SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report $\underline{\text{correctly}}$ 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 <u>truthful and accurate</u> 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	07/11/2018 19:28
Date Of Accident	06/11/2018 21:00
Exact Location Of Accident	MEDIA CIRCLE TURNING LEFT TO MEDIA WALK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ4973P
Insured/Policyholder	

THOMAS LEONARD

NRIC No S7804772J

Email Address LEONARDTHOM@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-97672270
Alternative Phone No OTHERS-97672270

Vehicle Particulars

Name Of Registered Owner

Manufacturer DUCATI

Model MULTISTRADA 1200S-1.2

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No. Please state action to be taken

Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SD17V12768/VMS/R00

Cover Note Number

Driver

Name of Driver THOMAS LEONARD

 NRIC No
 \$7804772J

 Date Of Birth
 17/02/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 09/06/1998

Driving Experience 20 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97672270

Fax Number

Contact Number OTHERS-97672270

EMail Address LEONARDTHOM@HOTMAIL.COM

BLK 127C KIM TIAN ROAD Address

#31-543

Postcode 163127

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

NO COLLISION Type Of Accident

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

NO

NO Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF INJURED PERSON 1

THOMAS LEONARD Name

Approximate Age

SLIGHT INJURY Injuries Sustain

Injured person in which vehicle? FBJ4973P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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.
- B. 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:
 - 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: 7 11/18

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

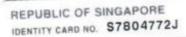
Name:

NRIC/FIN No.

Sketch Plan #2

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ECLARATION		
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	an 07/11/2018	urø
	culars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.	urg

Sketch Plan #3







THOMAS LEONARD

EURASIAN Date of birth 17-02-1978 SINGAPORE





5843308



APT BLK 1270 KIM TIAN ROAD #31-543 SINGAPORE 163127

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 4

NP 428A





