



## 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	09/01/2022 20:03 (SGT)
Date of Accident	08/01/2022 14:05 (SGT)
Exact Location of Accident	Hill St, Singapore
Additional Location Information	Minor road entering Funan mall carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP5809T
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE.LTD
Company Reg No	1XXXXX288K
Email Address	raymond@bhh.com.sg
Mobile Phone No	(Phone) +65-62816520
Alternative Phone No	+65-62816520

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX155 ABS
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	Auto
CC	155

#### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	MC/00792684
Cover Note Number	-

#### DRIVER

Name of Driver	LI XIAOLU
Work Permit No	GXXXX681P



Date Of Birth .....	09/06/1981
Occupation .....	Outdoor
Date Of Driving Pass .....	24/09/2020
Driving experience .....	1 YEAR AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85861300
Alt. Phone Number .....	-
Email Address .....	1126074263@qq.com
Address .....	106 JALAN RAJAH COURT
Address complement .....	#01-96
Postcode .....	321106
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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 .....	Orchard Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007359999
Alt. Police Station Phone No .....	(Fax) +65-67331934
Police Station Address .....	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

##### REFER TO POLICE REPORT

T/20220108/2083.: T20220108/2093 LODGED AT ORCHARD N P C.

##### Brief Details

I am lodging this report to amend the incident under brief facts for my earlier report vide

On the 08/01/2022 at about 1405hrs, I parked my motorcycle, FEB5809T at the driveway's entrance leading to Funan IT mall's carpark (between Peninsula Excelsior and Funan IT mall. At that point of time, it was parked right behind a big lorry, with its right side next to the lorry's rear.

I wish to state that I have ended my work at that point of time and I wanted to return Macdonalds's delivery bag to Macdonalds. I returned 3 mins later and discovered my bike toppled to its left side. I wish to state that my motorbike's stand was damaged as a result.

I wish to state that I was later told by an unknown Chinese male staff from Funan IT mall's #01-20

"Fullstop" that earlier the big lorry had reversed into my motorbike, causing it to topple over. I wish to state that I did not get the name or contact number of this said witness. I was only provided with the lorry plate number believed to be YP4174", unknown last alphabet.

I wish to state that I do not know the estimated cost of repair for the damages. I wish to state that the motorbike was rented by Macdonalds for delivery and I have since reported the damages to the rental company concerned.

#### 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 ..... YP4174  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
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) ..... -

## SKETCH PLAN

### SKETCH PLAN

#### 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 willful misrepresentation or withholding of material facts may allow insurance companies to **reputate 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. 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 purposes 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/are 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 as collected under (a) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
    - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
    - (iii) for complying with requirements under any regulations, laws or court orders.

#### VERIFY BY AJAX MARS (ARC)

##### REPORTING OFFICER

MOHAMMED SAIFULLAH SAO SYED MASOOD

Policyholder's Signature  
Date & Time:

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

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

9 Jan 2022

SKETCH PLAN #2

ACCIDENT DIAGRAM

Ver. 50645/1

Vehicle A: FEP50097  
Hit & Run

Minor Road Leading To Boardwalk Carpark

Main Street

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMED SAIFULLAH S/O SYED MASOOD

Police Officer's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRE/IN No.:

# SKETCH PLAN #3

## SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220108/2093

## DECLARATION

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

Policyholder's Signature  
Date & Time

Owner's Signature  
[If driver is not the policyholder]  
Date & Time

9 Jan 2022

## VERIFY BY AJAX MARS (ARC)

### REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre (Personnel's Signature)

Name:

NRIC/Pass No:

2