

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 Submission	08/05/2021 10:50 (SGT)
Date of Accident	07/05/2021 16:45 (SGT)
Exact Location of Accident	Tampines Street 61, Singapore
Additional Location Information	BLK 619A TAMPINES STREET 61 CARPARK LOT 302
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR27E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH SOON HUAT
NRIC No	SXXXX635H
Email Address	tohsoonhuat@yahoo.com.sg
Mobile Phone No	(Phone) +65-97985077
Alternative Phone No	(Home) +65-97985077

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CRF205L
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	250

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MC/00776833
Cover Note Number	-

DRIVER

Name of Driver	TOH SOON HUAT
NRIC No	SXXXX635H

Date Of Birth	27/04/1978
Occupation	Outdoor
Date Of Driving Pass	12/06/1995
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97985077
Alt. Phone Number	(Home) +65-97985077
Email Address	tohsoonhuat@yahoo.com.sg
Address	126 HOUGANG AVENUE 1
Address complement	#04-1528
Postcode	530126
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. F/20210507/7039 ATTACHED

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	GBH4037C
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle

Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name NUR AFIQAH BINTE MOHAMMAD RANI
Phone (Phone) +65-88467449
Email -

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: 08/05/2021

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

Reporting Centre Personnel's Signature
Name: Tan Chai Lok
NRIC/FIN No.: B77715235R

SKETCH PLAN

Diagram illustrating a sketch plan of a vehicle sequence:

- Top section: A box labeled **VAN** with the identifier **GSH/4037C** to its right.
- Middle section: A box labeled **Van** with the identifier **GSH/4037C** to its right.
- Bottom section: A box labeled **BIKE** with the identifier **FBR/27E** to its right.

Arrows indicate a downward flow from the VAN to the Van, and from the Van to the BIKE.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report NO. F/20210501/7039 attached.

DECLARATION

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

Policyholder's Signature _____
Date & Time: 08/05/2021

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

Reporting Centre Personnel's Signature
Name: Tan Choe Wei
NRIC/FIN No.: G7715235R



**SINGAPORE
POLICE FORCE**



F/20210507/7039

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POLICE REPORT (NP299)

Report No. F/20210507/7039

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 07/05/2021 18:22	Vide Report No.	Station Diary No.
Name Of Informant TOH SOON HUAT	Address 126 HOUGANG AVENUE 1 #04-1528 SINGAPORE 530126	
ID Type / ID No. NRIC NO /	Contact No. Home/Office:	Mobile: 97985077
Nationality SINGAPORE CITIZEN	Email Address TOHsoonhuat@YAHOO.COM.SG	
Occupation Marine engineer officer	Sex Male	Age 43
Institution/School Name	Date of Birth 27/04/1978	Race Chinese
Date/Time Of Incident 07/05/2021 16:40 - 07/05/2021 16:50	Language English	
	Location Of Incident 126 HOUGANG AVENUE 1 #04-1528 SINGAPORE 530126	

Brief details.

My motorcycle was parked at BLK 619A Tampines st 61 carpark lot 302.

I received a call at about 4.45pm from my wife that a witness told her that one van GBH 4037C reversed and knocked to my motorcycle FBR 27E.

The witness Ms Nur afiqah binte mohammad rani

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: 07/05/2021 18:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210507/7039

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210507/7039

88467449 saw the entire accident, the driver came down to check the motorcycle and drove off. The driver did not leave any of his contact on my motorcycle.

My motorcycle sustained damages which require a professional to inspect and access the motorcycle for safety.

No one was injured.

Subjects Involved			
Suspect			
Person Name	A		
Gender	Male		
Victim			
Person Name	TOH SOON HUAT		
ID Type	NRIC NO	ID No	
Gender	Male	Age	43
Race	Chinese	Language	English
Occupation	Marine engineer officer	Address	126 HOUGANG AVENUE 1 #04-1528 SINGAPORE 530126
Mobile No	97985077	Is Informant A Victim?	Yes
Person Name	TOH SOON HUAT (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:

07/05/2021 18:22

Classification Of Case: