

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 | 27/04/2018 17:33 |
| Date Of Accident | 25/04/2018 17:15 |
| Exact Location Of Accident | ALONG PIONEER ROAD TOWARDS PIONEER CIRCLE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FU800B |
| Insured/Policyholder | |
| Name Of Registered Owner | TOH WAN KOON |
| NRIC No | S7805424G |
| Email Address | TOHWANK@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98000900 |
| Alternative Phone No | OFFICE-98000900 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | YAMAHA |
| Model | TMAX530 (DX) |
| 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? | YES |
| If No, Please state action to be taken | |

| | |
|------------------|------------|
| Vehicle Category | MOTORCYCLE |
|------------------|------------|

Insurance Company

| | |
|---------------------------|----------------------------------|
| Name of Insurance Company | GREAT AMERICAN INSURANCE COMPANY |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MOMVM000001833-00-000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TOH WAN KOON |
| NRIC No | S7805424G |
| Date Of Birth | 23/02/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/11/2003 |
| Driving Experience | 14 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98000900 |
| Fax Number | |
| Contact Number | OFFICE-98000900 |
| EMail Address | TOHWANK@GMAIL.COM |

Address BLK 115 JURONG EAST ST 13
 #02-374
 Postcode 600115
 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 - HEAD ON COLLISION
 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

AS PER SKETCH

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 UNKNOWN
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category GOODS VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TOH WAN KOON

| | |
|---|--------------------------------------|
| Approximate Age | 40 |
| Injuries Sustain | PARTS OF LIMBS |
| Injured person in which vehicle? | FU800B |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | BLK 115 JURONG EAST ST 13 #02-374 |
| Postcode | 600115 |

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: 27/04/18
1630hrs

Driver's Signature

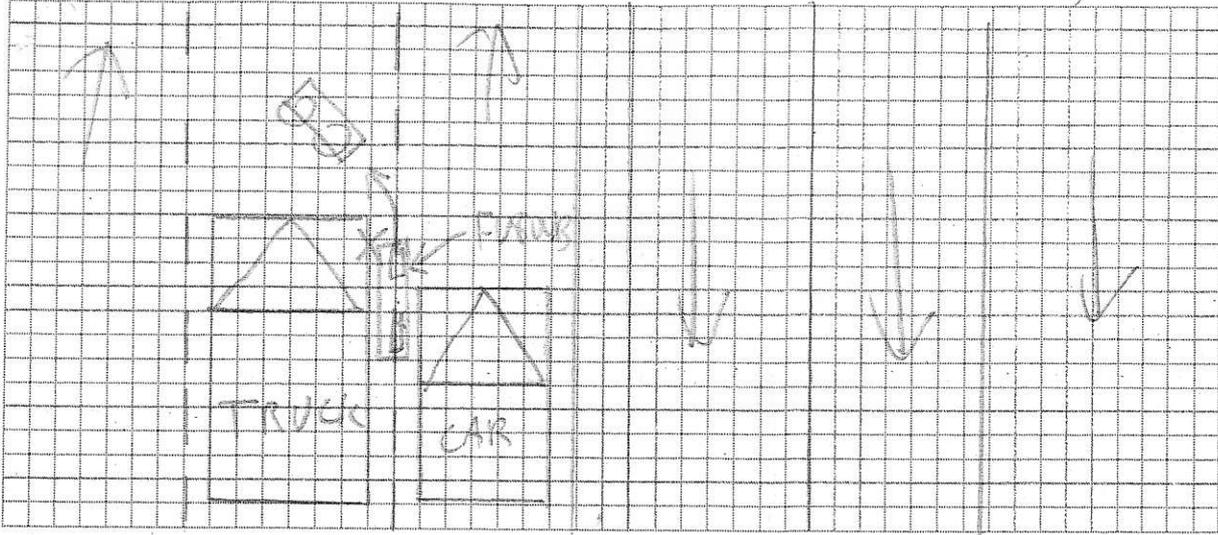
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

3 2 1 1 2 3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/04/18 at 1715hrs, I was travelling on Pioneer Road towards Pioneer Circle. 20M to the circle I accidentally hit a truck front bumper on lane 2. I fell and skidded in front of the truck.

weather - clear

road surface - dry

tohwanke@gmail.com.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 27/04/18
 1630hrs

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

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