

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 04/04/2018 13:08
Date Of Accident 02/04/2018 22:30
Exact Location Of Accident MARINA BOULEVARD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL8177J

Insured/Policyholder

Name Of Registered Owner NORISHAM BIN ABDUL RAZAK
NRIC No S8115215B
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97475520
Alternative Phone No OTHERS-97475520

Vehicle Particulars

Manufacturer PIAGGIO
Model VESPA GTS-278CC SUPER
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 5089366544-01
Cover Note Number

Driver

Name of Driver NORISHAM BIN ABDUL RAZAK
NRIC No S8115215B
Date Of Birth 03/06/1981
Occupation INDOOR
Date Of Driving Pass 14/07/2004
Driving Experience 13 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97475520
Fax Number
Contact Number OTHERS-97475520
Email Address NOEMAIL

Address	BLK 724 #02-145 PASIR RIS STREET 72
Postcode	510724
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : MELATI IDAYU
	GENDER: : FEMALE

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

REFER BELOW STATEMENT/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	SKN6499B
Vehicle Make/Model/Colour	MERCEDES
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)	

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.

[Signature] on/on/16

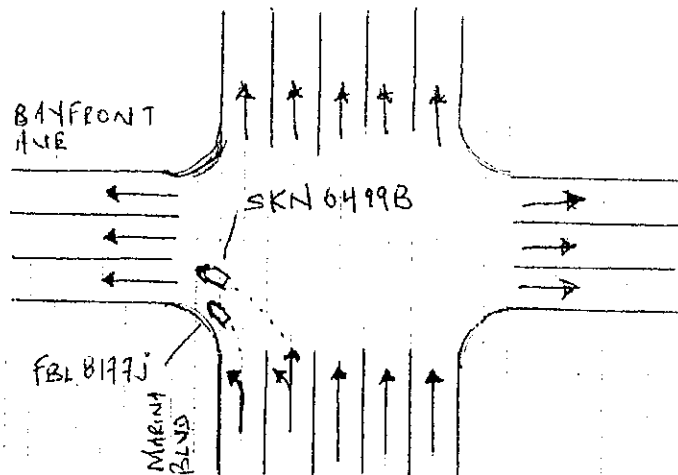
04 APR 2018

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Name: _____
NRIC/FR NO: _____
Tel: 67416697 Fax: 67492305
Email: vackb@sinanet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I AM RIDING VEHICLE NO FBL8177J, WITH A PILLION ON 02/04/18. AS I WAS RIDING ALONG MARINA BLVD AT APPROX 2330HRS, I WAS ON THE LEFTMOST LANE (SINGLE CARRIAGE). AS I WAS ABOUT TO MAKE A LEFT-TURN TOWARDS BAYFRONT AVE, A VEHICLE (SKN6499B) ON MY RIGHT (2ND LANE FROM LEFT, DUAL CARRIAGEWAY) TURNED LEFT WITHOUT SIGNALLING AND PARTIALLY VEERED INTO MY LANE. I APPLIED EMERGENCY BRAKING IMMEDIATELY BUT MY FRONT TYRE MADE CONTACT WITH THE LEFT REAR PASSENGER DOOR OF VEHICLE (SKN6499B). A POLICE PATROL CAR WHICH WAS NEARBY RENDERED ASSISTANCE. TRAFFIC POLICE & AMBULANCE ARRIVED 10MINS LATER. AS BOTH MY PILLION & MYSELF DID NOT SUFFER LIFE-THREATENING INJURIES, WE WERE NOT CONVEYED TO THE HOSPITAL.

DECLARATION

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

04/04/18

04 APR 2018

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Singapore: 4159233

Name: Tel: 67416697 Fax: 67492305

NRIC/ID No: Email: vackb@singnet.com.sg