

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	03/07/2018 17:23
Date Of Accident	02/07/2018 15:30
Exact Location Of Accident	BARTLEY ROAD EAST TOWARDS UBI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2240A
Insured/Policyholder	
Name Of Registered Owner	ELTRACO INTERNATIONAL PTE LTD
Co Reg No	197701317G
Email Address	MARGARET@PARSEC.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68792124

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VM00/101632
Cover Note Number	

Driver

Name of Driver	ABDUL AZIZ BIN MUHAMMAD
NRIC No	S8024921G
Date Of Birth	19/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93380162
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 739 WOODLANDS CIRCLE #12-393
Postcode	730739
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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

REFER TO 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	SH6885G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	ABDUL AZIZ BIN MUHAMMAD
Approximate Age	

Injuries Sustain

BRUISES

Injured person in which vehicle?

FBG2240A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

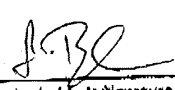
03/07 2018 TUE 13:42 FMA

SKETCH PLAN**IMPORTANT NOTICE**


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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:

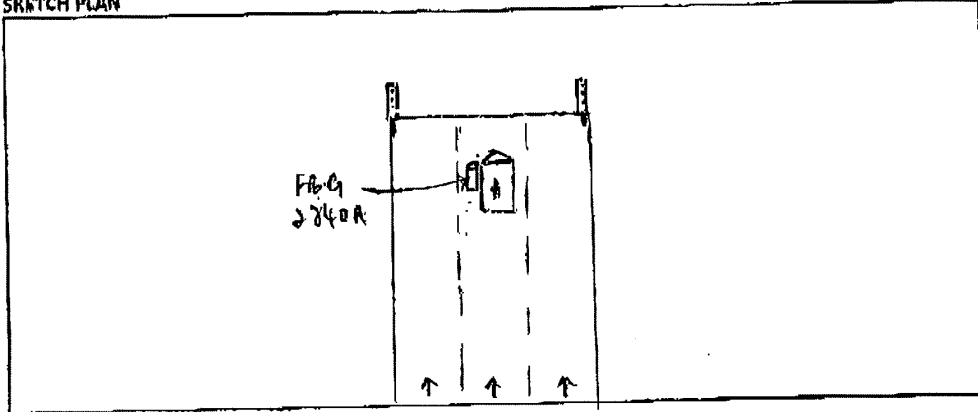


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

03/07 2018 TUE 15:42 FAX

Date of accident: 02/07/2018 Time: 15:30 PM Location: Banting Road East towards
 Veh A: FBG 2240A Veh B: SH 6885G No of pax: 1 Weather: Clear/dry Rain/Wet Ubi.
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both veh A and B was stationary at traffic light junction. Traffic light was red. When traffic light turns green, both vehicles start to move. While moving, all of a sudden, veh B swerved to my side and hit my motorbike. The impact caused me to lose balance and both my motorbike and me fell. I sustain some bruise but not conveyed to the hospital.

Veh B: SH 6885G, Vincent: 93227042

☐ Claim OD/TP at Falcon-Air ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address: 6879 2124 Margaret / 96380162 H&H

67951718

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing 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/PRN No.:

THANK YOU, Sketch Plan Form #2

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8024921G



Name
ABDUL AZIZ BIN MUHAMMAD

عبدالعزیز بن محمد

Race
MALAY

Date of birth
19-08-1980

Sex
M

Country/Place of birth
SINGAPORE

S8024921G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8024921G


Name
ABDUL AZIZ BIN MUHAMMAD

Birth Date: 19 Aug 1980


Issue Date: 13 Feb 2003

1000199831D

5167805



NRIC No S8024921G



Date of issue
03-05-2013

Address
APT BLK 739 WOODLANDS CIRCLE
#12-393
SINGAPORE 730739

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles not exceeding 200 cc

PASS DATE
07 Feb 2001

NP 428A

Licence No: S8024921G

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

