

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 07/07/2022 09:49 (SGT)
Reported by Both
Date of Accident 18/06/2022 00:30 (SGT)
Exact Location of Accident Ang Mo Kio Ave 10, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ9850R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH ENG CHUAN
NRIC No SXXXX701H
Email Address sean97g@gmail.com
Mobile Phone No (Phone) +65-98643797
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
Variant AEROX GDR155R CVT
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 Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MC/00873655/01

DRIVER

Name of Driver GOH ENG CHUAN
NRIC No SXXXX701H
Date Of Birth 14/03/1961
Occupation Indoor

Date Of Driving Pass	25/07/1980
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98643797
Alt. Phone Number	-
Email Address	sean97g@gmail.com
Address	547 ANG MO KIO AVE 10
Address complement	#08-2228
Postcode	560547
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY AUTHORIZE DRIVER

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU1638M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH ENG CHUAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FRACTURE & SPRAIN
Injured person in which vehicle?	FBQ9850R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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.

Policyholder's Signature
Date & Time:

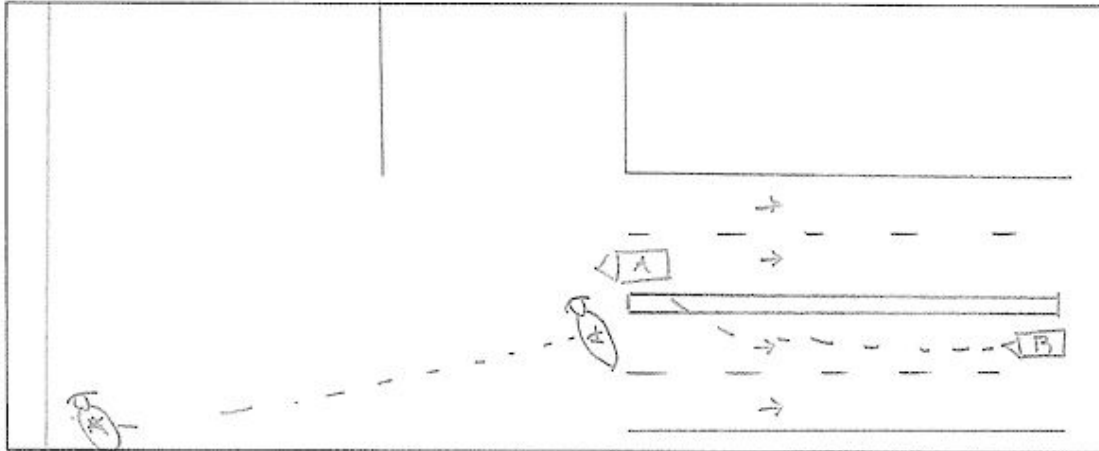
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

COMPLETED 07 JUL 2022

Date of accident: 18/06/22 Time: 0030 Location: Amic Ave 10
 My Vehicle A: FB09850R Vehicle B: SRU 1638M Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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:

