

## 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	30/08/2017 10:40
Date Of Accident	30/08/2017 07:20
Exact Location Of Accident	AFTER U-TURN OF HOUGANG AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC477T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO WEE SOON, JAIME
NRIC No	S8702520I
Email Address	JAIMETEO87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97352018
Alternative Phone No	OTHERS-97352018

### Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	FXDB DYNA STREET BOB
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MC/00170975/03
Cover Note Number	17/04/2017 - 16/04/2018

### Driver

Name of Driver	TEO WEE SOON, JAIME
NRIC No	S8702520I
Date Of Birth	04/02/1987
Occupation	INDOOR
Date Of Driving Pass	20/01/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97352018
Fax Number	
Contact Number	OTHERS-97352018
Email Address	JAIMETEO87@GMAIL.COM

Injuries Sustain

RIGHT HAND,KNEE & ELBOW

Injured person in which vehicle?

FBC477T

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

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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")

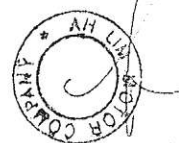
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

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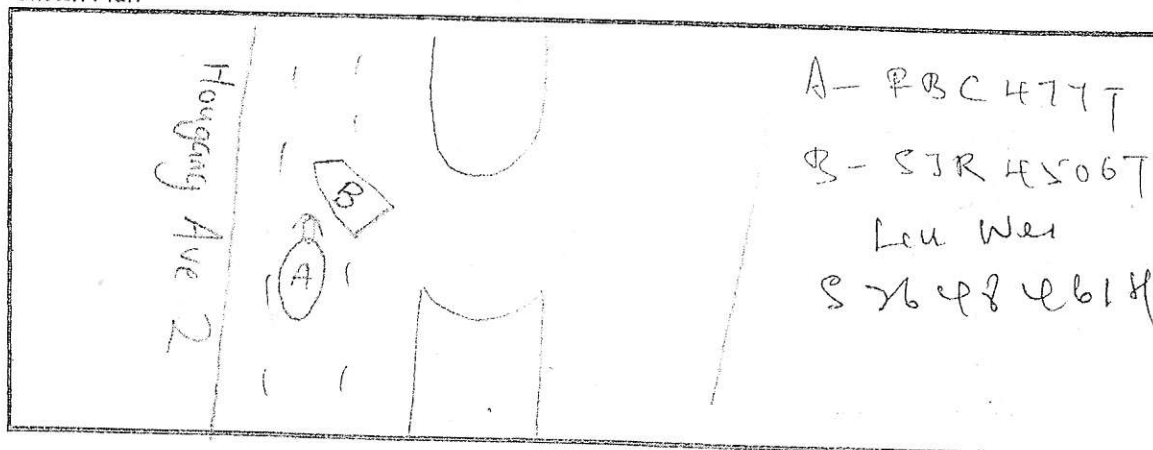
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

#### Sketch Plan



# Sketch Plan Pg. 2

## Describe Circumstances of the Accident

Date: 30/08/17 Time: 07:20 Location: After U-turn of Hongkong Ave 2

My Vehicle A: FBC 477T Vehicle B: SJR 4506T Vehicle C/Others: NA

Was travelling along Hongkong Ave 2 after a right turn from Upper Serangoon Road. While approaching the u-turn in front of block 208, I noticed a white car was waiting at the u-turn and was cautiously riding past it towards the u-turn exit. At the last moment, the white car drove out in front of me. I horned, jam braked and swerved but could not avoid it. My bike made a glancing T-bone with car and went down on the left side. I was throw off by the impact. Suffered abrasion on my knee and impact on the rear of my helmet. Driver stopped to investigate and exchange details. There was also a lorry driver who witness the accident and stopped to assist.

( ) Claim OD / TP at Ah Lim Motor

(X) Claim OD / TP at other workshop

( ) Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop :

Email Address :

& Myself :

Email Address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## Declaration

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

*Je*

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time



Witnessed by Reporting Centre

Personnel