

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	31/08/2018 14:12
Date Of Accident	15/08/2018 12:30
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7811Z
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167

Vehicle Particulars

Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TRAINEE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-14
Cover Note Number	

Driver

Name of Driver	NGUI TET LIN CATHERINE
NRIC No	S1405813C
Date Of Birth	22/12/1960
Occupation	INDOOR
Date Of Driving Pass	15/08/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98889386
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 1 JALAN SELANTING #05-07
Postcode	598368
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO 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?	NO
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 I GO AROUND THE MINI CIRCUIT, I LOST CONTROL OF THE MOTORCYCLE AND FELL DOWN.

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 INJURED PERSON 1

Name	NGUI TET LIN CATHERINE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK7811Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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6. The report will be forwarded by the insurers of the GHA Roadside Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
7. By the signing of this report to the insurers, you hereby consent to the archiving of this report at the Centre and to request the report being made available should.
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 be 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 (together 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 Attorney General of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
 - (i) processing, handling and/or dealing with my claims, including the settlement of the claim and any necessary investigations relating to the claim;
 - (ii) investigating this accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any requests by me;
 - (iv) administering my claims (including the making of a correspondence, statements, notices, reports or requests to me) which might involve disclosure of certain personal data about me to third parties (including delivery of the same as well as on the external cover of envelopes/parcel/postcard); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, including the "Purposes".
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 be disclosed by any of the Insurers and/or with to their third party service providers or agents/including their lawyers/law firms, which may be third parties of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to settle the claims liability for the purposes of third party claims, investigation and development for present and all future claims;
- (e) the information so collected under (f) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that need to be collecting, investigating, evaluating or managing third party claims, law enforcement and government agencies as lawfully required for the purposes stated; or

BUKIT RATOK DRIVING CENTRE LTD
815 BUKIT RATOK WEST AVENUE 5
SINGAPORE 659005
TEL: 6501 1233 FAX: 6500 0777

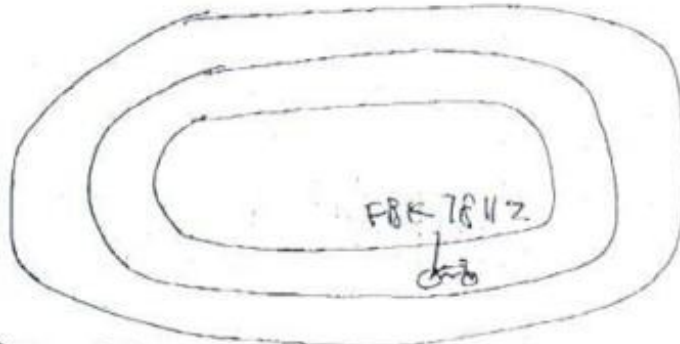
Policyholder's Signature
Date & Time

Driver's Signature
[If driver is not the policyholder]
Date & Time

Report Centre Personnel's Signature
Name
NIC/PIN No.

Individual Statement

SKETCH PLAN



Bukit Batok Driving Centre, mini circuit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I go around the mini circuit, I lost control of the motorcycle and fell down.

BUKIT BATOK DRIVING CENTRE LTD
615 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6561 0777

Policyholder's Signature
Date & Time:

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

Signature 31/08/18
Bukit Batok Driving Centre Personnel's Signature
Name:
Date/Day/Mo:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

