

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	15/01/2018 17:40
Date Of Accident	13/01/2018 19:45
Exact Location Of Accident	JUNC OF LOEWEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC1123H
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	RALMH0306@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87420346
Alternative Phone No	OFFICE-87420346

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5085645204-01
Cover Note Number	

Driver

Name of Driver	MOHAMED HISHAM BIN MOHAMED RAHIM
NRIC No	S9515845E
Date Of Birth	12/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87420346
Fax Number	
Contact Number	OTHERS-87420346
Email Address	RALMH0306@GMAIL.COM

Address	BLK 25 JALAN BERSEH #09-144
Postcode	200025
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLG2594K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KOK HUI
NRIC/Passport Number	S8020990H
Contact Number	92212140
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my work/employer, 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 my 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 claim process, 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 delivery of mail parcels/mail packages); and
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurer(s) who insured my 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including solicitors/law firms), who are located outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information may be collected, used, disclosed and/or processed by the Insurers for the purpose of fraud detection, investigation and management (including prevention of future claims).
- (e) the information to all Insurers/holder (s) above may be shared/collected:
- (i) to all Insurers and/or any other third parties (including regulators, law enforcement and government agencies) in evaluating, investigating, controlling or managing fraud, or as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under applicable laws, 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/EPIS No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT LOEWEN ROAD JUNCTION , THERE WERE 2 WHITE CAR
 INFRONT , I KEEP TO MY LEFT AND OVERTAKE BOTH CARS AS
 THEY WERE STATIONERY AT THAT POINT OF TIME THE SECOND
 CAR THEN HORN ME TWICE WHEN ONTHEMOVE AND I STOP AT THE SIDE
 DROVE BESIDE ME AND ASK ME WHAT'S MY PROBLEM
 AND HE SAY VULGARITIES TO ME AFTER THAT HE DROVE OFF
 AFTER THAT I RIDE BEHIND HIS CAR AS I WAS GOING TO
 THAT DIRECTION AS THERE IS ONLY ONE WAY ROAD TOWARDS
 DEMPSEY HILL . THE ABOVE MENTIONED CAR THEN JAM BRAKE
 HIS CAR INFRONT OF ME AND I COULDN'T STOP IN
 TIME THEREFORE I HIT THE BACK OF HIS CAR . AS THE ROAD
 IS SLIPPERY AND IT WAS RAINING FROM WHAT I KNOW
 THERE WERE NO CAR OR VEHICLE INFRONT OF HIM BUT HE
 JAM BRAKE OUT OF SHUDEN I GOT NO EYE WITNESS BUT
 THERE WERE FRONT CAMERA INSIDE HIS CAR ,

DECLARATION

I/We declare the foregoing

X 

Policyholder's Signature
 Date & Time

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

