

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 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	02/03/2018 18:49
Date Of Accident	02/03/2018 10:00
Exact Location Of Accident	SERANGOON NORTH AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF971S
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE POST LIMITED
Co Reg No	199201623M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83381547

Vehicle Particulars

Manufacturer	SYM
Model	EXCEL II 150 A-150CC (A)
Exact Purpose for which vehicle was being used at time of accident	
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
Fleet Policy	YES
Policy Number	5078930912
Cover Note Number	

Driver

Name of Driver	MOHD ASRIZAM BIN HASSAN
Passport No/FIN	G2433800U
Date Of Birth	27/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81964977
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address NO,19 KEMULIAAN 16 TAMAN UNIVERSITI, SKUDAI JOHOR
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLIDED INTO MOTORCYCLIST
 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?
 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

AS PER STATEMENT

Attachment(s)

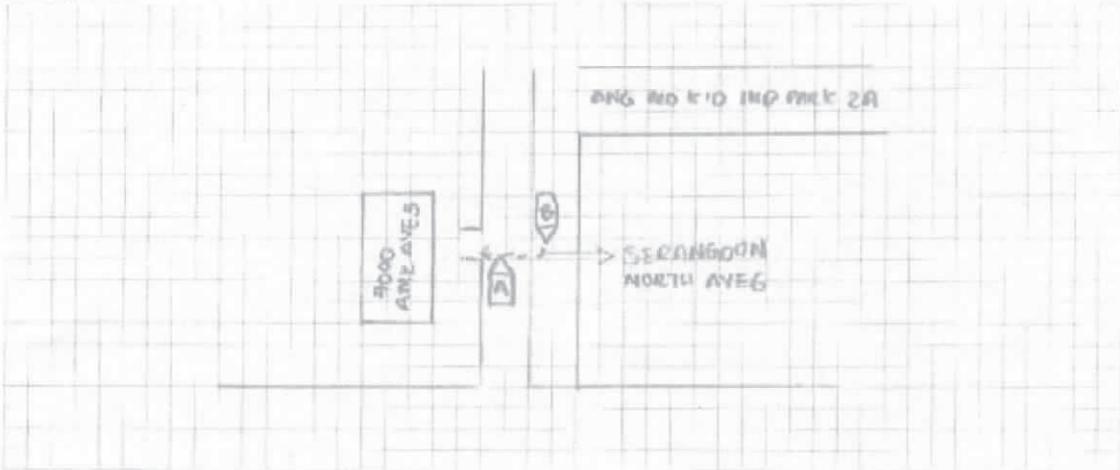
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFA5555G
 Vehicle Make/Model/Colour MERCEDES E250
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver KWANG LI LI CATHERINE
 NRIC/Passport Number S7114676F
 Contact Number 90995555
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 2/03/18 AROUND 10:00 HRS, I WAS TRAVELLING ALONG SERANJON NORTH AVE 6 BACK TO MY OFFICE. SUDDENLY SAID VEHICLE SFA555GT TURN INTO MY LANE. WITHOUT STOPPING, I COULDN'T REACT ON TIME TO AVOID THIS ACCIDENT.

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:

UNIQUE MOTORSPORTS PTE LTD
GST Reg. No. 200907910H
1, Paki Bukit Avenue 6
#02-550555, Parkway @ Paki Bukit
Singapore 417883
Name: [Signature]
Tel / Fax: 6844 8378 / 6844 8379
NRIC/IN No.:

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

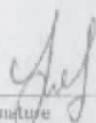
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

