

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	30/04/2018 13:57
Date Of Accident	30/04/2018 08:20
Exact Location Of Accident	25 LENG KEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9679B
Insured/Policyholder	
Name Of Registered Owner	RADEN SANGGA BUANA BIN MOHD SATELI
NRIC No	S8437106H
Email Address	RADENBUANA33@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96988104
Alternative Phone No	OFFICE-96988104

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-03 ABS (MTN320-A)-321CC
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P20007419R01
Cover Note Number	

Driver

Name of Driver	RADEN SANGGA BUANA BIN MOHD SATELI
NRIC No	S8437106H
Date Of Birth	11/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/09/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96988104
Fax Number	
Contact Number	OFFICE-96988104
Email Address	RADENBUANA33@GMAIL.COM

Address	BLK 526B PASIR RIS STREET 51 #09-521
Postcode	512526
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. E/20180430/2024 ATTACHED

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	SKR7526D
Vehicle Make/Model/Colour	
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

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.



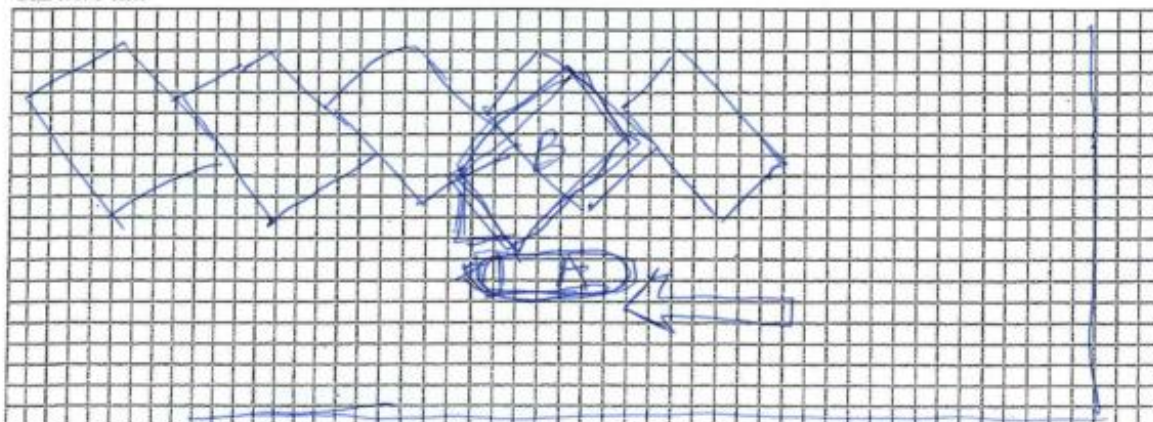
Policyholder's Signature / Date &

Time 2014/2/28 @ 12:00 noon & Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2

SKETCH PLAN

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 - (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: 30/9/2018
@ 12:00 noon

Driver's Signature

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

Reporting Centre Personnel's Signature

Name: Tan Chai Lok
NRIC/FIN No.: 67115235R

Sketch Plan #3

Describe Circumstances of the Accident

Refer to Police Report NO. 6/20180430/2024 attached.

Declaration

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

Policyholder's Signature / Date &

Time 3/8/2018 @ 12:00 hours

Driver's Signature (If driver is not the policyholder) / Date

Time

Witnessed by Reporting Centre
Personnel



[illegible]

1 of 2

Report No. E/20180430/2024

Date/Time Report Made. 30/04/2018 10:49	Vide Report No.	Station Diary No. 36	
Name Of Informant RADEN SANGGA BUANA BIN MOHD SATELI	Address APT BLK 526B PASIR RIS STREET 51 #09-521 SINGAPORE 512526		
ID Type / ID No. NRIC NO / S8437106H	Contact No. Home/Office	Mobile 96988104	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation TECHINICIAN	Sex Male	Age 33	Date of Birth 11/11/1984
Institution/School Name	Race Boyanese		
Date/Time Of Incident 30/04/2018 08:20	Language		
	Location Of Incident 25 LENG KEE ROAD SINGAPORE 159097 Subaru Motor Image		

I am working as a technician in Subaru Motor Image.

On 30/04/2018 at about 0820hrs, I entered my work compound. While I was riding my motorcycle (FBK 9679B) in straight from the main entrance towards my parking lot, one car (SKR 7526D) was parked in the visitors lot but in a wrong direction. The car had sudden drove out without checking the oncoming traffic. The car had collided onto my right side of my motorbike. No one was injured. No ambulance

Signature Of Officer Recording The Report:

E / Sgt 2 YUVARANI D/O MAHENDRAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Sr Staff Sgt NURUL FIQQA H BINTE ZAINAL
Contact No :

Authentication Stamp

Signature Of Informant:

Date/Time:
30/04/2018 10:49

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 170

SIGNATURE



**SINGAPORE
POLICE FORCE**



E/20180430/2024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180430/2024

attended. My motorcycle's right side fairing had scratches, paint peeled off slightly and radiator was broken. No government property was damaged.

The driver and I had exchanged particulars to proceed via insurance claims. I am have footage of the incident via my company CCTV. I also have a witness (Mr Chua Siong Hee h/p: 97690519) who is a staff there saw the accident.

I am lodging this report for insurance claims and for record purposes.

Signature Of Officer Recording The Report: E / Sgt 2 YUVARANI D/O MAHENDRAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/04/2018 10:49
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Sr Staff Sgt NURUL FIQQA BINTI ZAINAL Contact No.:	Classification Of Case:
Authentication Stamp	SN 170
SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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