

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 | 30/08/2020 20:22 |
| Date Of Accident | 30/08/2020 09:35 |
| Exact Location Of Accident | ALG PAYAR LEBAR RD TWDS GEYLANG NEAR PIE JUNCTION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | FBK1740J |
| Insured/Policyholder | |
| Name Of Registered Owner | BAN HOCK HIN CO 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/00780779 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | SYAWAL BIN SAID |
| NRIC No | SXXXX183J |
| Date Of Birth | 09/02/1997 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/11/2016 |
| Driving Experience | 3 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | +65-87473317 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------|
| 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 | 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? | 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 | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO.T/20200830/2027 LODGE AT GEYLANG N.P.C I AM A PART TIME MACDONALD'S DELIVERY RIDER, AT MACDONALD'S GEYLANG EAST. I HAVE BEEN WORKING PART TIME WITH THE COMPANY FOR 6 MONTH. ON 30 AUGUST 2020 AT ABOUT 0935HRS, I WAS RIDING ON THE RIGHT MOST LANE OF PAYAR LEBAR ROAD, TOWARDS GUILLEMARD ROAD. I WAS NEGOTIATING A RIGHT TURN WHEN A WHITE CAR GRAZED THE REAR TIRE OF MY MOTORCYCLE. THERE WAS NO PHYSICAL DAMAGE TO MY MOTORCYCLE. THERE WAS ALSO NO PHYSICAL DAMAGE TO THE CAR. HOWEVER, THERE WERE TIRE MARKS ON THE RIGHT FRONT BUMPER OF THE VEHICLE, UNDER THE HEADLIGHTS. I WISH TO ADD THAT THERE WERE NO POLICE OFFICER AT THE SCENE AND THAT THERE WAS NO DAMAGE TO ANY GOVERNMENT PROPERTY. THE PARTICULARS OF THE VEHICLE OWNER (SMV818M) ARE AS FOLLOW: ALICE CHIN HP:97302625 I AM LODGING THIS REPORT AS INSTRUCTIONS FROM MY COMPANY

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 | SMV818M |
| Vehicle Make/Model/Colour | MERCEDES BENZ / AMG C43 4MATIC SEDAN (R19 LED SR) |
| Details Of Properties | NA |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ALICE CHIN |
| NRIC/Passport Number | |
| Contact Number | 97302625 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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
WONG JUN KEAT

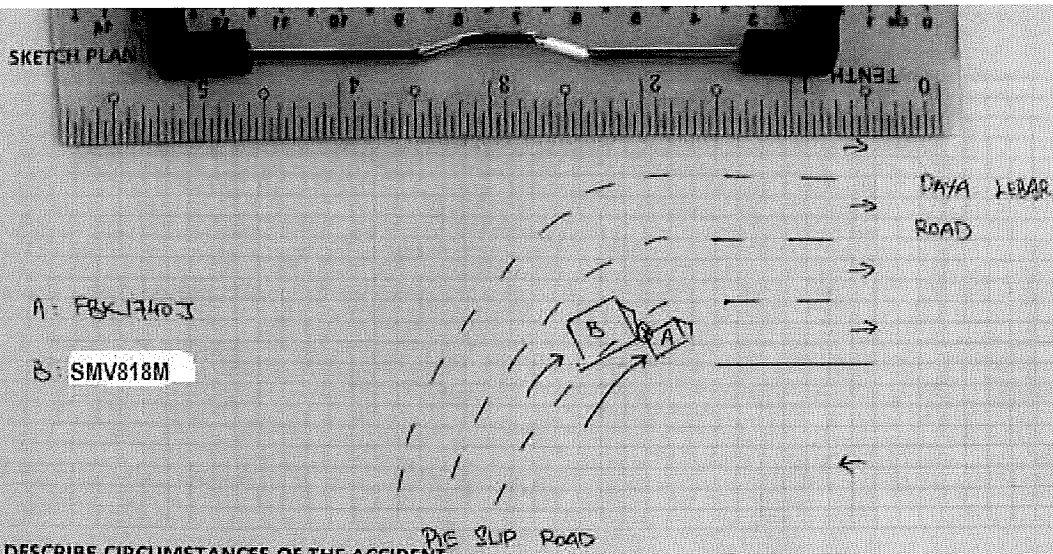
Policyholder's Signature
Date & Time:

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

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

30/8/2020

Sketch Plan #2



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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Gaylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No. 1800-8486999



T/20200830/2027

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Report No. T/20200830/2027

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 30/08/2020 12:01 | Vide Report No.: | Station Diary No.: 23 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: SYAWAL BIN SAID | | | Address: APT BLK 93 JALAN DUA #01-08 SINGAPORE 390093 | |
| ID Type / ID No.: NRIC NO / [REDACTED] | | | Contact No.: Home/Office: 87473317 Mobile: | |
| Nationality: MALAYSIAN | | | Email: | |
| Sex: Male | Age: 23 | Date of Birth: 09/02/1997 | Type of Informant: Rider | |
| Race: Malay | | | Language: | Institution / School Name: |
| Occupation: Part Time Delivery Rider | | | Driving Licence Information: Class: Date of Expiry: | |

General Information of the Accident

| | | | |
|---|---|--|-------------------------------------|
| Type of Accident: Non-Injury | Drink Drive: No | Date/Time of Accident: 30/08/2020 09:35 | Type of Location: Bend |
| Location: PAYA LEBAR ROAD | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBK1740J | Motorcycle | | | | No Damage | 0 |
| SMV818M | Car | | | | No Damage | 0 |

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200830/2027

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200830/2027

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------|------------------|--|
| Rider | | | |
| Name | SYAWAL BIN SAID | | ID No. |
| Related Vehicle | NIL | | Contact No. 87473317 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date |
| | | | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

I am a part time Macdonald's Delivery rider, at Macdonald's Geylang East. I have been working part time with the company for 6 months.

On 30 August 2020 at about 0935hrs, I was riding on the right-most lane of Paya Lebar Road, towards Guillemard Road.

I was negotiating a right turn when a white car grazed the rear tire of my motorcycle. There was no physical damage to my motorcycle. There was also no physical damage to the car. However, there were tire marks on the right front bumper of her vehicle, under the headlights.

I wish to add that there were no police officers at the scene and that there was no damage to any government property.

The particulars of the vehicle owner (SMV818M) are as follows:
Alice Chin
Hp: 97302625

I am lodging this report as instructions from my Company.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N P C
1 Cassia Link SINGAPORE 397818
Tel No: 1800-8486999



T/20200830/2027

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Report No. T/20200830/2027

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:
G /
Sgt 2 Maryam Norazmi

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/08/2020 12:01

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP158

SIGNATURE