

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 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	27/10/2018 15:26
Date Of Accident	26/10/2018 06:45
Exact Location Of Accident	ALONG CECIL ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM387S
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Insured/Policyholder

Name Of Registered Owner	FAIRHEAD GARETH WAYNE LOUIS
NRIC No	S7889104A
Email Address	GARETHFAIRHEAD@YAHOO.COM.AU
Mobile Phone No	(LOCAL) +65-85330192
Alternative Phone No	OFFICE-85330192

Vehicle Particulars

Manufacturer	DUCATI
Model	MONSTER 821
Exact Purpose for which vehicle was being used at time of accident	MOTORCYCLE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V06303
Cover Note Number	

Driver

Name of Driver	FAIRHEAD GARETH WAYNE LOUIS
NRIC No	S7889104A
Date Of Birth	04/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85330192
Fax Number	
Contact Number	OFFICE-85330192
EMail Address	GARETHFAIRHEAD@YAHOO.COM.AU

Address	71 HOLLAND ROAD #01-03 SINGAPORE 258869
Postcode	
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 - CHANGE/CROSS LANE
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

I was riding straight on my lane when suddenly veh b came out from capital tower carpark driveway. I horned to alert him of my oncoming. However, he swerve back into mY lane and collided with mY bike. My bike was damaged and I suffer slight bruises and abrasion on my left.

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	SHC3060X
Vehicle Make/Model/Colour	HYUNDAI/AE IONIQ HEV 1.6 DCT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO BOK CHUAN JAMES
NRIC/Passport Number	S1333459E
Contact Number	96702578
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	FAIRHEAD GARETH WAYNE LOUIS
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBM387S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**
 - (i) 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.
 - (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.

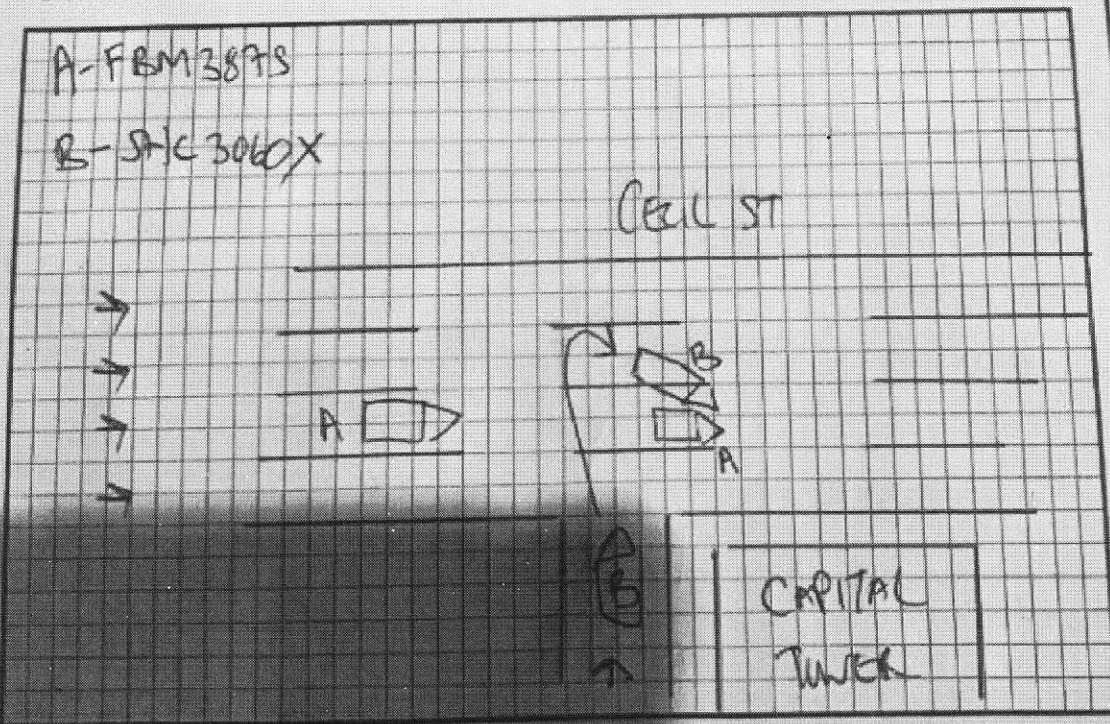
[Signature]
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
Md Sharil

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

I was riding straight on my lane when suddenly veh b came out from capital tower carpark driveway. I horned to alert him of my oncoming. However, he swerve back into mY lane and collided with mY bike. My bike was damaged and I suffer slight bruises and abrasion on my left.

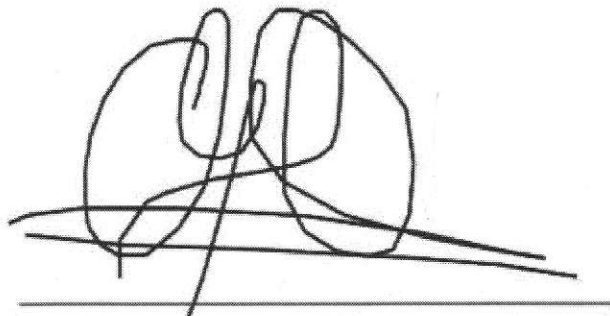
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

27 October 2018 at 10:34 AM

Date/Time:

27 October 2018 at 10:34 AM