

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	05/12/2017 15:46
Date Of Accident	01/12/2017 15:35
Exact Location Of Accident	BBDC MINI CIRCUIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7958J
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Insured/Policyholder

Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167

Vehicle Particulars

Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-13
Cover Note Number	

Driver

Name of Driver	THIA SIEW TENG ANGELENE
NRIC No	S6849627F
Date Of Birth	15/03/1968
Occupation	INDOOR
Date Of Driving Pass	01/12/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96195488
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	6 INDUS RD #12-01
Postcode	169588
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 1ST DEC 2017 AT THE BBDC MINI CIRCUIT TRAINEE RIDER WERE STATIONARY AT THE START POINT WITH TAG 22(VEH B) DIRECTLY BEHIND TAG 21(VEH A).B4 THE INSTRUCTOR GAVE THE INSTRUCTION TO MOVE OFF FOR TAG 21,TAG 22 SUDDENLY LOST CONTROL AND HIT TAG 21 WHICH CAUSED TAG 21 RIDER FELL OFF THE BIKE.TAG 21 FELL AND LANDED ON THE LEFT ELBOW AND RIGHT ANKLE PINED UNDER THE BIKE.SHE WAS FREED WITH THE HELP OF TWO INSTRUCTOR.TAG 21 COMPLAINED OF HER LEFT SHOULDER UNCOMFORT AND SORE WHILE LEFT ANKLE HAS SLIGHT BRUISED AND ABRASION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK8031B
Vehicle Make/Model/Colour	
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	THIA SIEW TENG ANGELENE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK7958J
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6569 1233 FAX: 6569 0777

Policyholder's Signature

Date & Time: 01-12-2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

BBDC MINI CIRCUIT

SKETCH PLAN



0+8+10
 1B 1A
 (FBK8031B) Tag 22 Tag 21 (FBK 7958J)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1st Dec 2017, at the mini circuit track ride were practice starting at the start point, with Tag 22 directly behind Tag 21.

Before the instructor gave the instruction to move off for Tag 21, Tag 22 suddenly lost control and hit Tag 21 bike crash bar, which caused tag 21 to fall off the bike.

Tag 21 fell and landed on the left elbow and right ankle pinned under the bike she was freed with the help of two instructors.

Tag 21 complained of the left shoulder discomfort and sore while the left ankle has slight bruise and abrasion.

That's all for the statement.

BBDC BATOK DRIVING CENTRE LTD
 8186662 BATOK WEST AVENUE 8
 SINGAPORE 659085
 TEL: 6561 1233 FAX: 6569 0777

Instructor's Signature

Date & Time: 01-12-2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

