

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 Actual 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 25/10/2022 23:49 (SGT)
Reported by Driver
Date of Accident 22/10/2022 15:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information 846 Yishun ring road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK6058M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BAN HOCK HIN CO PTE LTD
Company Reg No 197000288K
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 Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Motorcycle
Transmission Manual
CC 125

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MC/00914099

DRIVER

Name of Driver Gao Xiang
Work Permit No G4103244N
Date Of Birth 15/11/1997
Occupation Outdoor

Date Of Driving Pass	15/11/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93611507
Alt. Phone Number	-
Email Address	workshop@bhh.com.sg
Address	Na
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	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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

My bike FBK6058M was parked at the open carpark of Blk 846 Yishun Ring Road. And my friend witness that the 3rd party SMD8331S had make a reverse and hit onto the company bike. My manager managed to take some photos and exchange particulars with the driver. No injuries was involved at the scene.

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	SMD8331S
Vehicle Manufacturer	Mercedes
Vehicle Model	E300
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	Ong Beng Chong
NRIC No	S0217207J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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.

Policyholder's Signature / Date &
Time



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

Witnessed By Reporting Officer
Muhammad Sumardi Bin Mohd Affandi

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM Ver. 30042021

846 VISHUN A FBK 6058 M
RING RD B SMD 83318
(REVERSE BACK)

UNSURE OF HOW IT HAPPEN

Policyholder's Signature
Date & Time:

高翔

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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

Describe Circumstances of the Accident

My bike FBK6058M was parked at the open carpark of Blk 846 Yishun Ring Road. And my friend witness that the 3rd party SMD8331S had make a reverse and hit onto the company bike. My manager managed to take some photos and exchange particulars with the driver. No injuries was involved at the scene

Declaration

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

Witnessed By Reporting Officer
Muhammad Sumardi Bin Mohd Affandi

Witnessed by Reporting Centre
Personnel























