

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 | 05/04/2018 17:08 |
| Date Of Accident | 06/03/2018 15:00 |
| Exact Location Of Accident | BLK 52 LENGKOK BAHRU OPEN CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | FBK8559X |
| Insured/Policyholder | |
| Name Of Registered Owner | NOFTALL ROBIN WARD BARTON @ NOFTALL ROBIN WARD |
| NRIC No | S2764857F |
| Email Address | ROBINNOFTALL@MATDAN.COM.SG |
| Mobile Phone No | (LOCAL) +65-97224120 |
| Alternative Phone No | OTHERS-97224120 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | YAMAHA |
| Model | FJR1300ABS-1.3 (M) |
| Exact Purpose for which vehicle was being used at time of accident | BIKE WAS PARKED |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SI18V01770/VMS/R02 |
| Cover Note Number | |

Driver

| | |
|----------------------|--|
| Name of Driver | NOFTALL ROBIN WARD BARTON @ NOFTALL ROBIN WARD |
| NRIC No | S2764857F |
| Date Of Birth | 11/08/1967 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/07/2009 |
| Driving Experience | 8 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97224120 |
| Fax Number | |
| Contact Number | OTHERS-97224120 |
| EEmail Address | ROBINNOFTALL@MATDAN.COM.SG |

| | |
|---|---------------------------------|
| Address | BLK 52 LENGKOK BAHRU #02-303 |
| Postcode | 150052 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 0 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | MARINA BAY NPC |
| Police Station Address | ROAD: 70 MARINA VIEW , POSTCODE: 018962 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20180405/2054

Attachment(s)

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

Sketch Plan

SKETCH PLAN

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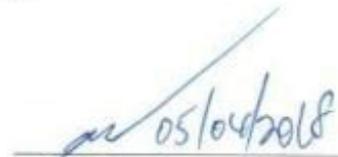
8. Consent under the Personal Data Protection Act (PDPA)

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:
5/4/18

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


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

Rohd Watan

Sketch Plan #2

SKETCH PLAN

BIKES

CARS

BIKE PARKING

BIKE THAT I FELT THAT WAY

MY BIKE FBK 8559X

ROAD WAY

CAR PARK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten notes in the description box:

PLS
 REPORT TO POLICE
 1/2018 0405/2018

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time:
5/4/18

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

[Signature] 05/04/2018

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: *[Signature]*

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



A/20180405/2054

1 of 1

POLICE REPORT (NP299)

Report No. A/20180405/2054

Police Station Of Origin
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

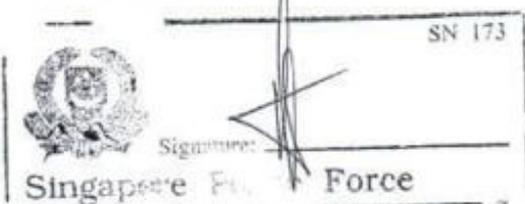
| | | | | | |
|--|--|---|-----------|-----------------------------|-------------------|
| Date/Time Report Made 05/04/2018 12:30 | | Vide Report No. | | Station Diary No. 11 | |
| Name Of Informant NOFTALL ROBIN WARD BARTON | | Address APT BLK 52 LENGKOK BAHRU #02-303 SINGAPORE 150052 | | | |
| ID Type / ID No. NRIC NO / S2764857F | | Contact No. Home/Office | | Mobile 97224120 | |
| Nationality CANADIAN | | Email Address | | | |
| Occupation Marine engineer officer | | Sex Male | Age 50 | Date of Birth 11/08/1967 | Race Caucasian |
| Institution/School Name | | Language | | | |
| Date/Time Of Incident 06/03/2018 15:00 | | Location Of Incident Carpark | | | |

Brief details.

On 06/03/2018 at about 1500hrs, my wife informed me that my motorcycle bearing plate number FBK8559X Yamaha FJR1300 Metallic Brown was being topple off and knock onto the next motorcycle. The driver of the motorcycle picked up my motorcycle and informed my wife. On 01/03/2018, I had parked my motorcycle at the lot and did not touched it at all. I do not have evidence on how could my motorcycle fallen and hit onto another motorcycle. There was no CCTV or any witness at the scene. I am lodging this report to claim insurance. That is all.

| | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: A / Staff Sgt NGO FENG WEI | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 05/04/2018 12:30 |
| Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp TAN QI FANG Contact No.: 62229999 | Classification Of Case: |

Authentication Stamp



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
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017739

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: 2/MA118045647 Vehicle Registration No: FBK 8559X
Name (as shown in NRIC): NOFTALL ROBIN WARD BROWN NRIC/FIN/Passport No: S2764857
(*Vehicle Driver / Vehicle Owner) Please delete as appropriate
Address: Singapore
Contact (Tel): Mobile No.: 97224120
Date of Accident: 26/03/18 Time of Accident: 15:00
Place of Accident: BIK 52 LALYKOK BATRU OPAN CARPARK
Insurance Company: LIBERTY

(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:

Policy number 20 SI18V01770/VMS/R02

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: 27/04/2018