

## 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	20/12/2017 10:27
Date Of Accident	19/12/2017 19:30
Exact Location Of Accident	ALONG THOMSON RD TOWARDS BALESTIER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB9084P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARIA SOOSAI PACKIA GEORGE
NRIC No	G5221685R
Email Address	PACKIAGEORGE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91292940
Alternative Phone No	OTHERS-91292940

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-180CC DTS-I (M)
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5072965297-02
Cover Note Number	

### Driver

Name of Driver	MARIA SOOSAI PACKIA GEORGE
NRIC No	G5221685R
Date Of Birth	16/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91292940
Fax Number	
Contact Number	OTHERS-91292940
EEmail Address	PACKIAGEORGE@GMAIL.COM

Address	BLK 290 CHOA CHU KANG AVENUE 3 #10-254
Postcode	680290
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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 19/12/2017 AT ABOUT 1930HR I WAS AT THOMSON ROAD AND WANTED TO TURN RIGHT INTO BALESTIER ROAD.UPON REACHING THE JUNCTION TRAFFIC LIGHT WAS RED,SO I MOVE TO THE FRONT AND STOP ABOUT 1 OR 2 MINUTE THE LIGHT CHANGE TO GREEN,BEFORE I WANTED TO MOVE I FELT A BUMP FROM MY REAR.I LOOK BACK SAW A CAR SKP1900G BANG THE REAR OF MY MOTOR CYCLE FBB9084P. THE DAMAGE OF THE CAR WAS JUST A SCRATCH AND HE WANTED TO DHANGE THE WHOLE BUMPER.MY DAMAGE WAS REAR FOOT REST BREAK THAT ALL.

### 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	SKP1900G
Vehicle Make/Model/Colour	WOLKS WAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97375367
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.

  
20/12/2017

Policyholder's Signature  
Date & Time:

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

  
20/12/2017  
Reporting Centre Personnel's Signature  
Name: Keski NABAB  
NRIC/FIN No.

Sketch Plan #2

SKETCH PLAN Along Thompson Road Towards BANGSIAR ROAD

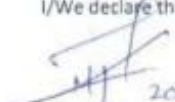


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

DECLARATION

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

  
20/12/2017  
Policyholder's Signature  
Date & Time:

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

  
20/12/2017  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

SIAMVIC SketchPlanForm\_V2

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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