Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 03/01/2018 16:27

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 witholding 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	03/01/2018 16:11
Date Of Accident	29/12/2017 15:00
Exact Location Of Accident	ALONG ROUTE 410,BETONG, THAILAND
Country/State of Loss	THAILAND

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL7482J

Insured/Policyholder	
Name Of Registered Owner	ABDUL RAQIIB BIN ABDUL RAHMAT
NRIC No	S8524590B
Email Address	RAQHALZINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97289474
Alternative Phone No	OTHERS-97289474

Vehicle Particulars	
Manufacturer	BMW
Model	R1200 GSA-1.2
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088266670
Cover Note Number	

Driver	
Name of Driver	ABDUL RAQIIB BIN ABDUL RAHMAT
NRIC No	S8524590B
Date Of Birth	06/08/1985
Occupation	INDOOR
Date Of Driving Pass	14/06/2012
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97289474
Fax Number	
Contact Number	OTHERS-97289474
EMail Address	RAQHALZINE@GMAIL.COM

Address	BLK 13 HOLLAND DRIVE #22-58
Postcode	271013
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	SANDY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	YES
If Yes,Please state which Police Station	
Police Station Name	BUONA VISTA NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 13 HOLLAND DRIVE , **POSTCODE:** 271013 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7779999 - **FAX NO**: 67765857
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180103/2037

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 INJURED PERSON 1

Name	ABDUL RAQIIB BIN ABDUL RAHMAT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL7482J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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 liability**.

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5. **Any false reporting may be referred to the Police for investigation**.

6. The report will be forwarded by 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 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 (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

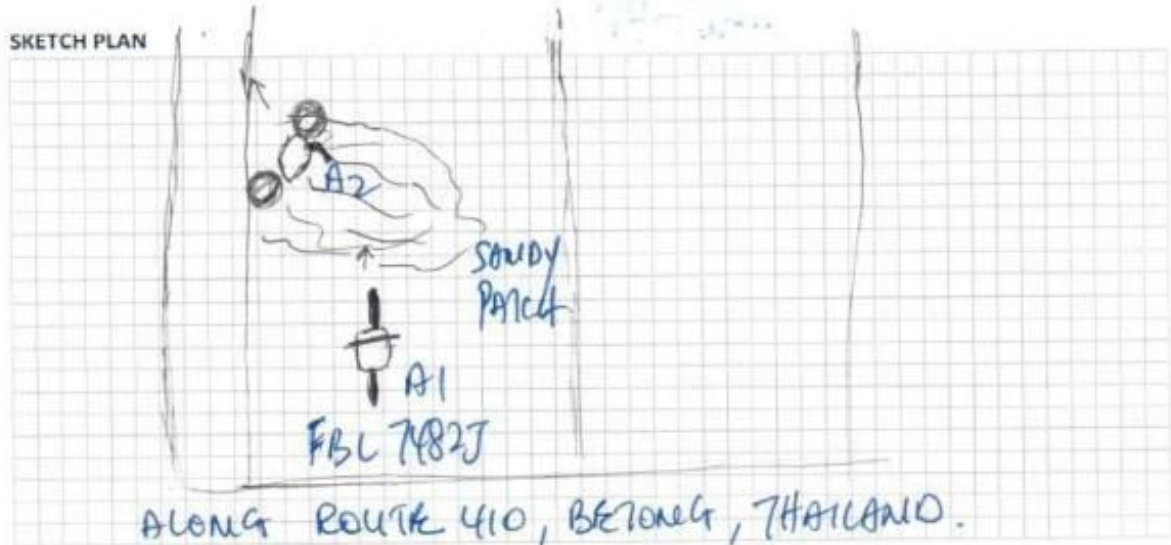   (ii) for complying with requirements under any regulations, laws or court orders.

_03/01/2017_

_3/1/18_		Name:
Policyholder's Signature	Driver's Signature	NRIC/FIN No
Date & Time:	(If driver is not the policyholder)	
	Date & Time:	Reporting Centre Personnel's Signature

SKETCH PLAN

SOUDY
PANCH

A1

FBL 7182J

ALONG ROUTE 410, BETONG, THAILAND.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT

D/2018 0103/2037

DECLARATION

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

03/01/2017

Policyholder's Signature

Date & Time: 3/1/17

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

Reporting Centre Personnel's Signature
Name: KAPLI WAHAB
NRIC/FIN No.

SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Report No. D/20180103/2037

Police Station Of Origin
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

Date/Time Report Made	Vide Report No.	Station Diary No.
03/01/2018 13:09		5

Name Of Informant	Address
ABDUL RAQIIB BIN ABDUL RAHMAT	APT BLK 13 HOLLAND DRIVE #22-58 SINGAPORE 271013

ID Type / ID No.	Contact No.	
NRIC NO / S8524590B	Home/Office	Mobile 97289474

Nationality	Email Address			
SINGAPORE CITIZEN				

Occupation	Sex	Age	Date of Birth	Race
PRODUCTION SPECIALIST	Male	32	06/08/1985	Malay

Institution/School Name	Language English

Date/Time Of Incident	Location Of Incident
29/01/2017 15:00 - 29/01/2017 15:30	Route 410, Betong THAILAND

Brief details.

On 29/12/2017 @ 1500 hrs, at Route 410, Betong, Thailand, I was riding my Black colour motorbike FBL 7482J a BMW R1200 GSA when I hit a sandy patch on the road and I fell on the right side. The bike is still able to be rode but the panniers and crash bar are dented. I suffered some bruises on my right knee and left leg. My jacket, pants and boots prevent my injuries further when I fall. I am lodging this Police report for insurance claim as I have reported to my insurance company and they informed me to lodge a Police report for the claiming insurance purposes,

Signature Of Officer Recording The Report:	Signature Of Informant:
D / Sr Staff Sgt LIM KIM HUAT	
Signature Of Interpreter: Not applicable	**Date/Time:** 03/01/2018 13:09
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sr Staff Sgt BAI QIANHUI Contact No.:	**Classification Of Case:**
Authentication Stamp	

Sketch Plan #4

SINGAPORE
POLICE FORCE

D/20180103/2037

POLICE REPORT (NP299)　　CONTINUATION OF REPORT

Report No. D/20180103/2037

Signature Of Officer Recording The Report: D / Sr Staff Sgt LIM KIM HUAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2018 13:09
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sr Staff Sgt BAI QIANHUI Contact No.:	Classification Of Case:
Authentication Stamp	

Accident Photo

Accident Photo

Accident Photo

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