Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 18/10/2018 11:48

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 witholding of material facts may allow insurance companies to repudiate policy liability.
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	18/10/2018 10:40
Date Of Accident	12/10/2018 11:45
Exact Location Of Accident	ALEXANDRA ROAD (INFRONT IKEA)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBH1960G
Insured/Policyholder	
Name Of Registered Owner	ALEX FULFILMENT SERVICES PTE. LTD.
Co Reg No	-
Email Address	SANICIK21@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87542690
Alternative Phone No	OFFICE-62253225
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YBR125-123CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SI18V04080/VMC/R03
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD SANI BIN MASHUD
NRIC No	S7920810H
Date Of Birth	21/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2002
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-91403225
Fax Number	
Contact Number	OFFICE-62253225
EMail Address	SANICIK21@GMAIL.COM

Address	BLK 909 JURONG WEST STREET 91 #08-427
Postcode	640939
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	
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	GBG4976Y
Vehicle Make/Model/Colour	SSANGYONG (PICKUP)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHAO DEHONG
NRIC/Passport Number	S7165087A
Contact Number	81250388/83181198
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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 liability**.
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.
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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.

alex world by Alliance 21

Policyholder's Signature
Date & Time:

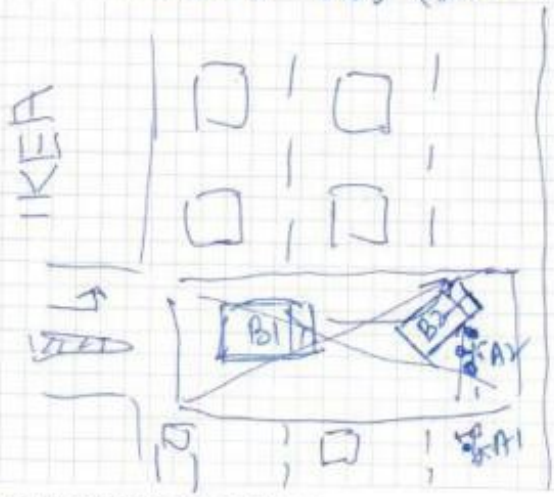
Driver's Signature
(If driver is not the policyholder)
Date & Time: 18.10.2018 10.30 AM

18/10/2018

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

Accident Sketch Plan

SKETCH PLAN ALEXANDRA ROAD (INFRONT IKEA)



A) FBH 1960 G
B) GBG 4976 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS RIDING ALONG ALEXANDRA RD ON RIGHT LANE. LEFT AND CENTER LANE WAS JAMMED. AS I WAS RIDING NEARBY IKEA OUT OF SUDDEN A WHITE PICKUP CAME OUT FROM IKEA EXIT TURNING TO THE RIGHT LANE. AND HIT MY MOTORCYCLE.

DECLARATION

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

alex world by Alliance 21

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18.10.2018 10.45AM

18/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ID


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7920810H

MOHAMMAD SANI BIN MASHUD

محمد سني بن مشاود

BOYANESE

21-07-1979

M

SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

S7920810H

MOHAMMAD SANI BIN MASHUD

Birth Date 21 Jul 1979

Issue Date 09 Jan 2017

002645663J


6003765

MRIC No. S7920810H

Date of Issue
01-08-2018

Address
APT BLK 939 JURONG WEST STREET 91
#08-427
SINGAPORE 640939


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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	04 Jul 2002
Class 2A	Motorcycles between 201 cc and 400 cc	02 Nov 2004
Class 2	Motorcycles > 400 cc	16 Jun 2009

