

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	12/06/2023 12:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/05/2023 12:00 (SGT)
Exact Location of Accident	Jurong West Ave 1, Singapore
Additional Location Information	ALONG JURONG WEST AVE 1 TURNING INTO CORPORATION RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1886G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO THIANG HAK
NRIC No	S0222838F
Email Address	hothianghak@gmail.com
Mobile Phone No	(Phone) +65-83222280
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	MW 125 3-WHEELER
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P20750818R01

DRIVER

Name of Driver	HO THIANG HAK
NRIC No	S0222838F
Date Of Birth	06/11/1954

Occupation	Indoor
Date Of Driving Pass	04/08/1973
Driving experience	49 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83222280
Alt. Phone Number	-
Email Address	hothianghak@gmail.com
Address	BLK 272C JURONG WEST ST 24 #15-10
Address complement	-
Postcode	643272
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	NA
Gender	Female

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 28/5/2023 AT ABOUT 1200HRS.I WAS DRIVING ALONG JURONG WEST AVE 1 TURNING INTO CORPORATION RD. WHEN THE TRAFFIC LIGHT TURNS GREEN, I FOLLOW VEHICLE B TO MOVE FORWARD. WHEN REACHING THE JUNCTION OF JURONG WEST AVE 1 AND CORPORATION RD, VEHICLE B SUDDENLY STOPPED. I TRY TO BRAKE ALSO BUT I PRESUME THAT MY LEFT FOOT HIT ONTO VEHICLE B AS I AM RIDING A BIKE. AFTER THE COLLISION, I STOP MY BIKE TO CHECK BUT VEHICLE B DIDN'T STOP AND CONTINUE DRIVING, I THEN FOLLOW VEHICLE B TURNING INTO BOON LAY AVE. WHEN REACH BOON LAY AVE , VEHICLE B JUST DRIVE INTO THE CAR PARK AND NEVER STOP SO I FEEL LIKE VEHICLE B NEVER FELL ANY IMPACT OR COLLISION. I THEN DROVE OFF. I WISH TO STATE THAT MY BIKE AND VEHICLE B'S CAR NEVER SUSTAIN ANY DAMAGES.

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	SMW846B
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)	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

vJun2022

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Describe Circumstance of the Accident

On 28/5/2023 at about 1200hrs. I was driving along Jurong West Ave 1 turning into corporation Rd. while the traffic light turns green. I follow vehicle B to move forward. When reaching the junction of Jurong West Ave 1 and corporation Rd, vehicle B suddenly stopped. I try to brake also but I presume that is my left foot hit onto vehicle B as I am riding a bike. After the collision, I stop my bike to check but vehicle B didn't stop and continue driving. I then follow vehicle B turning into Boon Lay Ave. When reach Boon Lay Ave, vehicle B just drive into the car park and never stop. So I feel like vehicle B never feel any impact or collision. I then drove off. I wish to state that my bike and vehicle B's car never sustain any damages.

Declaration

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**
190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg

It pays to choose

**Budget
Direct
insurance**

Certificate of Insurance

Comprehensive Motorcycle Policy
Policy Number: P20750818R01

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P20750818R01 (Comprehensive / Named Rider Plan)

- | | | |
|--|---|---|
| 1) Vehicle Registration Number | : | FBN1886G |
| Chassis Number | : | - |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : | 24/01/2023 (00:00) |
| 3) Date / Time of Expiry of Insurance | : | 23/01/2024 (23:59) |
| 4) Excess (i) Policy | : | S\$ 0.00 |
| (ii) Theft Outside Singapore | : | 50% of Market Value of your Motorcycle at the time of theft up to maximum of S\$ 2,000.00 |
| (iii) Medical Expenses | : | Not applicable |
| 5) Policyholder | : | Ho Thiang Hak |

6) Persons or Classes of Persons Entitled to Drive*

Rider(s) named as a Main / Named Rider in this Certificate of Insurance only

Provided that the person riding is permitted in accordance with the licensing or other laws or regulations to ride the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from riding the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Rider / Date of Birth : Ho Thiang Hak (06/11/1954)

Named Rider / Date of Birth : Yeo Chi Wee (11/07/1978)

7) Limitation as to use*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

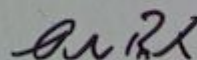
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

- 8) Finance Company** : NA

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 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
16/11/2022

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch
Chief Executive Officer















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: SC2H236C0004 Vehicle Registration No: FBN1866G
 Name (as shown in NRIC): HO THIANG HAK NRIC/FIN/Passport No: 838F
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 83222280
 Email Address: _____
 Date of Accident: 28/05/2023 Time of Accident: 1200HRS
 Place of Accident: ALONG JURONG WEST AVE 1 TURNING INTO CORPORATION RD
 Insurance Company: _____

(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:

AMEND NUMBER PLATE

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: