

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	08/11/2018 14:50
Date Of Accident	15/10/2018 20:20
Exact Location Of Accident	FILTERING FROM WHITLEY ROAD INTO THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5473J
Insured/Policyholder	
Name Of Registered Owner	JAMES EDWARD REDMOND
Passport No/FIN	545985494
Email Address	RMSUBS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91607975
Alternative Phone No	OTHERS-91607975

Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	FLHTR
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V07919/VMS/R01
Cover Note Number	

Driver

Name of Driver	JAMES EDWARD REDMOND
Passport No/FIN	545985494
Date Of Birth	27/10/1956
Occupation	INDOOR
Date Of Driving Pass	02/11/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91607975
Fax Number	
Contact Number	OTHERS-91607975
Email Address	RMSUBS@HOTMAIL.COM

Address	515 YIO CHU KANG ROAD #02-45
Postcode	787083
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 - HEAD TO REAR
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?	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

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	SLK9334C
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG YIP SENG
NRIC/Passport Number	S7419989E
Contact Number	97242868
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

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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.

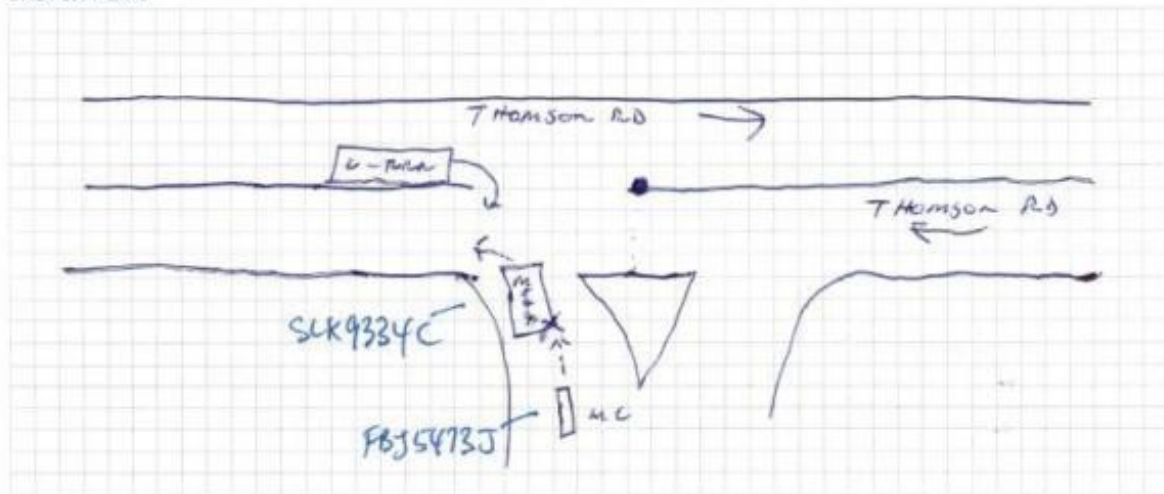
 08/11/18
Policyholder's Signature
Date & Time: 1444

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

 08/11/18
Reporting Centre Person's Signature
Name: _____
NRIC/FIN No.: _____

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS COMING TO WATKINS / THOMSON RD INTERSECTION TO TURN LEFT
BEHIND MARRA. MARRA SHOULD TO MERGE INTO THOMSON ROAD, I
THEN ACCELERATED TO ENTER THOMSON ROAD. I TURNED TO CHECK TRAFFIC
AND NOTICED A VEHICLE PERFORMING A U-TURN FROM OPPOSITE SIDE
OF THOMSON ROAD. MOST LIKELY AT SAME TIME OR JUST AFTER THE
DRIVER OF MARRA, WHO HAD STOPPED SUDDENLY RATHER THAN
PROCEEDING TO MERGE. I IMMEDIATELY BRAKED BUT HIT HIS RIGHT
REAR BUMPER, CAUSING A BOLT AND NUTS TO BREAK, AS
DAMAGE OCCURRED TO MY MOTORCYCLE.

DECLARATION

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

Policyholder's Signature *G. Bell* 08/11/13
Date & Time: 1444

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

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



DRIVERS CARD

2016264

Issued To: JAMES E. REDMOND

Rank/Rate: CIV

Completion Date: 9/19/2018

Expiration Date: 10/27/2019

I certify that the above-named person has satisfactorily completed an approved course in driver instruction, as prescribed by the U.S. Department of Transportation. The holder of this card is hereby permitted to drive on Virginia roads with a valid U.S. driver license. U.S. Forces personnel, dependents and civilians are authorized to utilize this card for driving in Virginia.

