

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 Authorised 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 ability.
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 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 Report 11/05/2016 16:25
Date Of Accident 09/05/2016 06:45
Exact Location Of Accident ALONG ROAD 1 TUAS ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FU3829A
Insured/Policyholder
Name Of Registered Owner MUHAMMAD AIDIL BIN JUPRI
NRIC No S9013514G
Email Address BBYDRUGPROPERTY@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-91673561
Alternative Phone No Office-91673561

Vehicle Particulars

Manufacturer KAWASAKI
Model KRRZX150

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

If No, Please state action to be taken Third Party
Vehicle Category Motorcycle

Insurance Company

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage Third Party
Fleet Policy No
Policy Number 2100398338
Cover Note Number

Driver

Name of Driver MUHAMMAD AIDIL BIN JUPRI
NRIC No S9013514G
Date Of Birth 25/04/1990
Occupation Indoor
Date Of Driving Pass 07/11/2012
Driving Experience 3 Years And 6 Months
Gender Male
Mobile Number (Local) +65-91673561
Fax Number
Contact Number Office-91673561
Email Address BBYDRUGPROPERTY@HOTMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Owner

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident

Unknown - REFER TO ATTACHMENT

Weather Conditions

Clear

Road Surface

Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? Yes

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name

Jurong East Neighbourhood Police Centre

Police Station Address

ROAD: No. 92 Boon Lay Way, POSTCODE: 609962, COUNTRY: Singapore

Police Station Contact

TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

SKV 617A

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD AIDIL BIN JUPRI

Approximate Age

26

Injuries Sustain

INJURED ON RIGHT LEG, ELBOW AND SCRACHES AT BACK

Injured person in which vehicle?

FU3829A

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

NUR BAIZURAH BTE SELAMAT

Approximate Age

24

Injuries Sustain

INJURED ON BOTH HANDS RIGHT LEG

Injured person in which vehicle?

FU3829A

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

Sketch Plan

SKETCH PLAN

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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.

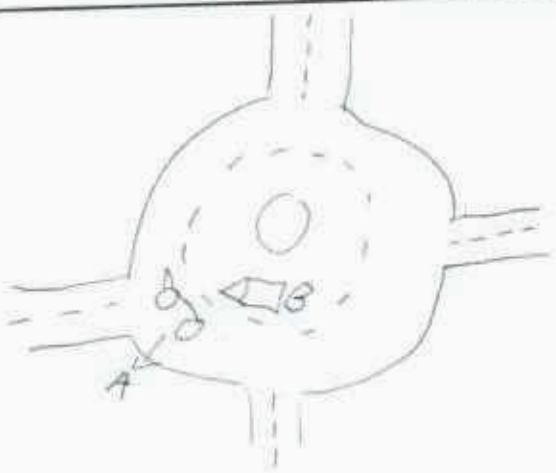



Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

	<p><u>Number Plate</u></p> <p>A - FU382AA B - Unknown</p> <p><u>Legend</u></p> <div data-bbox="1212 1881 1276 1993"> Vehicle</div> <div data-bbox="1324 1859 1436 1993"> Bike</div>
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Sketch Plan #2

Describe Circumstances of the Accident

Date of Accident: 4/5/2016


Time of Accident: 06:45 am

Refer to the police report.


Declaration

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

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

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