

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	30/06/2023 18:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/06/2023 00:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BESAR TOWARDS BENCOOLEN ST. LANE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5191G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AU MAN SHUN
NRIC No	S7470549I
Email Address	BENSON@BENSONAV.COM
Mobile Phone No	(Phone) +65-97380483
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	MTM850A (XSR900)
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	847

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P20862076R00

DRIVER

Name of Driver	AU MAN SHUN
NRIC No	S7470549I
Date Of Birth	02/11/1974
Occupation	Indoor

Date Of Driving Pass	25/03/2022
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97380483
Alt. Phone Number	-
Email Address	BENSON@BENSONAV.COM
Address	68 BOUNDARY ROAD
Address complement	-
Postcode	-
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 - Change/cross lane
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?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

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	SHC1075S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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

VEHICLE NO: FBM 51919
DATE OF ACCIDENT: 27/6/2022

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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.

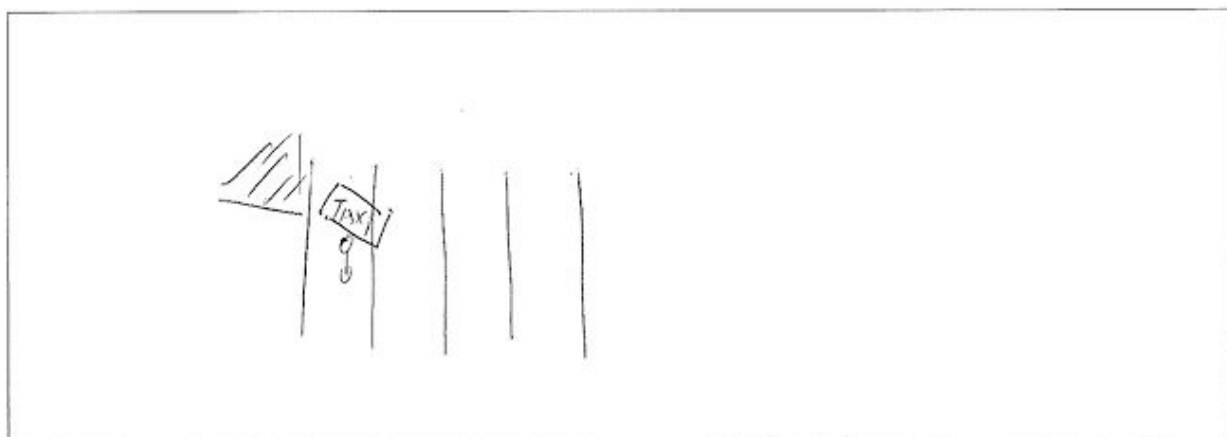
Y 11:43
30-6-23

Policyholder's Signature / Date & Time

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

CHARIS C. MOMCRAFT
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

VEHICLE NO:

FBM 5196A

DATE OF ACCIDENT:

22/6/2022

Refer to Police subunit

REPORTING ONLY	OWN DAMAGE ()	THIRD PARTY ()	OWN WORKSHOP ()
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Declaration

