# 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 <u>truthful and 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 aforesaid

aforesaid.	ion to the dronwing of the report at the control and to copied of the report boing made aramable
	ACCIDENT STATEMENT
Date Of Report	22/03/2018 14:44
Date Of Accident	15/03/2018 14:45
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK7786M
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167
Vehicle Particulars	
Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-14
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SIRHAN BIN ABDUL TALIB
NDIC No.	\$07/1600 L

NRIC No S9741699J
Date Of Birth 29/11/1997
Occupation INDOOR
Date Of Driving Pass 15/03/2018

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 419 FAJAR RD

#03-445

Postcode 670419

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - TRAINEE

Vehicle Registration Number of Driver's Own

Vehicle

enicie

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

# **Circumstances of Accident**

WHEN I WAS RIDING, I DIDN'T REALISE THE CAR IS STATIONARY. BY THE TIME I REALISE, I CAN'T MAKE IT ON TIME TO BRAKE. RESULTED I HIT ON THE REAR OF THE CAR.

# 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 SKK6372Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LUKE ALEXANDER LIM HAI QAIN

NRIC/Passport Number S9833629Z

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurence 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 indigment of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of the report being made available aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Tunderstand, 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 pursonal 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. (cullectively the "Purposes")
- (b) all insurer(s) who heve 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
- 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 frauti 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.

BUKIT BATOK DRIVING CENTRE LTD 816 BUKIT BATOK WEST LYENUE 5 SINGAPORG 65056 TEL: 8661 1239 FAX 1500 0777

Policyholder's Signature Date & Time:

Fhen **Driver's Signature** 

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name NRIC/FIN No.:

GIATUMC Sketch/Hanform \_ V.3

# Individual Statement

TOTH PLAN			/		/			7
ECUNAKIONATIVING CENTRE [1]  A F A F A F 7286 M  B - S K K G S 7 2 Z  ECUNAKIONATIVING CENTRE [1]  BALL COT.  A - F A K 7286 M  B - S K K G S 7 2 Z  ECUNAKIONATIVING CENTRE [1]  ECUNAKIONATIVING CENTRE [1]  BALL COT.  A - F A K 7286 M  B - S K K G S 7 2 Z  ECUNAKIONATIVING CENTRE [1]  ECUNAKIONATIVING CENTRE [1]  BALL COT.  A - F A K 7286 M  B - S K K G S 7 2 Z  ECUNAKIONATIVING CENTRE [1]	ETCH PLAN	1	/	BB	100	,		, .
SCHIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  is Stationary by the time I creatise, I could not wake if an fine to brake result I hit an hit on the rear of the car.  A - FOR 7786 M B - SRK 65722  ECLIMANCIATIVING CENTER [1])  RELIGIOUS SQUARTER			TITTE		111	TITI	TITI	
SCHIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  is Stationary by the time I creatise, I could not wake if an fine to brake result I hit an hit on the rear of the car.  A - FOR 7786 M B - SRK 65722  ECLIMANCIATIVING CENTER [1])  RELIGIOUS SQUARTER					+			1
SCHIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  is Stationary by the time I creatise, I could not wake if an fine to brake result I hit an hit on the rear of the car.  A - FOR 7786 M B - SRK 65722  ECLIMANCIATIVING CENTER [1])  RELIGIOUS SQUARTER								0
SCHIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  is Stationary by the time I creatise, I could not wake if an fine to brake result I hit an hit on the rear of the car.  A - FOR 7786 M B - SRK 65722  ECLIMANCIATIVING CENTER [1])  RELIGIOUS SQUARTER		72.					1111	-
SCRIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  IS Stationary by the time I creatise, I could not  Make if an fine to brake result I hit an  The rear of the car  A - EBR 778600  B - SEE 65732  ECLINIAN CAPTION OF THE LIVI  SHIRKANDORIE SIGNATURE  SINGAPORIE SIGNATURE  OTHER'S SIGN	0	1						
SCRIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  IS Stationary by the time I creatise, I could not  Make if an fine to brake result I hit an  The rear of the car  A - EBR 778600  B - SEE 65732  ECLINIAN CAPTION OF THE LIVI  SHIRKANDORIE SIGNATURE  SINGAPORIE SIGNATURE  OTHER'S SIGN			100		11			
SCRIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  is stationary by the time I creatise, I could not wake it on fine to brake result I hit on the rear of the car.  A - EBK 7786 M  B - SEE 63732  ECLIMANICAPITY ING CENTRE [II]  FREIENDAM GRAPHING GENTRE			04 80					
SCRIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  is stationary by the time I creatise, I could not wake it on fine to brake result I hit on the rear of the car.  A - EBK 7786 M  B - SEE 63732  ECLIMANICAPITY ING CENTRE [II]  FREIENDAM GRAPHING GENTRE	13	14						
SCRIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  is stationary by the time I creatise, I could not wake it on time to brake result I hill on the rear of the car.  A - EBK7786M  B - SKE63732  ECUNTATIONATIVING CENTER I.I.I.  Sillectual Accordance when the course of the course	1 1 1 1 1 1	1 1						
SCRIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  is stationary by the time I creatise, I could not wake it on time to brake result I hill on the rear of the car.  A - EBK7786M  B - SKE63732  ECUNTATIONATIVING CENTER I.I.I.  Sillectual Accordance when the course of the course			27 6					
SCRIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  is stationary by the time I creatise, I could not  make if on fine to brake result I hill on  the rear of the car  A - FBK7786M  B - SKE6372Z   ECLANACHICANIVING CENTRE III)  Religible Alexangest anythin by e gre true in every respect.  Sinkap One hapous  Lis 6661 1230 And 1660 0777  Thum  The position from the policyholider is signature  to a time:  It driver is not the policyholider in  Name:  Name:		-	P 1					++-++
SCRIBE CIRCUMSTANCES OF THE ACCIDENT  When I was ridding I did not realise the car  is stationary by the time I creatise, I could not  make if on fine to brake result I hill on  the rear of the car  A - FBK7786M  B - SKE6372Z   ECLANACHICANIVING CENTRE III)  Religible Alexangest anythin by e gre true in every respect.  Sinkap One hapous  Lis 6661 1230 And 1660 0777  Thum  The position from the policyholider is signature  to a time:  It driver is not the policyholider in  Name:  Name:	1	15	R. 4 3					
When I was ridding I did not realise the car  is stationary by the time I creatise, I could not wake it on time to brake result I hit on the particular security is not the polloyholder)  ECLARKWARNIVING CENTRE III)  SHEELisla A External course proviewing by a true in every respect.  Sinkaponic 1230-course for a fee or a fee o	1 6	12	P-17		111			
When I was ridding I did not realise the car  is stationary by the time I creatise, I could not wake it on time to brake result I hit on the particular security is not the polloyholder)  ECLARKWARNIVING CENTRE III)  SHEELisla A External course proviewing by a true in every respect.  Sinkaponic 1230-course for a fee or a fee o	SCRIBE CIRCUM	STANCES OF T	HE ACCIDENT			Market Michael Committee	A STATE OF THE STA	
Security on time to brake result I hit on  the rear of the car.  A - FBK7786M  B - SKK6372Z   ECCUNIANCIANIVING CENTRE (1)  Singapone adoption lago are true in every respect.  Singapone adoption  Singapone adoption  Cit & Both 1285 and 1860 0777  The first Signature  Orbert's Signature  Name:	Semse ameem		(Contraction of the Contraction					
Security on time to brake result I hit on  the rear of the car.  A - FBK7786M  B - SKK6372Z   ECCUNIANCIANIVING CENTRE (1)  Singapone adoption lago are true in every respect.  Singapone adoption  Singapone adoption  Cit & Both 1285 and 1860 0777  The first Signature  Orbert's Signature  Name:							- 11	