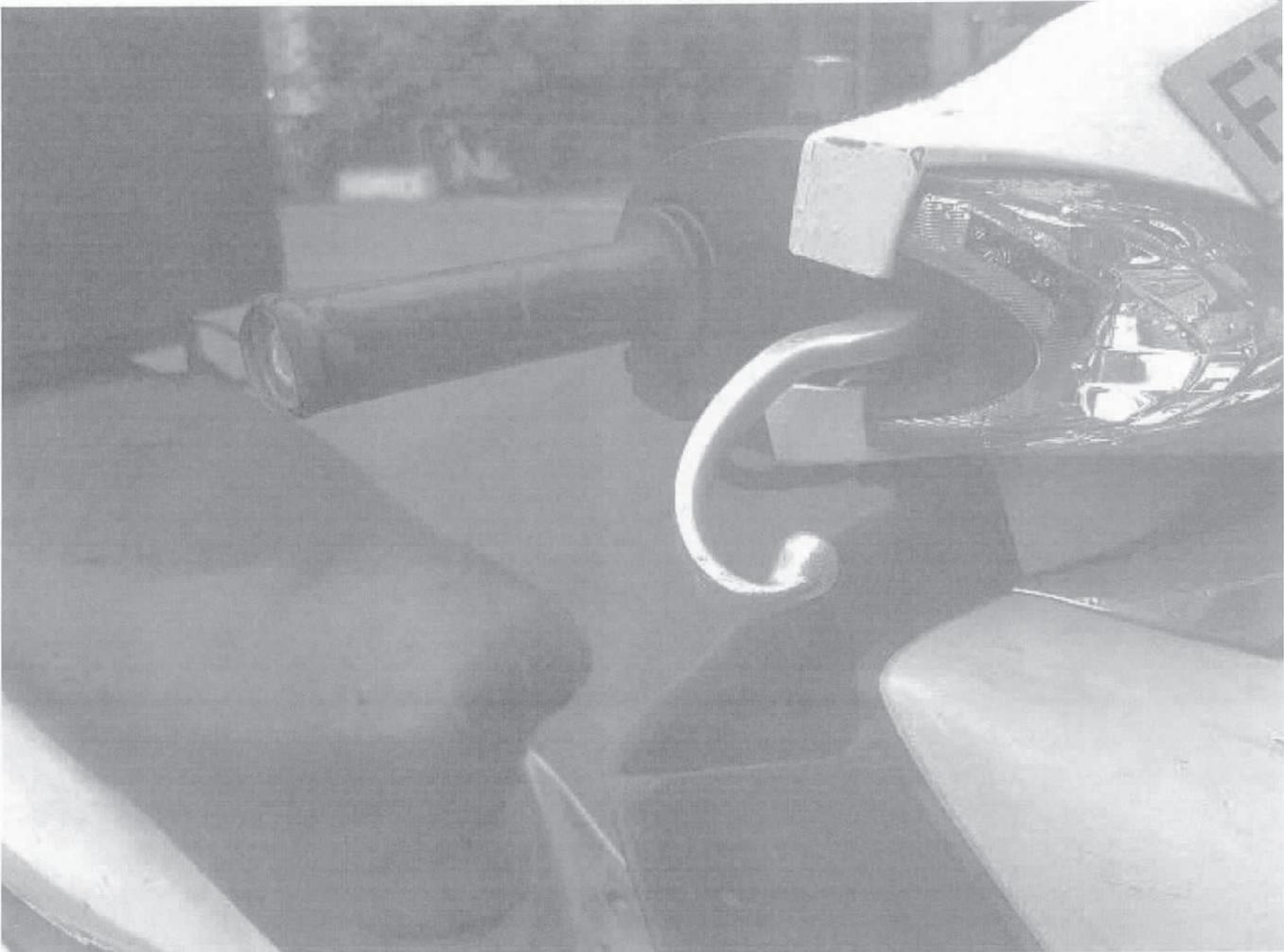
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (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.

Policyholder's Signature
Date & Time:


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

UNIQUE MOTORSPORTS PTE LTD
GST Reg. No. 200907910H
1 Kaki Bukit Avenue 6
#02-54/55/56/57/58/59/60/61/62/63/64/65
Reporting Centre Singapore 417888
Name: Tel: Fax: 6844 6370 / 6844 6379
NRIC/IN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

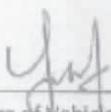
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUM118029934-01 Vehicle Registration No : FBF971S
ABDUL AZEIZAH BIA
Name(as shown in NRIC) : HASSAN
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : G2435800U
Address : NO.14 KEMULIAAN 16 TAMAN UNIVERSITI, SKUDAI JOHORE
Contact (Tel) : 81964977 (H/P) : _____
(Email) : NOEWAL
Date of Accident : 02/03/2018 Time of Accident : 1000HRS
Place of Accident : SERANGGON NORTH AVE 6
Insurance Company : NTUC INCOME

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND VEHICLE NO FROM FBF971K → FBF971S



Signature of Vehicle Owner / Driver

Date:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1623M
Vehicle Details	
Vehicle No.:	FBF971S
Vehicle to be Exported:	No
Intended De-registration Date:	07 Mar 2018
Vehicle Make:	SYM
Vehicle Model:	EXCEL II 150 CVT
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	VMVS5BD000463
Chassis No.:	RLGHA15DMAD000463
Maximum Power Output:	-
Open Market Value:	\$1,650.00
Original Registration Date:	15 Jan 2011
First Registration Date:	15 Jan 2011
Transfer Count:	1
Actual ARF Paid:	\$248.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jan 2021
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,502.00
COE Rebate Amount:	\$428.00
Total Rebate Amount:	\$428.00

The information contained herein is correct as at 07 Mar 2018

OK