

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	02/08/2018 18:49
Date Of Accident	02/08/2018 17:10
Exact Location Of Accident	JUNCTION OF JALAN ISHAK & LOR MARICAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN584J
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE POST LIMITED
Co Reg No	199201623M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93377675
Alternative Phone No	OFFICE-68412000

Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX
Exact Purpose for which vehicle was being used at time of accident	MAIL DELIVERY
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	MUHAMAD FARISZUAN BIN RAZALI
Passport No/FIN	G2869596P
Date Of Birth	23/06/1994
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93377675
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	RPT CHUCHOH PUTERI A KUALA KRAI KELANTAN
Postcode	18000
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	COLLISION - MAJOR/MINOR RD
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?	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

ON 02.08.2018 AT ABOUT 1710HRS, I WAS RIDING ALONG THE MAIN ROAD OF JALAN ISHAK TOWARDS THE DIRECTION OF LOR SALLEH. UPON APPROACHING THE UNCONTROLLED INTERSECTION OF JALAN ISHAK AND LOR MARICAN, VEHICLE SLW7885D HAD SUDDENLY TRAVELLED FROM THE LEFT SIDE OF THE ROAD (LOR MARICAN). I WAS UNABLE TO STOP IN TIME AND HAD LATER COLLIDED INTO THE RIGHT FRONTAL PORTION OF VEHICLE SLW7805D. NO POLICE OR AMBULANCE WAS ACTIVATED TO THE SCENE. I AM CURRENTLY EXPERIENCING PAIN TO MY RIGHT FOREARM. I WOULD SEEK MEDICAL TREATMENT IF THE PAIN PERSISTS.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RETRIEVING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW7885D
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SOH GEH
NRIC/Passport Number	S1723707A
Contact Number	90083625
Address	BLK 145 JALAN BUKIT MERAH #08-1098
Postcode	160145
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MUHAMAD FARISZUAN BIN RAZALI
Approximate Age	24
Injuries Sustain	RIGHT FOREARM
Injured person in which vehicle?	FBN584J
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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6. The 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 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.

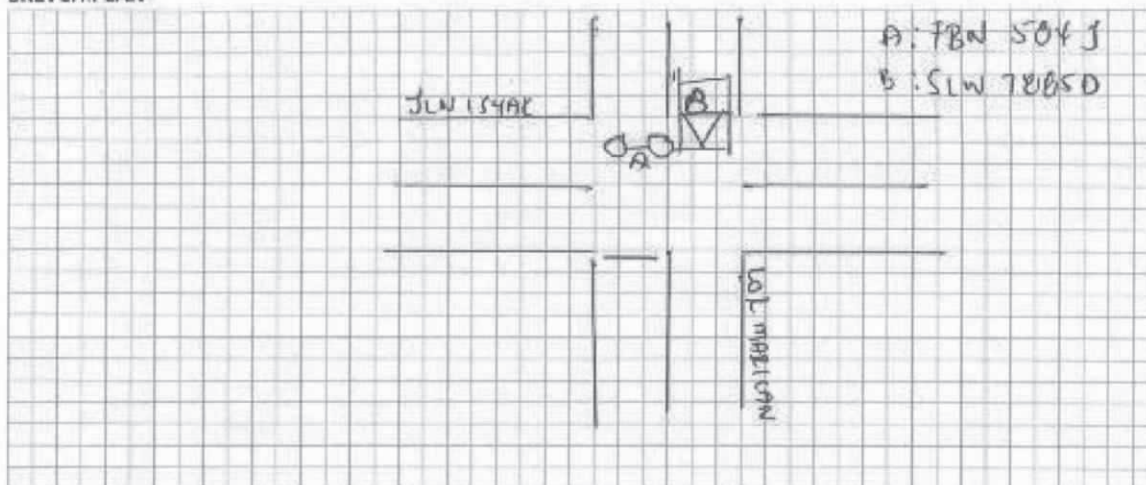
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/5/18 5:45 PM

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE, TIME & LOCATION, I WAS RIDING ALONG THE MAIN ROAD OF JLN ISYAK TOWARDS THE DIRECTION OF LOK SALLEH.
UPON APPROACHING THE UNCONTROLLED INTERSECTION OF JLN ISYAK & LOK MARICAN, VEHICLE SLW 7885D WHO SUDDENLY TRAVELLED FROM THE LEFT SIDE OF THE ROAD (LOK MARICAN). I WAS UNABLE TO STOP IN TIME AND WHO LATER COLLIDED INTO THE RIGHT FRONTAL PORTION OF VEHICLE SLW 7885D.
NO POLICE OR AMBULANCE WAS ACTIVATED TO THE SCENE.
I AM CURRENTLY EXPERIENCING PAIN TO MY RIGHT FOREARM. I WOULD SEEK MEDICAL TREATMENT IF THE PAIN PERSISTS.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/6/18 5.45 pm

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1623M
Vehicle Details	
Vehicle No.:	FBN584J
Vehicle to be Exported:	No
Intended De-registration Date:	10 Aug 2018
Vehicle Make:	YAMAHA
Vehicle Model:	NMAX155 ABS
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	G3H6E0007700
Chassis No.:	MH3SG431000005952
Maximum Power Output:	-
Open Market Value:	\$2,350.00
Original Registration Date:	03 Jul 2018
First Registration Date:	03 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$353.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 Jul 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$7,602.00
COE Rebate Amount:	\$7,521.00
Total Rebate Amount:	\$7,521.00

The information contained herein is correct as at 10 Aug 2018

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