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

Zila
Ah Lim Motor Company

COMPLETED AH LIM MOTOR COMPANY



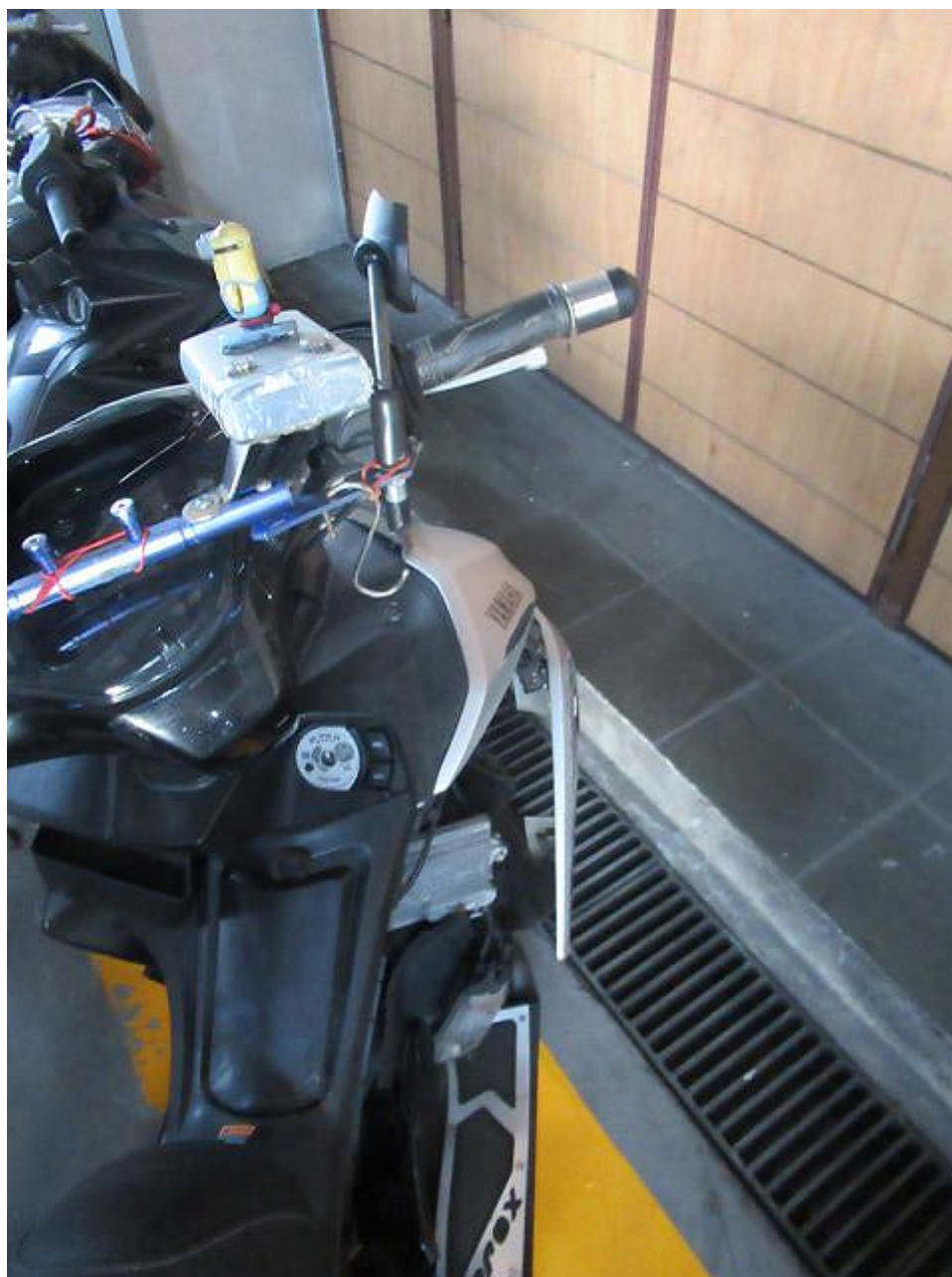














**SINGAPORE
POLICE FORCE**



T/20220706/2011

1 of 1

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/20220706/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2022 03:34	Video Report No.: F/20220618/0012	Station Diary No.: 13
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Informant's Particulars

Name of Informant: SEAN GOH	Address: APT BLK 547 ANG MO KIO AVENUE 10 #08-2228 SINGAPORE 560547		
ID Type / ID No.: NRIC NO / S9745673I	Contact No.: Home/Office: Mobile: 88643790		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 24	Date of Birth: 18/12/1997	Type of Informant: BEHALF OF FATHER
Race: Chinese	Language: English		Institution / School Name:
Occupation: DISPATCH RIDER	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive No	Date/Time of Accident: 18/06/2022 00:30	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
FBO9850R	Motorcycle					0
SKU1638M	Car					0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-1519999



T/20220706/2011

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Report No: T/20220706/2011

CONTINUATION OF REPORT

Rider			
Name	GOH ENG CHUAN		ID No. S1470701H
Related Vehicle	FBQ9850R (Motorcycle)		Contact No. 90737390
Hospital/Clinic	TAN TOCK SENG		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/06/2022		Date Discharge 28/06/2022
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	SOON KENG HOCK		ID No. S1491408J
Related Vehicle	SKU1638M (Car)		Contact No. 98369447
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
BEHALF OF FATHER			
Name	SEAN GOH		ID No. S9745673I
Related Vehicle	NIL		Contact No. 88643790
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 18/6/2022 at about 0030hrs, my father was riding along Ang Mo Kio Avenue 10 waiting to turn right into the CarPark at Blk 475 Amk. He was stationary during that point of time as there was incoming traffic. Out of a sudden, a vehicle(SKU1638M) which had mounted the kerb collided into the side of my father's motorcycle from the rear at a fast speed. The impact caused him to fly up and hit the windscreen. The car then ended at the other side of the road after collided into my father. Passerby then called for ambulance and Traffic Police. My father then gave me a call to inform me that he was involved in an accident.



SINGAPORE
POLICE FORCE

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



1/20220706/2011

1 of 1

Report No. 1/20220706/2011

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 /

Other JEREMY KHOO WEI
LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/07/2022 03:34

Officer In Charge Of Case:

TP / GIT /

Other MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN
Contact No.: 65476367

Classification Of Case:

NP168



Contact us at
 Hotline: (65) 6665 5555
 E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

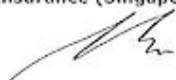
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MC/00873655/01
Type of Coverage	: Third-Party Only Cover
1) Vehicle Registration No.	: FBQ9850R
Chassis No.	:
2) Name of Policy Holder	: Goh Eng Chuan
3) Effective Date of Commencement of Insurance for the Purpose of the Act	: 22/01/2022 00:00
4) Date of Expiry of Insurance	: 21/01/2023 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) A named driver who is driving on the Policyholder's permission.	
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Policy Excess	: S\$ 0.00
Main driver	: Goh Eng Chuan
Important Note: The policy only covers the main driver and the following named driver:	
Ref	Named Driver
1	SEAN GOH
Finance Company / Hire Purchase	:

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 19/01/2022

Direct Asia Insurance (Singapore) Pte. Ltd.


 Underwriting Manager

Direct Asia Insurance (Singapore) Pte Ltd
 20 Anson Road #08-01 Twenty Anson Singapore 079912
 www.DirectAsia.com

Company Registration: 200822611G