Licence No:S7920810H

NP 428A

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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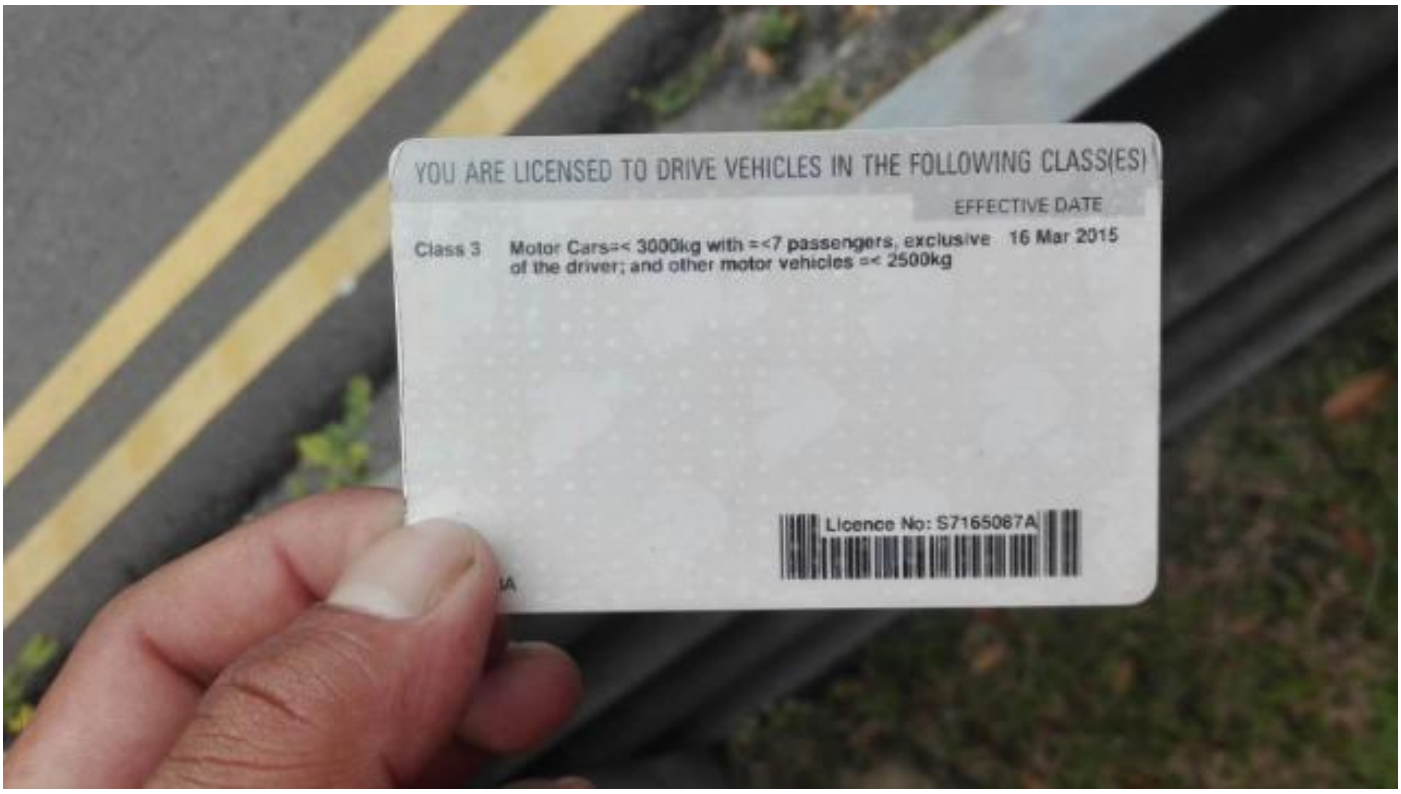
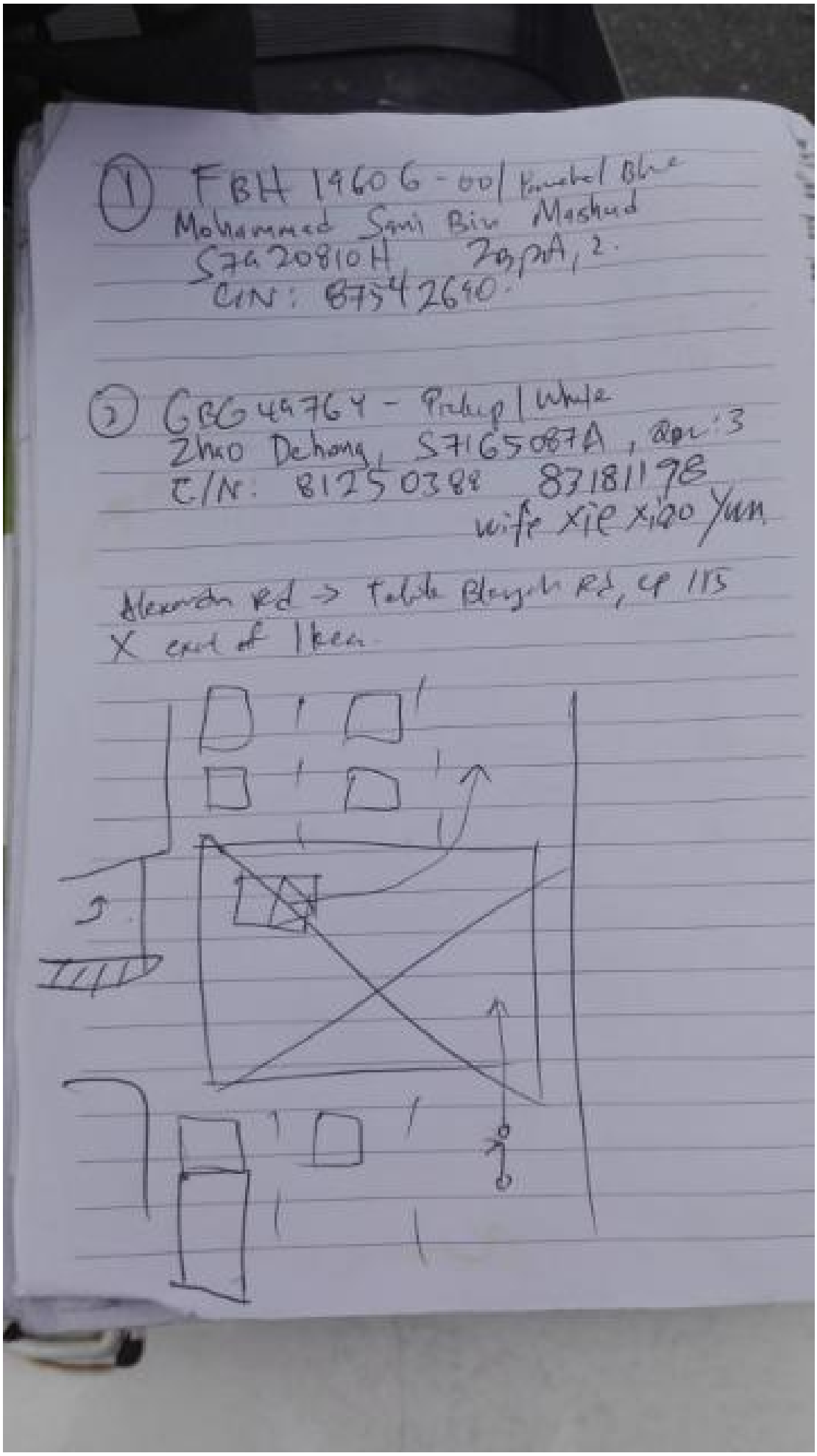