SIA1 PAUL CUMMINGS (Singapore Region Public Safety Officer)

Virginia DRIVER'S LICENSE

Customer Identifier
A62118186Name
REDMOND
JAMES, EDWARDAddress
194 DRIFTWOOD DR
CHESAPEAKE, VA 23320-6953

Sex	Class	Date of Birth
M	M	10/27/1956
Eyes	Endorsement	To REN
BLU	NONE	11/02/2011
Height	Restrictions	Exp
5FT 8IN	NONE	10/27/2019

 Driver's License
 (M) 003287801

IF INVOLVED IN A GOVERNMENT VEHICLE
ACCIDENT CALL CDO 9736-3691
AND NAVFAC 6750-2626.

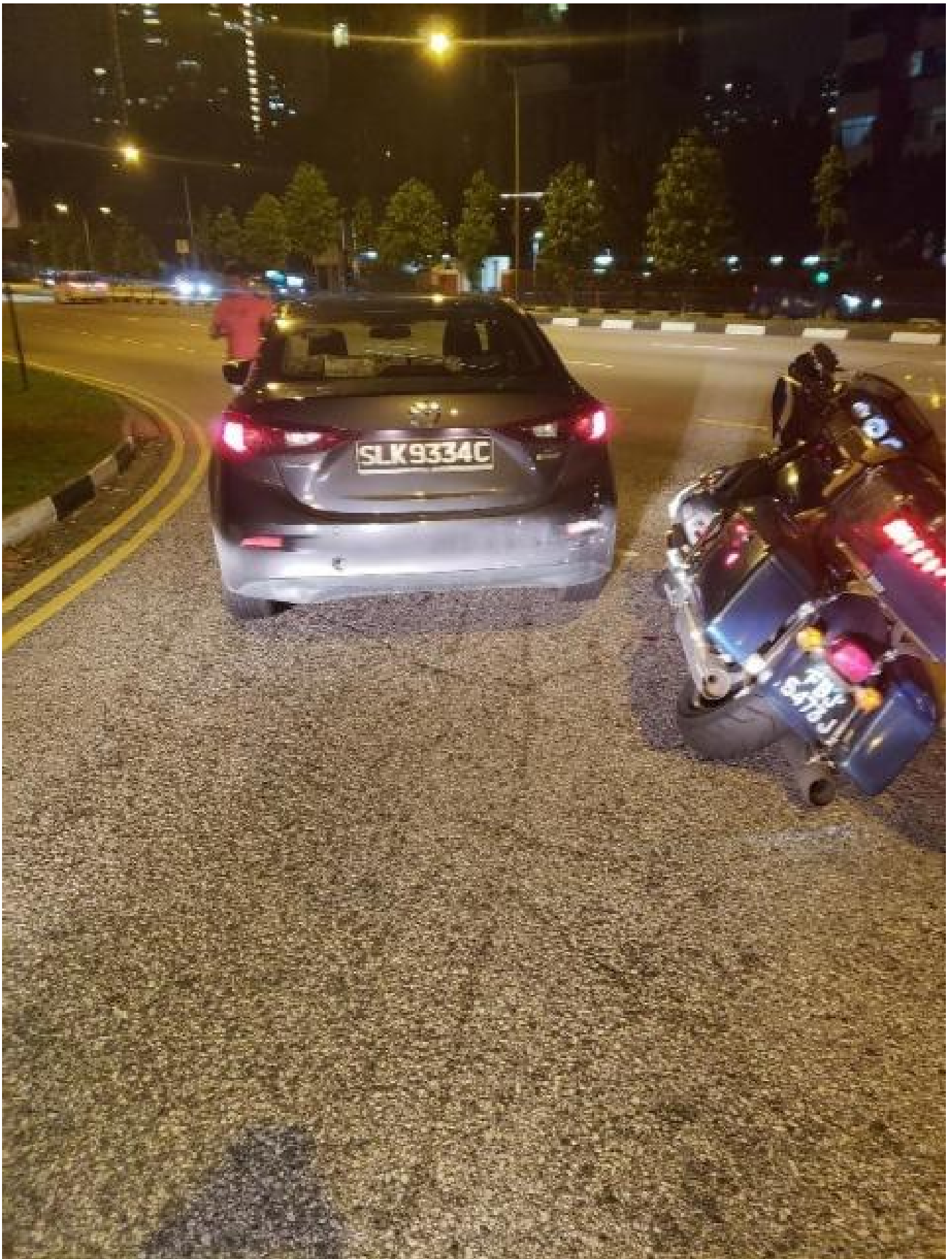
IF INVOLVED IN A PERSONAL VEHICLE
ACCIDENT WITH NO INJURIES
REPORT TO INSURANCE.

IF INJURIES ARE INVOLVED
CALL 999 AND 995

Class:
M Motorists

00601 00328128 37

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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