NOTE: DO NOTE THAT YOU MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

30-6-23 11:43

Policyholder's Signature / Date & Time

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

CHARLI'S CUSTOM CRAFT

Witnessed by Reporting Centre Personnel







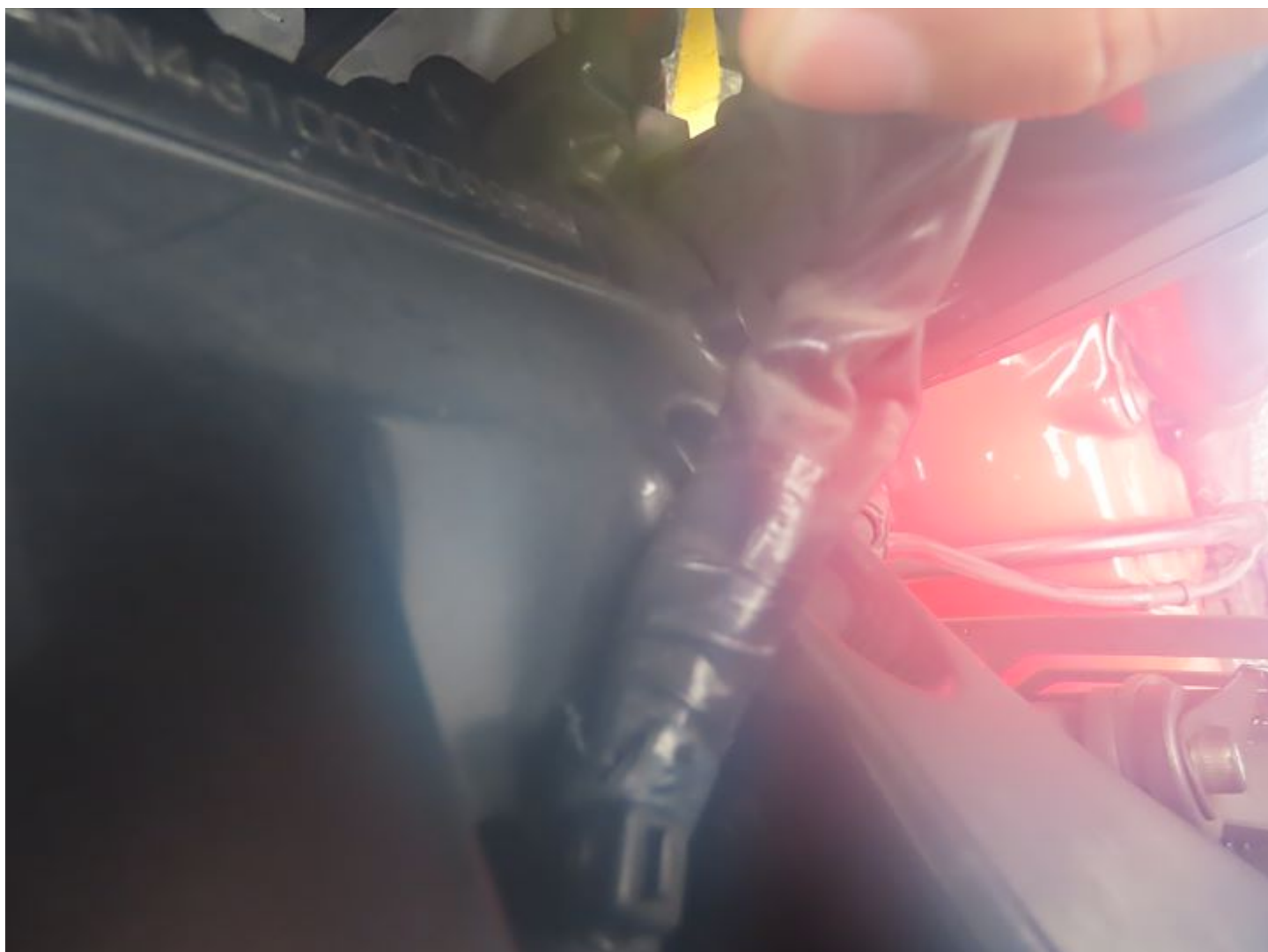


















**SINGAPORE
POLICE FORCE**



T/20230628/2125

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20230628/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2023 18:50	Vide Report No.: A/20230627/0002	Station Diary No.: 105
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Informant's Particulars

Name of Informant: AU MAN SHUN			Address: 68 BOUNDARY ROAD SINGAPORE 549983	
ID Type / ID No.: NRIC NO / S74705491			Contact No.: Home/Office: Mobile: 97380483	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 02/11/1974	Type of Informant: Rider	
Race: Chinese			Language:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/06/2023 00:25	Type of Location: Straight Road
Location: JALAN BESAR				
Lamp Post Number: 14				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No Yes 

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM5191G	Motorcycle	YAMAHA	MTM850A (XSR900)	White	Seriously Damaged	0
SHC1075S	TAXI				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5191G	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P20862076R00	29/03/2023	28/03/2024



**SINGAPORE
POLICE FORCE**



T/20230628/2125

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20230628/2125

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AU MAN SHUN	ID No.	S7470549I
Related Vehicle	FBM5191G (Motorcycle)	Contact No.	97380483
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	27/06/2023	Date Discharge	27/06/2023
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 27/06/2023 at about 0025hrs I was travelling on my motorcycle (FBM5191G) along Jalan Besar towards Bencoolen St Lane 3 of 4 lanes when a blue taxi (SHC1075S) from the right most lane drove across all the lanes (From Lane 1 of 4 Lanes to Lane 4 of 4 Lanes) intending to turn into Allenby Road, cutting into the Chevron Marking. We collided at the third lane and was dragged over to the left most lane (Lane 4 of 4 Lanes)

I was travelling at about 50 KM/H and tried to apply my brakes however could not stop in time and collided with the left side of the Taxi. However, the taxi cut too abruptly and I was too close to stop in time.

I was subsequently conveyed via Ambulance to Tan Tock Seng Hospital. I was given 5 days MC till 1 July 2023.

Damages suffered by my motorbike (FBM5191G) based on my observation so far as follows below:

- 1) Right side of my bike pannier damage
- 2) Right side of my headcowl damage
- 3) Handlebar damage
- 4) Handlebar balancer damage
- 5) Exhaust damage
- 6) Damage on LCD speedometer
- 7) Right side wheels damage
- 8) Multiple dents and scratches on the right side

Damages suffered by the taxi (SHC1075S) based on my observation so far as follows below:

- 1) Taxi left side scratches
- 2) Taxi left side damages.



SINGAPORE
POLICE FORCE



T/20230628/2125

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20230628/2125

CONTINUATION OF REPORT

VOID

Signature of Officer Recording The Report:
A /
SGT 2 MOHAMED FAREED BIN
MOHAMED YUSOOF

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Signature Of Informant:

Date/Time:
28/06/2023 18:50

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: _____ Vehicle Registration No: IRM 51719
 Name (as shown in NRIC): AY MAN SHUN NRIC/FIN/Passport No: S74708492
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 64 Boundary Road Singapore ()
 Contact (Tel): _____ Mobile No.: 97380483
 Email Address: BENSON @ BENSON AY.com
 Date of Accident: 27/6/2023 Time of Accident: 00:25HRS
 Place of Accident: JLN BESAR TWD BINJALIN SR LANE 3
 Insurance Company: AIS

(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:

Name should be:
Ay Man Shun.


 Policyholder / Driver's Signature
 Date: _____


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

GRABES: Addendum Form