

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	20/04/2023 17:51 (SGT)
Reported by	Actual Driver
Date of Accident	02/04/2023 17:30 (SGT)
Exact Location of Accident	Near 235 Serangoon Ave 3, Block 235, Singapore 550235
Additional Location Information	JUNCTION OF SERANGOON AVE 3 AND BLK 235 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5288L
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INSURED/POLICYHOLDER

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

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 - Claiming third party
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/00914493/01

DRIVER

Name of Driver	GU HAO
NRIC No	GXXXXX387T
Date Of Birth	13/08/1991
Occupation	Outdoor

Date Of Driving Pass	29/12/2022
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85499116
Alt. Phone Number	-
Email Address	workshop@bhh.com.sg
Address	18 HOUGANG AVE 3
Address complement	#10-169
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 - Major/Minor Rd
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 02/04/2023 AT ABOUT 1730HOURS , I WAS TRAVELLING ALONG SERANGOON AVE 3 TOWARDS SERANGOON AVE 2 . WHEN I RIDING STRAIGHT ALONG MY LANE , SUDDENLY VEHICLE B TURNING OUT FROM BLK 235 CAR PARK WITHOUT CHECKING AND COLLIDED ONTO RIGHT SIDE OF MY BIKE .

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX7772R
Vehicle Manufacturer	Mercedes
Vehicle Model	A180
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)	-

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

GU HAO
Driver's Signature (If driver is not the policyholder) / Date
& Time **20/4/2023**

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

ON 02/04/2023 AT ABOUT 1730HOURS , I WAS TRAVELLING ALONG SERANGOON AVE 3 TOWARDS SERANGOON AVE 2 . WHEN I RIDING STRAIGHT ALONG MY LANE , SUDDENLY VEHICLE B TURNING OUT FROM BLK 235 CAR PARK WITHOUT CHECKING AND COLLIDED ONTO RIGHT SIDE OF MY BIKE .

Declaration

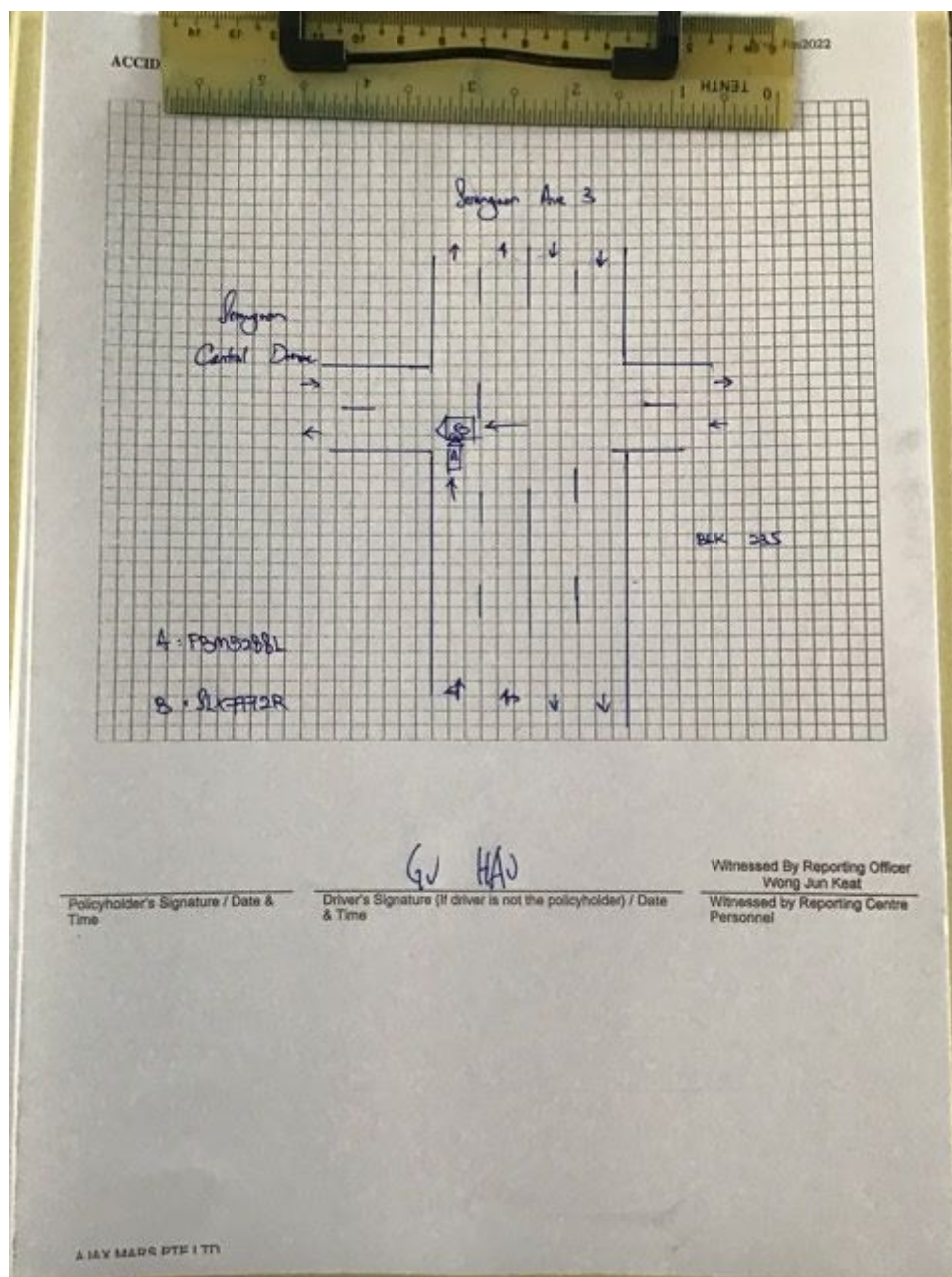
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 20/4/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel







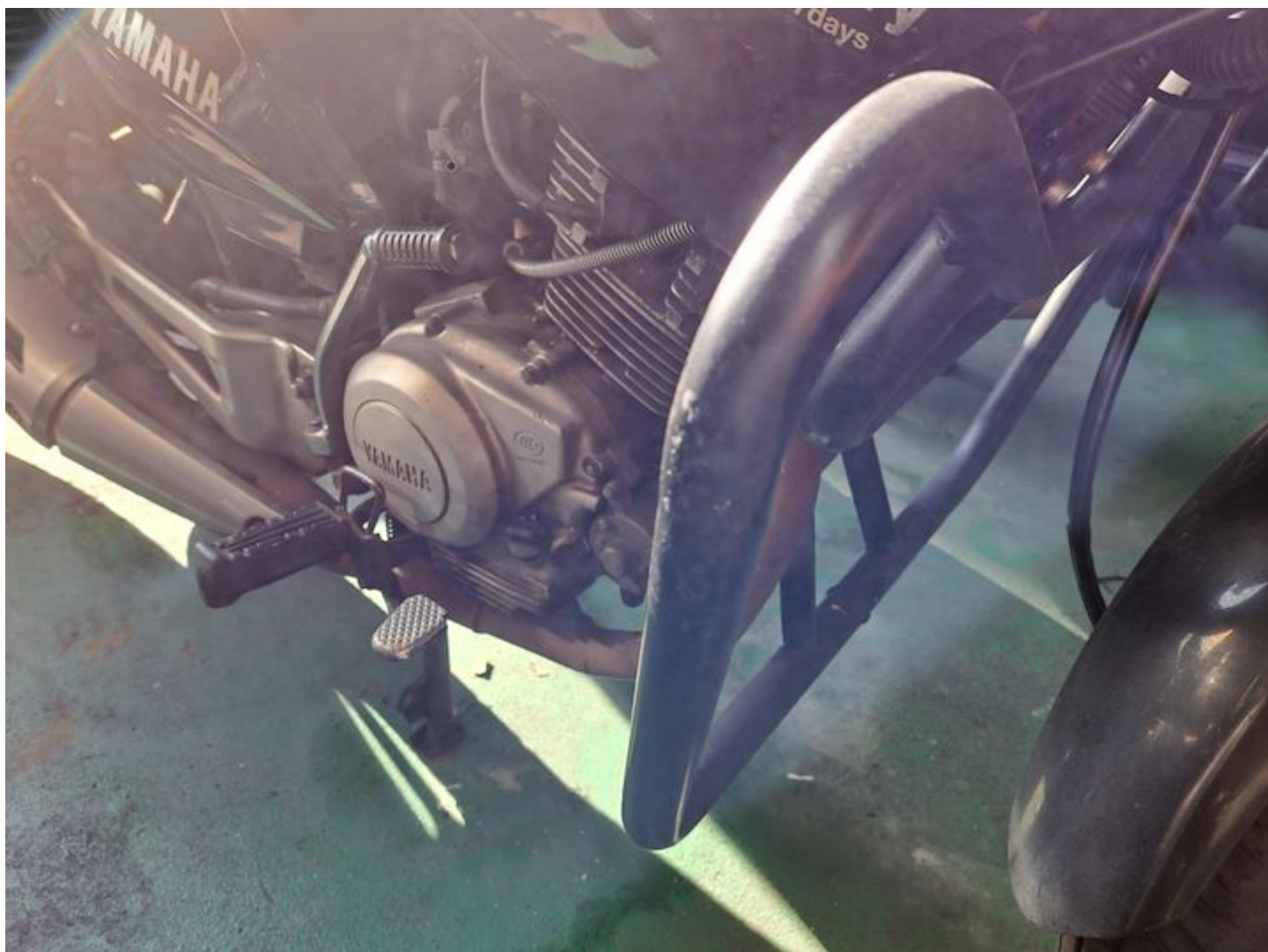


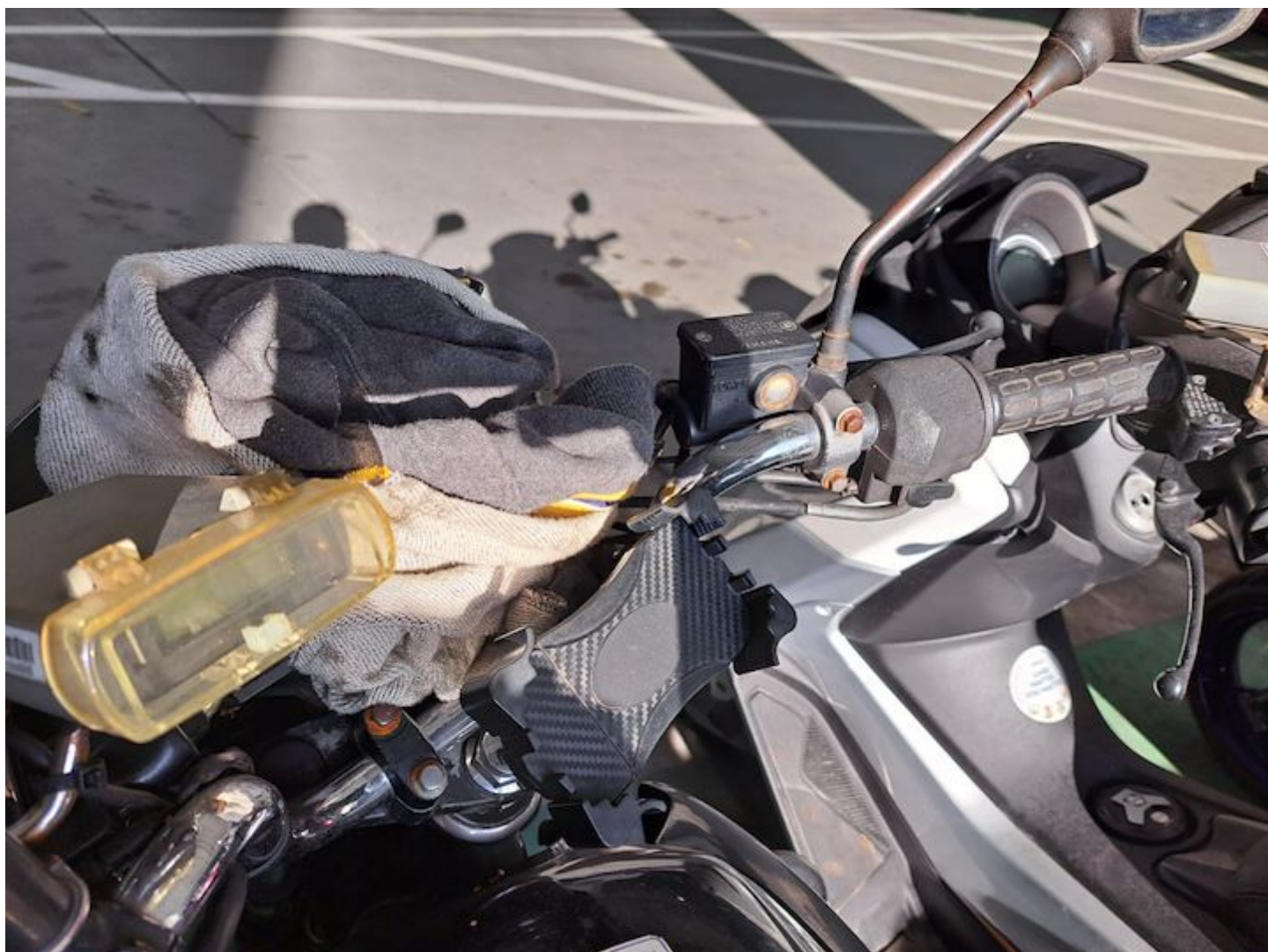




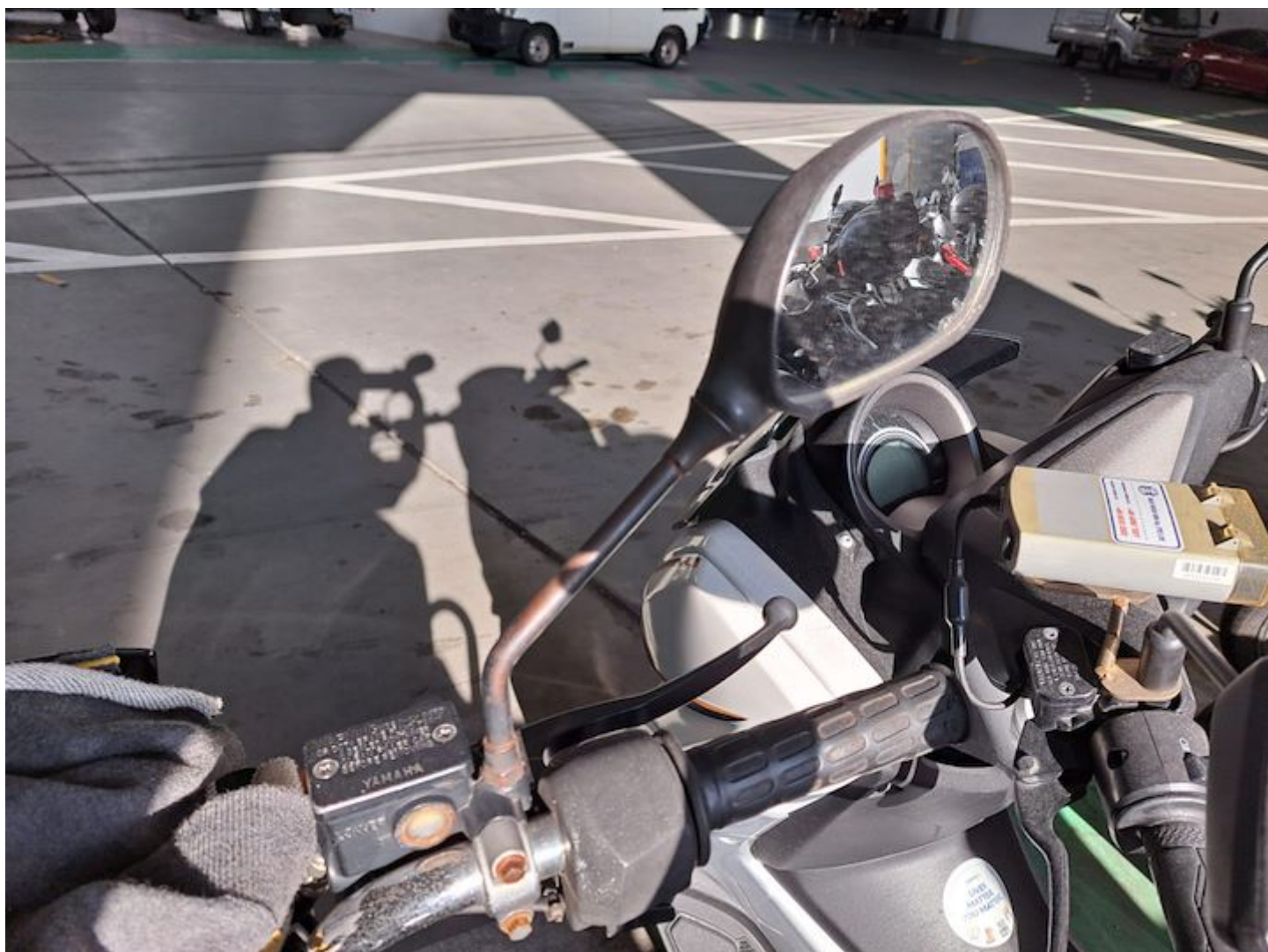




















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1D234K0004 Vehicle Registration No: FBM5288L

Name (as shown in NRIC): NRIC/FIN/Passport No:

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: Singapore ()

Contact (Tel): Mobile No.:

Email Address:

Date of Accident: 02/04/2023 Time of Accident: 17:30

Place of Accident: JUNCTION OF SERANGOON AVE 3 AND BLK 235 CAR PARK

Insurance Company: DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1.ADDING PICS

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: SUGANYA
NRIC/FIN No.:
Date: 21/04/2023