

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	03/04/2018 15:10
Date Of Accident	07/03/2018 11:40
Exact Location Of Accident	KING GEORGE AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF7258Y
Insured/Policyholder	
Name Of Registered Owner	MOHD NOOR BIN MOHD SAID
NRIC No	S1688671H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93680341
Alternative Phone No	OTHERS-93680341

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF2J
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5058375031-04
Cover Note Number	

Driver

Name of Driver	MOHD NOOR BIN MOHD SAID
NRIC No	S1688671H
Date Of Birth	13/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	20/05/1985
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93680341
Fax Number	
Contact Number	OTHERS-93680341
Email Address	NOEMAIL

Address	BLK 341 TAMPINES STREET 33 #05-264
Postcode	520341
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 - CHANGE/CROSS LANE
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
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?	YES
Remarks/ Reasons:	PLS REFER TO THE WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB1288X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WAI LUN
NRIC/Passport Number	
Contact Number	97253861
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHD NOOR BIN MOHD SAID
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBF7258Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.

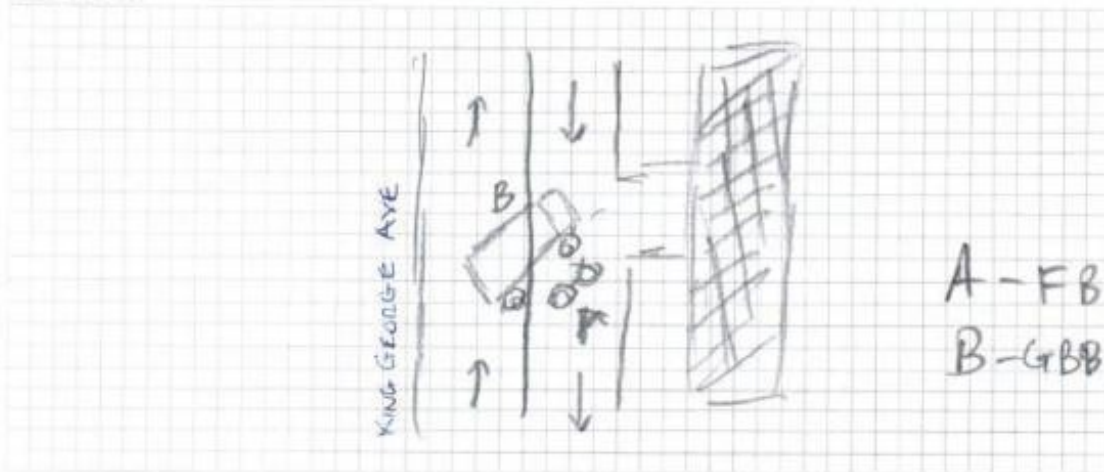
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motorcycle A was driving along King George Ave. Vehicle B suddenly change and cross lane without signalling to the right and hit on Motorcycle A on the right side portion.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

UNIQUE MOTORSPORTS PTE LTD



GST REG. No. : 200907910H
 UEN No. : 200907910H
 Website : www.uniquemotorsports.com.sg
 Email : sales@uniquemotorsports.com.sg

TAX INVOICE

Invoice : KB2S19972
 Date : 29/03/2018
 Page : 1
 Cashier : Sulastri Bte Hamir

Unique Motorsports Head Office
 11 Tanjong Lane,
 Singapore 347774
 Tel : 6292 5678 Fax : 6296 8875

UM @ Kaki Bukit
 1 Kaki Bukit Ave 6,
 #02-54/55 Autobay @ Kaki Bukit
 Singapore 417883
 Tel : 6844 6378 Fax : 6844 6379

UM @ Toh Guan
 42 Toh Guan Road East,
 #02-148 Enterprise Hub (S) 503586
 Tel : 6515 4878 Fax : 6515 4878

UM @ Woodlands
 300 Woodlands Industrial Park E2
 #01-43 Harvest @ Woodlands
 Singapore 757322
 Tel : 6339 2178 Fax : 6339 3379

UM @ Serangoon
 Singapore 328168
 1907/1009 Serangoon Road
 Tel: 6341 5336 Fax: 6341 7275

Mechanics: Hing Chin Keat

Bill To
 HONDA CB400 REVO
 FB7258Y

Deliver To

Phone : 93680341
 Mileage : Mileage : 176721

Phone

Item Details	Qty	Unit Price	Amount (\$)
Honda CB400 / VFR800P Steering Cone & Bearing Upper (SOR 61 & 62)	1	45.00	45.00
Honda CB400 Steering Cone & Bearing (SOR 63 & 64)	1	45.00	45.00
Honda Steering Cone Washer (SOR 187)	1	15.00	15.00

Remarks :

Sub-Total : \$ 105.00
 Incl. of GST 7.0% : \$ 6.87
Total Amount Payable : \$ 105.00
 Cash : \$ 105.00

Terms : COD

Goods sold are not returnable or exchangeable
 Cheque payment must be crossed and made payable to UNIQUE MOTORSPORTS PTE LTD

Unique Motorsports Pte Ltd

Goods received in good order and condition.

Authorised Signatory
 Date :

Company Stamp & Signature
 Date :

UNIQUE MOTORSPORTS PTE LTD



GST REG. No. : 200907910H

UEN No. : 200907910H

Website : www.unique-motorsports.com.sg

Email : sales@unique-motorsports.com.sg

Unique Motorsports Head Office
11 Tannery Lane,
Singapore 347774
Tel : 6292 5578 Fax : 6295 5579

UM @ Kaki Bukit
1 Kaki Bukit Ave 6,
#02-54/55 Autobay @ Kaki Bukit
Singapore 417883
Tel : 6844 6378 Fax : 6844 6379

UM @ Toh Guan
48 Toh Guan Road East,
#02-140 Enterprise Hub, (S) 609556
Tel : 6515 4978 Fax : 6515 4979

UM @ Woodlands
280 Woodlands Industrial Park E5
#01-43 Harvest @ Woodlands
Singapore 757322
Tel : 6339 2178 Fax : 6339 3379

UM @ Serangoon
Singapore 328168
1007/1009 Serangoon Road,
Tel: 6341 5378 Fax: 6341 7379

TAX INVOICE

Invoice : KB2S19932

Date : 27/03/2018

Page : 1

Cashier : Mohammad Izzuddin

Mechanics: Hing Chin Keat

Bill To

HONDA CB400 REVO
FBF7258Y

Phone : 93680341

Mileage : Mileage : 176405

Deliver To

Phone :

Item Details	Qty	Unit Price	Amount (\$)
Koyo/NTN Bearings (SOR 92 / 94 / 108)	2	15.00	30.00
Honda CB400 Front Wheel Oil Seal	2	15.00	30.00

Remarks :

Terms : COD

Sub-Total : \$ 60.00

Discount : \$ 2.00

Incl. of GST 7.0% : \$ 3.79

Total Amount Payable : \$ 58.00

Cash : \$ 58.00

Goods sold are not returnable or exchangeable.

Cheque payment must be crossed and made payable to UNIQUE MOTORSPORTS PTE LTD

Unique Motorsports Pte Ltd

Goods received in good order and condition.

Authorised Signatory

Date :

Company Stamp & Signature

Date :

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

