

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	20/10/2020 23:01
Date Of Accident	20/10/2020 15:20
Exact Location Of Accident	PARK CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1567C
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	NMAX155 ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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/00833658
Cover Note Number	NA

Driver

Name of Driver	WONG YIH CHUN
NRIC No	GXXXX337T
Date Of Birth	08/02/1995
Occupation	INDOOR
Date Of Driving Pass	30/03/2019
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90732488
Fax Number	
Contact Number	
Email Address	ALEXWONG952@GMAIL.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	COLLISION - HEAD TO REAR
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?	NO
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]	MARINA BAY N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I AM A CRETIS CISCO COMPLIANCE OFFICER. ON 20/10/2020 AT ABOUT 0800HRS, I REPORTED TO WORK AND COLLECTED MY MOTORBIKE, FBN1567C. I WENT ON MY ROUNDS AND AT ABOUT 1508HRS, I REACHED PARK CERCENT. I PARKED MY MOTORBIKE ALONG 'DOUBLE YELLOW LINES' OF PARK CRESCENT NEAR A TACI STAND (D05). I THEN PROCEEDED BY FOOT TO CHECK ON STATUS OF VEHICLES PARKED THERE. AT ABOUT 1520HRS, I HEARD A LOUD BANG SOUND. I TURNED AROUND AND NOTICED A BLUE 'COMFORTDELGRO' TAXI HAD COLLIDED WITH MY MOTORBIKE. I IMMEDIATELY WENT OVER TO RENDER ASSISTANCE TO THE TAXI DRIVER AND ALSO CHECK ON THE DAMAGES INCURRED ON THE VEHICLES. UPON RECHING THE ACCIDENT SCENE, THE DRIVER WAS ALREADY OUT OF THE VEHICLE. HE WAS NOT INJURED AND DID NOT REQUIRE THE MEDICAL ASSISTANCE, I THEN PROCEEDED TO CHECK ON THE DAMAGES. THE TAXI HAD MINOR SCRATCHES ON THE FRONT LEFT OF THE BUMPER. I CHECKED ON MY MOTORBIKE AND NOTICED THAT THE FRONT AND REAR LEFT COVER HAD BROKEN. THE BRAKE WAS DENTED AND THE UNDERSIDE OF THE BIKE WAS SCRATCHED. THIS WAS THE DAMAGES I NOTICED AND I AM UNSURE WHAR OTHER DAMAGES MIGHT HAVE INCURRED. I THEN APPROACHED THE DRIVER AND CHECKED WITH HIM HOW THE ACCIDENT OCCURRED AND HE MENTIONED THAT HE ENTERED PARK CRESCENT FROM EU TONG SEN STREET AND DECIDED TO DO U-TURN TO ENTER THE TAXI STAND. HOWEVER, HE COLLIDED WITH MY MOTORBIKE. WE THEN EXCHANGED PARTICULARS AND HE LEFT THE SCENE. MY MOTORBIKE WAS THEN TOWED AWAY. I AM NOW LODGING THIS REPORT FOR MY COMPANY FILLING PURPOSE AND FOR INSURANCE CLAIMS. THAT IS ALL.

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	SH9788J
Vehicle Make/Model/Colour	TOYOTA / PRIUS HYBRID 1.8 CVT
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	NG CHOON HIONG
NRIC/Passport Number	SXXXX244G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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:

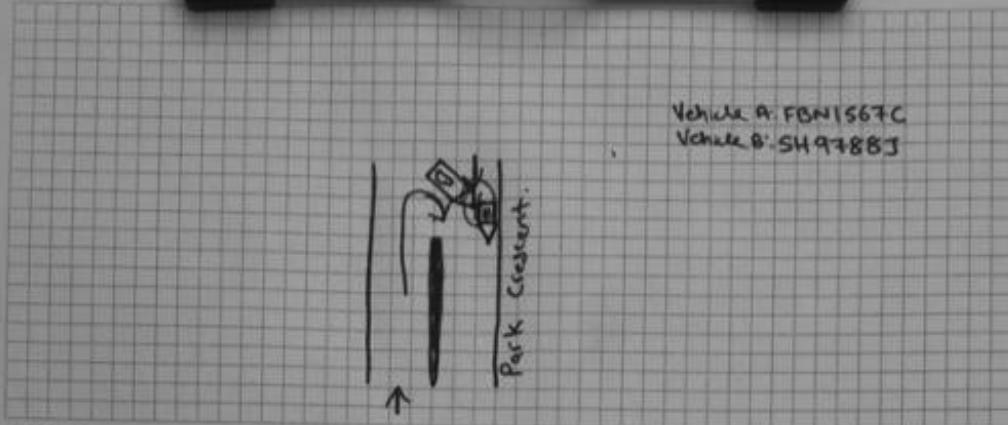
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

20 Oct 2020

Sketch Plan #2

SKETCH PLAN




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:

AXMARS Sketch Plan Form V3

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999



T/20201020/2108

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Report No. T/20201020/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2020 17:44		Vide Report No.:		Station Diary No.: 56	
Informant's Particulars					
Name of Informant: WONG YIH CHUN			Address: APT BLK 121 Pending Road #12-166 SINGAPORE 670121		
ID Type / ID No.: FIN NO / G2253337T			Contact No.: Home/Office: Mobile: 90732488		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 08/02/1995	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: COMPLIANCE OFFICER			Driving Licence Information: Class: 2B,3C		Date of Expiry: 30/03/2024

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/10/2020 15:20	Type of Location: Straight Road
Location: PARK CRESCENT				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1567C	Motorcycle				Seriously Damaged	0
SH9788J	Car				Slightly Damaged	0

Details of Person Involved

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

Sketch Plan #4



Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999



T/20201020/2108

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Report No. T/20201020/2108

CONTINUATION OF REPORT

Rider			
Name	WONG YIH CHUN	ID No.	G2253337T
Related Vehicle	FBN1567C (Motorcycle)	Contact No.	90732488
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 30/03/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG CHOON HIONG	ID No.	S7102244G
Related Vehicle	SH9788J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am a Certis Cisco compliance officer.

On 20/10/2020 at about 0800hrs, I reported to work and collected my motorbike, FBN1567C. I went on my rounds and at about 1508hrs, I reached Park Crescent. I parked my motorbike along 'Double Yellow Lines' of Park Crescent near a taxi stand (D05). I then proceeded by foot to check on status of vehicles parked there. At about 1520hrs, I heard a loud bang sound. I turned around and noticed a blue 'Comfort Delgro' taxi had collided with my motorbike. I immediately went over to render assistance to the taxi driver and also check on the damages incurred on the vehicles. Upon reaching the accident scene, the driver was already out of the vehicle. He was not injured and did not require any medical assistance. I then proceeded to check on the damages. The taxi had minor scratches on the front left of the bumper. I checked on my motorbike and noticed that the front and rear left cover had broken. The brake was dented and the underside of the bike was scratched. This was the damages I noticed and I am unsure what other damages might have incurred.

I then approached the driver and checked with him how the accident occurred and he mentioned that he entered Park Crescent from Eu Tong Sen Street and decided to do a U-turn to enter the taxi stand. However, he collided with my parked motorbike. We then exchanged particulars and he left the scene. My motorbike was then towed away.

I am now lodging this report for my company filing purpose and for insurance claims. That is all.