Make it on fine to brake result I hit on  the rear of the cor.  A - EBK7786M  B - SKEG3732  ECCUNIANCIANIVING CENTRE I.T.)  WHISTIANIVING gir brue in overy respect.  SINGAPORE Nations  List 6661 1230 for Accept 1270  The controller's Signature  Oriver's Signature  Illicholder's Signature  Oriver's Signature  Illicholder's Signature  Illicholder's Signature  Oriver's Signature  Illicholder's Signature  Illicholder's Signature  Name:  Name:	whn 2	was 1	riading 1	aio	non	realise	the	car
Make it on fine to brake result I hit on  the rear of the cor.  A - EBK7786M  B - SKEG3732  ECCUNIANCIANIVING CENTRE I.T.)  WHISTIANIVING gir brue in overy respect.  SINGAPORE Nations  List 6661 1230 for Accept 1270  The controller's Signature  Oriver's Signature  Illicholder's Signature  Oriver's Signature  Illicholder's Signature  Illicholder's Signature  Oriver's Signature  Illicholder's Signature  Illicholder's Signature  Name:  Name:								
Make it on fine to brake result I hit on  the rear of the cor.  A - EBK7786M  B - SKEG372Z   ECCUNIANCIANTIVING CENTRE I.T.)  SHIPELISTANCIANTIVING CENTRE I.T.)  SHIPELISTANC	is stat	ionam	by the t	ine I	trea	lise , 1	COU	nd not
The rear of the cor.  A - FBK7786M  B - SKK6372Z   ECUNNAMICANTIVING CENTRE I.I.)  WHICH SINGAPORE SIGNAL S		9	-		*.			
The rear of the cor.  A - FBK7786M  B - SKK6372Z   ECUNNAMICANTIVING CENTRE I.I.)  WHICH SINGAPORE SIGNAL S	to also	- Þ	n. 1	honk	COOL	4 7	h: 1	ON
ECUNIAN(CINALIVING CENTRE I.T.)  BHISCHERARCHORALIST Devices lagge to brue in overy respect.  SINCAPORE Edgous  Li. 6561 1235 FAX 6560 0777   Driver's Signature  Driver's Signature  In & Time:  If driver is not the policyholder)  Name:	IN SUMME	OM 11	10	271 04.10	1 230			
ECUNIAN(CINALIVING CENTRE I.T.)  BHISCHERARCHORALIST Devices lagge to brue in overy respect.  SINCAPORE Edgous  Li. 6561 1235 FAX 6560 0777   Driver's Signature  Driver's Signature  In & Time:  If driver is not the policyholder)  Name:				100				-
ECUNRATION IVING CENTRE I.T.)  SHIPE SEA FAR A GOOD OTT   SINGAPORE SAGOUS  III. 6661 1233 FAX GOOD OTT?  When Driver's Signature Of Driver's Signature (if driver is not the policyholder)  Report Centre Personnel's Signature Name:					_			
ECUNRATION IVING CENTRE I.T.)  SHIPE SEA FAR A GOOD OTT   SINGAPORE SAGOUS  III. 6661 1233 FAX GOOD OTT?  When Driver's Signature Of Driver's Signature (if driver is not the policyholder)  Report Centre Personnel's Signature Name:	the rear	of the	cor.					
ECUNRATION IVING CENTRE I.T.)  SHIPE SEA FAR A GOOD OTT   SINGAPORE SAGOUS  III. 6661 1233 FAX GOOD OTT?  When Driver's Signature Of Driver's Signature (if driver is not the policyholder)  Report Centre Personnel's Signature Name:	the rear	of the	cor-	100 00	-			
ECUNRATION IVING CENTRE I.T.)  SHIPE SEA FAR A GOOD OTT   SINGAPORE SAGOUS  III. 6661 1233 FAX GOOD OTT?  When Driver's Signature Of Driver's Signature (if driver is not the policyholder)  Report Centre Personnel's Signature Name:	the rear	of the	cor.		-			
ECUARATIONALIVING CENTRE I.T.)  All Estate As Exported applicating of a true in every respect.  SINGAPORE EXPORT  SINGAPORE EXPORT  The property Signature  Driver's Signature  Oriver's Signature  (If driver is not the policyholder)  Name:			cor-					
SINGAPORE Edgous  Li. 6661 1230 EAX 6660 0777  Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Driver's Signature  Reported Centre Personnel's Signature Name:	A - F8	c7786m	cor.	16.0				
SINGAPORE Edgous  Li. 6661 1230 EAX 6660 0777  Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Driver's Signature  Reported Centre Personnel's Signature Name:	A - F8	c7786m	COT.					
SINGAPORE Edgous  Li. 6661 1230 EAX 6660 0777  Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Driver's Signature  Reported Centre Personnel's Signature Name:	A - F8	c7786m	COT-					
SINGAPORE Edgous  Li. 6661 1230 EAX 6660 0777  Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Driver's Signature  Reported Centre Personnel's Signature Name:	A - F8	c7786m	COT-	***				
SINGAPORE Edgous  Li. 6661 1230 EAX 6660 0777  Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Driver's Signature  Reported Centre Personnel's Signature Name:	A - F8	c7786m	. COT		,			
SINGAPORE Edgous  Li. 6661 1230 EAX 6660 0777  Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Driver's Signature  Reported Centre Personnel's Signature Name:	A - F8	c7786m	COT	***	,			
SINGAPORE Edgous  Li. 6661 1230 EAX 6660 0777  Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Driver's Signature  Reported Centre Personnel's Signature Name:	A - F8	c7786m	COT		,			
SINGAPORE Edgous  Li. 6661 1230 EAX 6660 0777  Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Driver's Signature  Reported Centre Personnel's Signature Name:	A - F8	c7786m	COT		,			
SINGAPORE Edgous  Li. 6661 1230 EAX 6660 0777  Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Driver's Signature  Reported Centre Personnel's Signature Name:	A - F8	c7786m	COT		,			
SINGAPORE Edgous  Li. 6661 1230 EAX 6660 0777  Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Driver's Signature  Reported Centre Personnel's Signature Name:	A - F8	c7786m	COT		,			
SINGAPORE \$40005  Li. 6561 1233-CAL \$660 0777  When Driver's Signature  Oriver's Signature  Oriver's Signature  (If driver is not the policyholder)  Name:	A - F8	c7786m	COT		,			
SINGAPORE \$40005  Li. 6561 1233-CAL \$660 0777  When Driver's Signature  Oriver's Signature  Oriver's Signature  (If driver is not the policyholder)  Name:	A - FB	6372Z			,	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Report Centre Personnel's Signature Name:	B - SKK	6372Z			,	The Party	215. 1 14	
Driver's Signature  Driver's Signature  (If driver is not the policyholder)  Report Centre Personnel's Signature Name:	B - SKK	6372Z		spect.	,	The Party	215. 1 14	
tte & Time: (if driver is not the policyholder) Name:	B - SKK	6372Z		spect.	,	The Party	215. 1 14	
rts & Time: (If driver is not the policyholder) Name:	B - SKK	6372Z	g gle brue in every re	spect.	,	The Party	215. 1 14	
A COLUMN TO THE PARTY OF THE PA	B - SEE  B - SEE  B - SEE  B - SEE  B - SEE	ING CENTRE COST PROTECTION OF THE COST PROTEC	(1) a gre true in every re		,	shy m	## 14 14 14 14 14 14 14 14 14 14 14 14 14	103/8









