

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	22/10/2021 15:09 (SGT)
Date of Accident	19/10/2021 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Lorong ah soo
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN3461K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAN HOCK HIN CO PTE LTD
Company Reg No	1XXXXXX88K
Email Address	raymond@bhh.com.sg
Mobile Phone No	(Phone) +65-62816520
Alternative Phone No	(Office) +65-62816520

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR125
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	125

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	MC/00914553
Cover Note Number	NA

DRIVER

Name of Driver	LI CHUNYU
NRIC No	GXXXX194P

Date Of Birth	22/03/1979
Occupation	Outdoor
Date Of Driving Pass	02/09/2019
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93820775
Alt. Phone Number	-
Email Address	Sra3@sg.mcd.com
Address	Singapore
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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 South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE ABOVE MENTION DATE, TIME AND PLACE, I WAS TRAVELING ALONG THE SAID ROAD. WHEN APPROACHING THE TRAFFIC LIGHT, I HAD STOPPED AS IT HAD TURNED RED. OUT OF SUDDEN, ONE VEHICLE BEHIND JUST HIT ONTO ME. I FALL AND SUFFERED INJURIES. DURING THAT POINT OF TIME, AMBULANCE HAD ARRIVED AND I WAS CONVEYED TO HOSPITAL. I AM NOT SURE WHAT HAPPENED AT SCENE AND WHETHER POLICE HAD ATTENDED TO MY CASE, I AM LODGING THIS REPORT FOR POLICE INVESTIGATIONS.

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	SKS5644D
Vehicle Manufacturer	Honda
Vehicle Model	City

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Alvin Ong Keng soon
NRIC No	SXXXX183B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LI CHUNYU
Gender	Male
Phone No	(Phone) +65-93820775
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN3461K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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
MOHAMED SHARIL BIN SATAR**

Policyholder's Signature
Date & Time:

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

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

ACCIDENT DIAGRAM Ver. 30042021

VEHICLE A:FBN3461K
VEHICLE B:SKS5644D

*Jalan 9
AM 90*

MOHAMED SHARIL BIN SATAR

**VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR**

<p>_____ Policyholder's Signature Date & Time:</p>	<p><i>MOHAMED SHARIL BIN SATAR</i> _____ Driver's Signature (If driver is not the policyholder) Date & Time:</p>	<p>_____ Reporting Centre Personnel's Signature Name: NRIC/FIN No.:</p>
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**SINGAPORE
POLICE FORCE**



T/20211020/2068

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20211020/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2021 17:07	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars

Name of Informant: LI CHUNYU		Address: APT BLK 156 WOODLANDS STREET 13 #01-695 CHENG SAN CENTRE SINGAPORE 730156	
ID Type / ID No.: FIN NO / G6179194P		Contact No.: Home/Office: Mobile: 93820775	
Nationality: CHINESE		Email:	
Sex: Male	Age: 42	Date of Birth: 22/03/1979	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Deliveryman		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident:

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/10/2021 16:20	Type of Location: Straight Road
Location: LORONG AH SOO				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN3461K	Motorcycle				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211020/2068

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20211020/2068

CONTINUATION OF REPORT

Rider			
Name	LI CHUNYU	ID No.	G6179194P
Related Vehicle	FBN3461K (Motorcycle)	Contact No.	93820775
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 01/09/2024
Date Treatment	19/10/2021	Date Discharge	19/10/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Ong Keng Soon	ID No.	S7538183B
Related Vehicle	NIL	Contact No.	96861709
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.

On the above mention date, time and place, I was traveling along the said road. When approaching the traffic light, I had stopped as it had turned red. Out of sudden, one vehicle behind just hit onto me. I fall and suffered injuries. During that point of time, ambulance had arrived and I was conveyed to hospital.

I am not sure what happened at scene and whether police had attended to my case. I am lodging this report for police investigations.



**SINGAPORE
POLICE FORCE**



T/20211020/2068

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20211020/2068

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

F/
SI TAN THIAM HUAT

Signature Of Informant:

Lia Hui Yu

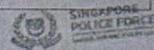
Signature Of Interpreter:
Not applicable

Date/Time:
20/10/2021 17:07

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65472077

Classification Of Case:

Authentication Stamp
NP168



SN 75

SIGNATURE