Accident Photo

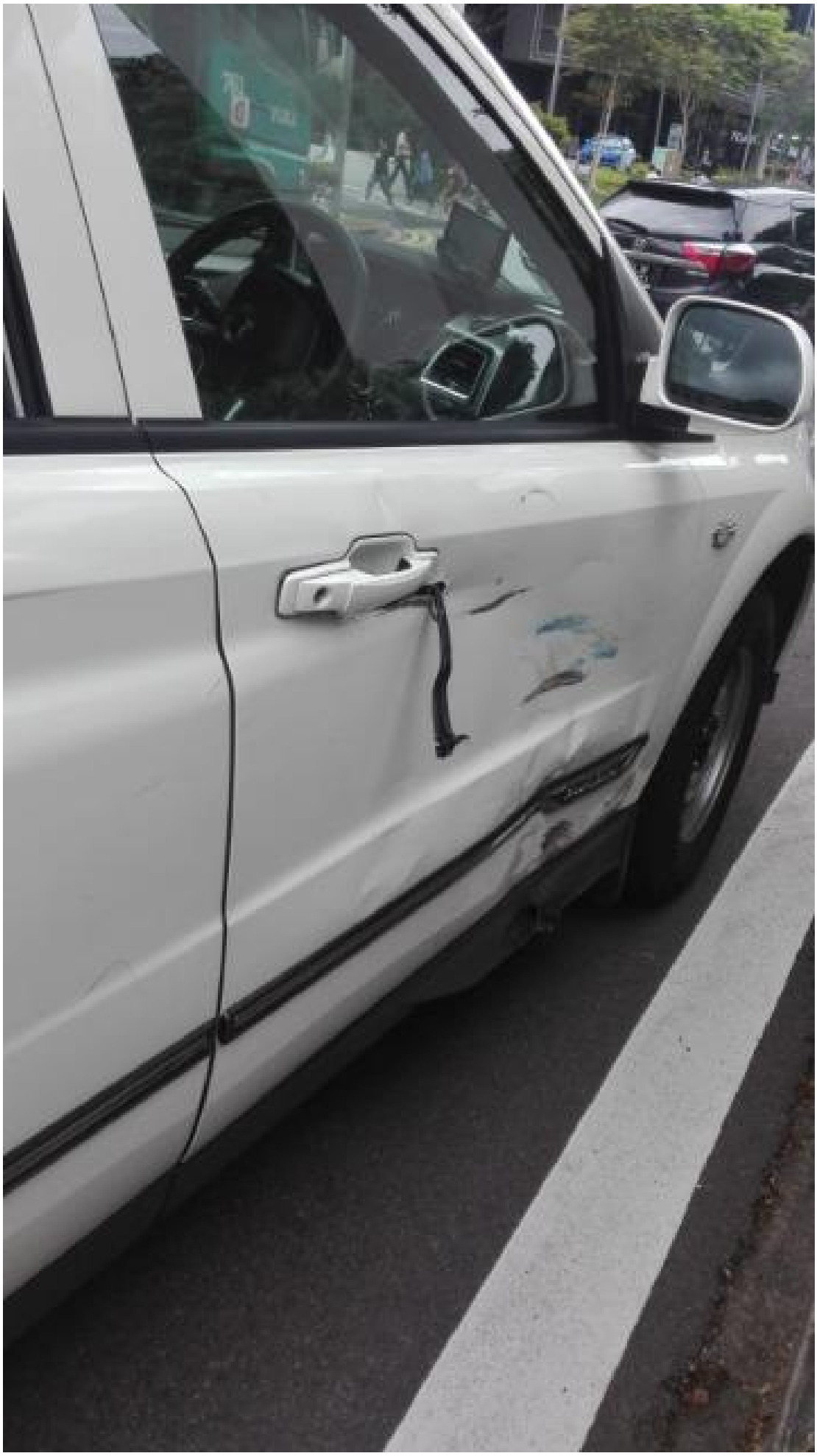
Accident Photo



Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MN1811351176 Vehicle Registration No: FBH 1960 G

Name(as shown in NRIC) : MOHAMMAD SHAH BIN MOSHTAR NRIC/FIN/Passport No : S7920810H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : 62253225 Mobile No. : 87547650

Email Address :

Date of Accident : 12/10/2018 Time of Accident : 11.45

Place of Accident : HENDERSON ROAD NEAR IKEA

Insurance Company : LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

LABEL SCRATCH PCON

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: RAFAI
NRIC/FIN No.:
Date: 18/10/2018