

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	23/05/2023 19:11 (SGT)
Reported by	Actual Driver
Date of Accident	20/05/2023 09:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ANG MO KIO STREET 52
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1764R
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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	raymond@bhh.com.sg
Mobile Phone No	(Phone) +65-62816520
Alternative Phone No	(Office) +65-62816520

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR125
Variant	NA
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	Auto
CC	125

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/00889138/01

DRIVER

Name of Driver	MA PENG
Passport No/FIN	GXXXX770T
Date Of Birth	10/10/1994
Occupation	Outdoor

Date Of Driving Pass	08/10/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87126731
Alt. Phone Number	-
Email Address	BSP@sg.mcd.com
Address	720, ANG MO KIO AVE 6
Address complement	#01-4114
Postcode	560720
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
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER ATTACHED POLICE REPORT LODGED AT BISHAN NPC. VIDE REPORT NO T/20230521/2038.

Brief Details.

I am working as delivery rider for McDonalds

On 20/5/2023 at about 0920hrs, I was riding my motorcycle registration number FBK1764R. My vehicle was stationary waiting for the traffic to turn green when out of sudden, I felt an impact from the rear and I fell to the ground. Subsequently, two male subject clad in the same attire (black T-shirt)

Assisted to bring me to the side of the road/ Thereafter, I called for Police assistance. A best Denki van bearing registration number GBE6957A had knocked me from the rear. I had exchanged particulars with the driver. The driver informed me that he did not notice me in front of him, waiting for the traffic light.

An ambulance arrived shortly after, and I was conveyed to Singapore General Hospital.

I am unsure of damages to the company motorcycle. Due to the accident, I sustained bruises on my ankle and hip area. I have been given 09 days of Medical Leave.

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 GBE6957A
Vehicle Manufacturer Toyota
Vehicle Model HIACE 3.0 DX DIESEL TURBO MT 2WD LGV
Vehicle Variant -
Vehicle Colour Blue
Vehicle Category Commercial vehicle
Name of Driver RAJESH KIMAR
Contact Number (Phone) +65-81907545
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 MA PENG
Gender -
Phone No (Phone) +65-87126731
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBK1764R
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

D Eng

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

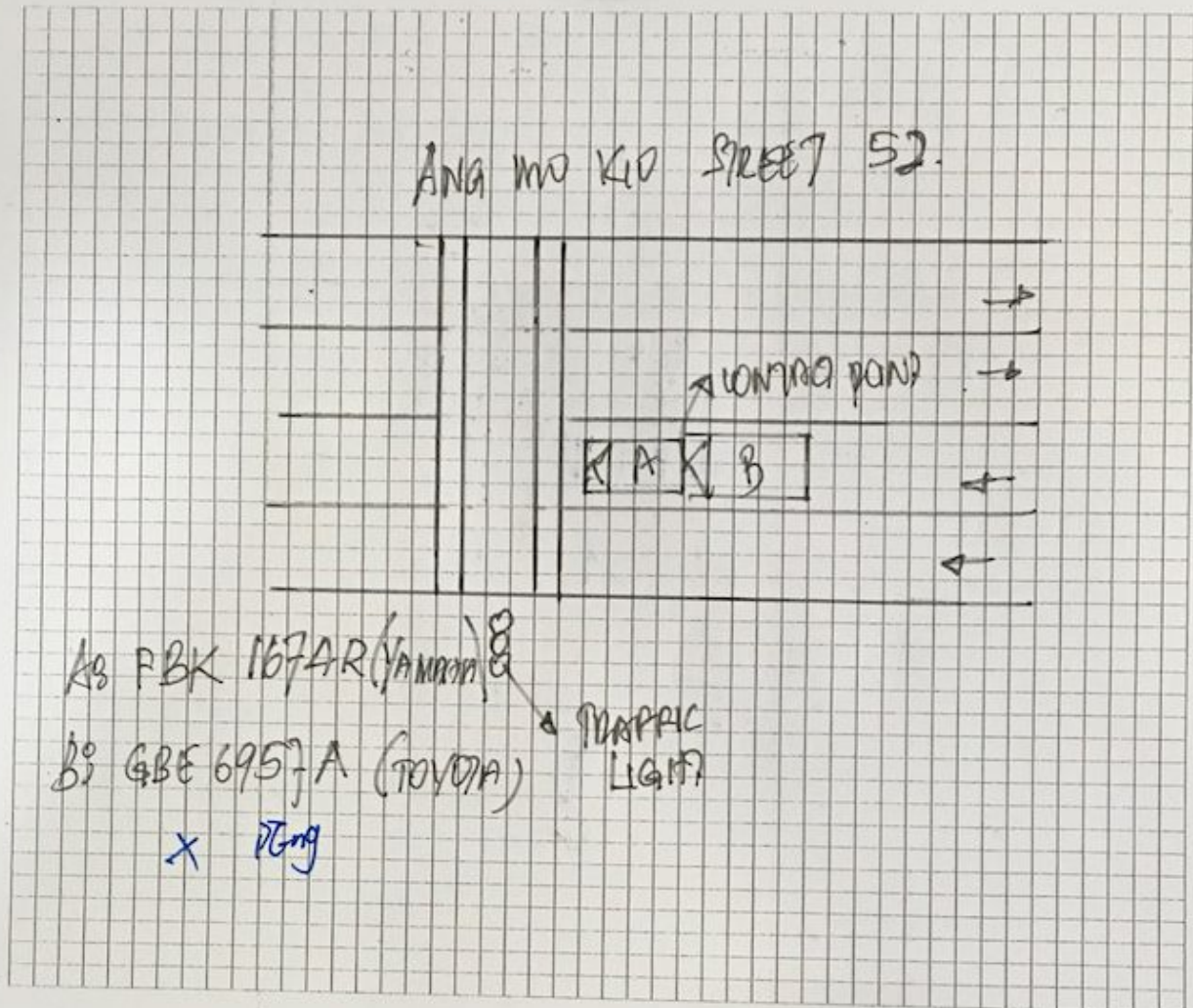
Witnessed By Reporting Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM



Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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

Describe Circumstances of the Accident

AS PER ATTACHED POLICE REPORT LODGED AT BISHAN
NPC. VIDE REPORT NO T/20230521/2038.

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

p26ng

Witnessed By Reporting Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel


































**SINGAPORE
POLICE FORCE**


T/20230521/2038

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230521/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2023 14:00	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: MA PENG	Address:		
ID Type / ID No.: FIN NO / G2579770T	Contact No.:		Mobile: 87126731
Nationality: CHINESE	Email:		
Sex: Male	Age: 28	Date of Birth: 10/10/1994	Type of Informant: Rider
Race: Chinese	Language:		
Occupation: DELIVERY RIDER	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: 20/05/2023 09:20	Type of Location: Straight Road
Location: ANG MO KIO STREET 52				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving vehicle against stationary vehicle from the rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1764R	Motorcycle					0
GBE6957A	Van					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230521/2038

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230521/2038

CONTINUATION OF REPORT

Rider			
Name	MA PENG	ID No.	G2579770T
Related Vehicle	FBK1764R (Motorcycle)	Contact No.	87126731
Hospital/Clinic	SENGKANG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/05/2023	Date Discharge	20/05/2023
No. of Days granted Medical Leave	09	Degree of Injury	NIL
Driver			
Name	RAJESH KUMAR	ID No.	G7425031P
Related Vehicle	GBE6957A (Van)	Contact No.	81907545
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.

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An ambulance arrived shortly after, and I was conveyed to Sengkang General Hospital.

I am unsure of damages to the company motorcycle. Due to the accident, I sustained bruises on my right ankle and hip area. I have been given 09 days of Medical Leave.

**SINGAPORE
POLICE FORCE**

T/20230521/2038

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230521/2038

CONTINUATION OF REPORT

BISHAN NPC
20 BISHAN STREET 23
SINGAPORE 579757
TEL: 1800-5529999

Signature of Officer Recording The Report:
E /
SI NORHIDAHYAH BINTE
AHMAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/05/2023 14:00

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

NP168



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: SA1D235L0001 Vehicle Registration No: FBK1764R
 Name (as shown in NRIC): MA PENG NRIC/FIN/Passport No: GXXXX770T
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 87126731
 Email Address: _____
 Date of Accident: 20/05/2023 Time of Accident: 09:20
 Place of Accident: ALONG ANG MO KIO STREET 52
 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. ATTACH PICTURES.

 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name: MEERA
 NRIC/FIN No.:
 Date: 14/06/2023