/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2007
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91596472
Fax Number	(LOCAL) +65-91596472
Contact Number	
Email Address	XUJIAWEIHUSTON@HOTMAIL.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]	WOODLANDS DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - ROAD TRAFFIC ACCIDENT , I WAS GOING BACK TO MY MACDONALD OUTLET@CIVIC CENTRE AFTER FINISHING MY DELIVERY , ON THE WAY BACK I MEET AN ACCIDENT WITH A COMFORT TAXI . BEFORE IT HAPPEN I WAS RIDING , I SAW THE TAXI AT THE T JUNCTION MOVED BEYOND THE STOPLINE AND THEN STOPPED AGAIN. SO I THOUGHT HE MAYBE DID NOT SAW ME EARLIER SO HE MOVED BEYOND THE STOPLINE . THEN HE SAW ME AND THE STOPPED AGAIN . SO I CONTINUE TO RIDER AS I WAS GOING STRAIGHT . AROUND REACTING UPON THE TAXI AROUND 1 CAR LENGTH OUT OF SUDDEN HE MOVED OUT AND TURNING RIGHT TO OPPOSITE LANE OUT OF PANICKING KNOWING THAT ACCIDENT IS UNAVOIDABLE AT THIS MOMENT I TRIED TO BRAKE HOPING I COULD AVOID HIM BUT UNFORTUNATELY HE BANGED ON MY LEFT SIDE OF MOTORBIKE ON HIS RIGHT BUMPER FIRST IMPACT WAS ON MY LEFT PELVIC AFTER THAT I FLEW OUT OF BIKE TRYING TO BRACE THE 2ND IMPACT I INJURED MY BACK SPINE AND HIP AND HAVE ABRASION ON MY LEFT ARM. SOON AFTER THAT I WAS ROLLING IN PAIN ON THE ROAD AND HE CAME TO ASSIST ME AND CALLED AMBULANCE .

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4619P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	DZULKEFLI BIN AHMAT
NRIC/Passport Number	S8301471G

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name XU JIAWEI HUSTON
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBP6114H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN FPB6114H

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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: **3 Aug 2020**

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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

+ Ind.
 R: FBP6114H
 B: SHA4619P

WOODLANDS CENTRE CORE
 CONTACT POINT
 WOODLANDS ST. B

REFER TO ATTACHED STATEMENT.

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

+ ~~the~~.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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

Sketch Plan #3



L202007297082.pdf



POLICE FORCE

L202007297082

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POLICE REPORT (NP299)

Report No. L/20200729/7082

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 29/07/2020 18:50	Vide Report No.	Station Diary No.
Name Of Informant XU JIAWEI, HUSTON	Address APT BLK 334 WOODLANDS STREET 32 #09-13 SINGAPORE 730334	
ID Type / ID No. NRIC NO / S8923465D	Contact No. Home/Office:	Mobile: 91596472
Nationality SINGAPORE CITIZEN	Email Address xujiawei@huston@hotmail.com	
Occupation Outlet Supervisor, Food Delivery	Sex Male	Age 31
Institution/School Name	Date of Birth 12/07/1989	Race Chinese
Date/Time Of Incident 23/07/2020 16:30 - 23/07/2020 17:00	Location Of Incident WOODLANDS CENTRE ROAD	

Brief details.

Road Traffic Accident.. I Was Going Back To My Macdonald Outlet@civic centre After Finishing My Delivery.. On The Way Back.. I Meet An Accident With A Comfort Taxi.

Before It Happen I Was Riding..I Saw The Taxi.. At The T Junction Moved Beyond The Stopline And Then Stopped Again..So I Thought He Maybe Did Not Saw Me Earlier So He Moved Beyond The Stopline.. Then Saw Me And The Stopped Again..So I Continue To Ride As I Was going Straight.. Around Reaching Upon The Taxi Around 1 Car Length Out Of A Sudden.. He Moved Out And Turning

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2020 18:50
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20200729/7082

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200729/7082

Right To Opposite Lane.. Out Of Panicking Knowing That Accident Is Unavoidable at this moment I Tried To Brake Hoping I Could Avoid Him..But Unfortunately He Banged On My Left Side of my motorbike.. on his right bumper.. first impact was on my left pelvic after that i flew out of bike trying to brace the 2nd impact i injured my back spine and hip and have abrasion on my left arm.. Soon After That I Was Rolling In Pain On The Road.. And He Came To Assist Me And Called Ambulance.

Taxi Was SHA4619P

L/20200723/0096

Subjects Involved			
Victim			
Person Name	XU JIAWEI, HUSTON		
ID Type	NRIC NO	ID No	S8923465D
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Outlet Supervisor, Food Delivery		
Address	APT BLK 334 WOODLANDS	Mobile No	91596472
	STREET 32 #09-13		
	SINGAPORE 730334		
Is Informant A Victim?	Yes		
Person Name XU JIAWEI, HUSTON (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

29/07/2020 18:50

Classification Of Case:

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8923465D

Name: XU JIAWEI, HUSTON

Birth Date: 12 Jul 1989

Issue Date: 10 Jun 2020

Barcode: 003050199G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8923465D

Name: XU JIAWEI, HUSTON

許家偉

Race: CHINESE

Date of Birth: 12-07-1989

Sex: M

Country/Place of Birth: SINGAPORE



Driving License



Addendum Sheet

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MBHH20065497 Vehicle Registration No: FBP6114H
Name(as shown in NRIC) : XU JIAWEI HUSTON NRIC/FIN/Passport No : S8923465D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 91596472
Email Address : _____
Date of Accident : 23/07/2020 Time of Accident : 17:30
Place of Accident : JUNCTION OF WOODLANDS CENTRE ROAD AND WOODLANDS ST 13
Insurance Company : DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTACH DRIVING LICENCE

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: SABITRA
NRIC/FIN No.:
Date: 27/08/2020

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH20065497-02 Vehicle Registration No: FBP6114H
Name(as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : +65-91596472
Email Address : _____
Date of Accident : 23/07/2020 Time of Accident : 17:30
Place of Accident : JUNC OF WOODLANDS CENTRE ROAD AND WOODLANDS ST 13
Insurance Company : DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. AMEND TO THIRD PARTY CLAIMS

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: SUGANYA
NRIC/FIN No.: _____
Date: 02082020