MDXM18022368 / De Xing Motor Pte Ltd - HQ ENTRY DATE & TIME: 13/02/2018 18:47 SUBMITTED BY: LIM GEOK HEA

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

**EMail Address** 

- 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 <u>truthful</u> and <u>accurate</u> 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 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

	ACCIDENT STATEMENT
	13/02/2018 18:47
	12/02/2018 18:00
	ALONG PIE TOWARDS KJE
	SINGAPORE
•	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB5981B
Insured/Policyholder	
	SHERMAN TAN WEI FONG
	S9232831G
Email Address	SHERMANTANWF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96281969
Alternative Phone No	OFFICE-96281969
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400-399CC
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVM000001158-00-000
Cover Note Number	MT2017TR01988
Driver	
Name of Driver	SHERMAN TAN WEI FONG
NRIC No	S9232831G
Date Of Birth	11/09/1992
Occupation	INDOOR
Date Of Driving Pass	30/09/2015
Driving Experience	2 YEARS AND 4 MONTHS
<b>5</b>   1 · · · · ·	MALE

OFFICE-96281969

SHERMANTANWF@GMAIL.COM

Address BLK 180 LOMPANG ROAD

#14-05

Postcode 670180

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? YES

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 1

Number of Passengers (Including Driver)

#### **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**

## AS PER SKETCH PLAN

## 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 SGC5589L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name SHERMAN TAN WEI FONG

Approximate Age

Injuries Sustain PARTS OF LIMBS

Injured person in which vehicle? FBB5981B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

BLK 180 LOMPANG ROAD #14-05 Address

25

NO

NO

670180 Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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.

SANE.

Policyholder's Signature Date & Time: 13<sup>th</sup> Feb 18 Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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Driver's Signature

Date & Time:

(If driver is not the policyholder)

Policyholder's Signature

Date & Time:

SKETCH PLAN

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### **GREAT AMERICAN INSURANCE COVERNOTE**



GREAT AMERICAN INSURANCE COMPANY UEN: TISFC0009H GST REG. NO.: M90070001T 3 TEMASEK AVENUE, #16-01 CENTENNAL TOWER SINGAPORE CON190 TEL: +65 6804 6000 FAX: +65 6235 2616

#### CERTIFICATE OF INSURANCE

- Major Versions (1 min + any Risco and Companisher) And Consideration (1891) Advantage (1892) Anny Risco and Companisher (1892) Hours Tourism (1892) Anny Risco (1892) Anny R

Certificate Number : MCMVM000001158-00-000
Policyholder Name : Tan Wei Fong Sherman

Cover : Motor Cycle (Third Party Fire & Theft) Chassis Number

: JH2NC399X6M200487 : NC23E3100518

NCO Entitlement : NII
Hire Purchase : DE XING MOTOR PTE LTD. Period of Insurance

Engine Number

Registration Number ; FBB5981B

: From 28/04/2017 (00:00) To 20/04/2018 (23:59) (Both Dates Inclusive)

#### Persons or Classes of Persons entitled to Drive

#### a) The Primary Rider

Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the Foonsing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any conditions or regulation in that behalf from driving the Motor Vehicle.

#### Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

a) Use for Hire and Reward

b) Use for racing, pace making, reliability trial or speed testing

c) Use for camage of goods (other than samples) in connection with any trade of business

Use for any purpose in connection with Motor Trade

\* Limitations rendered inoparative by Section 8 of life Mojor Vehicles (Third Party Risks and Compensation) Act, (Chapter 183) and Section 9 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Exposs (Section 1)

: SGD 300.00 - Including Fire & Theft dutaids Singapore

Excess (Section 2) : N/A

#### Driver Details

Primary Rider

: Sherman Tan Wol Fong : Gan Thism Soon Jonathan

Named Rider 1

Name of Intermediary : Tenz Risk Solutions Pte Ltd

Date of Issue

06/06/2017

Wile hereby certify that the policy to which this Certificate relates its issued in accordance with the provision of the Motor Vehicles (Third Party Rieks and Companisation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company** 

Authorised Signatory



**Accident Photo** 



# **Accident Photo**



**Accident Photo** 



**Accident Photo** 





**Accident Photo** 



# **Accident Photo**

