SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <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

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	ACCIDENT STATEMENT	
Date Of Report	20/11/2018 12:15	
Date Of Accident	17/11/2018 17:45	
Exact Location Of Accident	AYE (TUAS) EXIT 13 JURONG TOWN HALL ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	FBA2022U	
Insured/Policyholder		
Name Of Registered Owner	ADLY IDZUAN BIN ROSLAN	
NRIC No	S8819886G	
Email Address	GUTSY_FISH@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-91098279	
Alternative Phone No	OTHERS-91098279	
Vehicle Particulars		
Manufacturer	SUZUKI	
Model	DRZ400SMK5-398CC	
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	THIRD PARTY	
Fleet Policy	NO	
Policy Number		
Cover Note Number	60801230	
Driver		
Name of Driver	ADLY IDZUAN BIN ROSLAN	
NRIC No	S8819886G	
Date Of Birth	06/06/1988	
Occupation	INDOOR	
Date Of Driving Pass	09/06/1988	
Driving Experience	30 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91098279	
Fax Number		
	OTUEDO 04000000	

OTHERS-91098279

GUTSY_FISH@HOTMAIL.COM

Address BLK 259A PUNGGOL FIELD

#11-27

Postcode 821259

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 Registration Number of Briver's CWIT

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 1

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.

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

Number of Passengers (Including Driver)

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 SCM8832J Vehicle Make/Model/Colour VOLVO

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ONG PANG CHAN

NRIC/Passport Number S7500951H
Contact Number 97894867

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

to. Of assenger (moldaling briver)

Passenger 1 NAME:

GENDER: :

Passenger 2 NAME: :

GENDER: :

Passenger 3 NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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 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.
- 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 :
 - 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:
 - 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: 20/11/15

6 095Fh

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

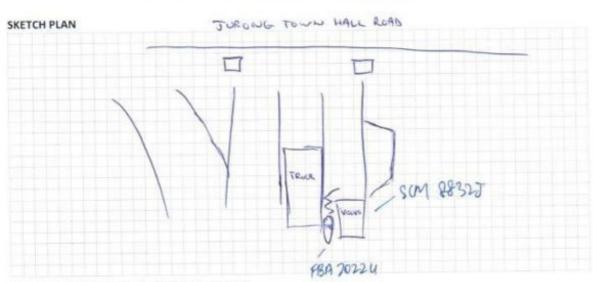
Date & Time:

Roporting Centre Per

NRIC/FIN No.

PINITAL SHILDLING CLL. A

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tube	
ON 17/11/18 at about 1744 hrs. I was taking exit 13 at AYE-FOTAL	
The I showed down towards the traffic light as the light was reco.	
was squeezing in between the 1st and 2nd long as the light turn g	reen
Then were a truck corning forcin workers on my left and a Valvo	
plate number scan 8832 J on my right. I realised I was the close to t	the
truck on my left so I moved a bit to my right and hit the front-le	++
bumper of the Volvo. I haved and my bike zig-zogged for a bit	
and I managed to stop the bike in trant at the Valvo. I sow	
the bumper of the Volvo was distaglished and there was a scrot	ch
on it. The track had gone off. The driver of the Volvo sobor subseque	ntha
informed me that has he will be claiming from Liberty insurance through)
intermed we then me mill be coming the	
weernes - Volvo contre for the bumper replesement and damages to his con-	

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Date & Time:

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

