

(Thirty claim) - claim Derpayment
650738419

SINGAPORE ACCIDENT STATEMENT

Fax- 62223547.

First Capital INS LTD.

TBL-65073848

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 28/11/2017 14:41
Date Of Accident 28/11/2017 06:20
Exact Location Of Accident IN FRONT OF NO : 146 ROBINSON ROAD
Country/State of Loss SINGAPORE

motorclaims@first-insurance.com.sg

LKK-

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBA1281U
Insured/Policyholder
Name Of Registered Owner ABDUL AZIZ BIN TURRU
NRIC No S1572007G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-82879202
Alternative Phone No OFFICE-82879202

- 68411970

H-P97A93749

Vehicle Particulars

Manufacturer YAMAHA
Model 135LC-135CC ES
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number 5075615623-01
Cover Note Number

Driver

Name of Driver ABDUL AZIZ BIN TURRU
NRIC No S1572007G
Date Of Birth 01/05/1963
Occupation OUTDOOR
Date Of Driving Pass 02/12/1983
Driving Experience 33 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82879202
Fax Number
Contact Number OFFICE-82879202
Email Address NOEMAIL

金國摩托私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2563

Address	BLK 100 ALJUNIED CRESCENT #05-353
Postcode	380100
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	0

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

REFER ATTACHED

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	SHD4700X
Vehicle Make/Model/Colour	HYUNDAI - BLUE COLOR - TAXI
Details Of Properties	NA
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

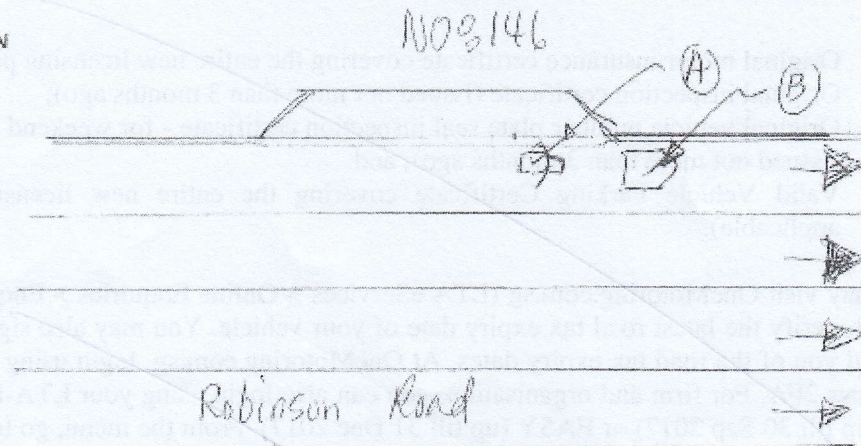
Phone Number

Email Address

金國摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2583

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated place, date & time I parked my bike at mt46 Robinson Road to send some delivery to the I was going back & walking back to my bike I saw a taxi driver vehicle 'B' was hitting my bike as it was on the floor.

I ask this taxi driver what happened and he said sorry that he knocked onto my bike & fell to the ground. So I check and could not see any serious damages as it was dark.

I took photos of the taxi & driver's face & told him I will check my bike for damages. So rode off and later I check my bike & found damages on my bike.

金国摩托私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: RICHARD WOO PLAC
NRIC/FIN No.: S125216914

Sketch Plan #2

SKETCH PLAN

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7. By the lodgment 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;
- (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 (c) 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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

金国摩哆私人有限公司
KIM KOCK MOTOR PTE. LTD.
Blk 27A, Jurong Port Road, #01-
Singapore 619101
Tel: 6265 0226 Fax: 6265 251

RICHARD WOODWARD
S257169/1