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	21/12/2018 09:19			
Date Of Accident	20/12/2018 16:15			
Exact Location Of Accident	ALONG UPPER CHANGI ROAD NORTH			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	FBJ4734M			
Insured/Policyholder				
Name Of Registered Owner	LI PAK KIN (LI BOJIAN)			
NRIC No	S8170448A			
Email Address	KENNY_LIPK@YAHOO.COM.SG			
Mobile Phone No	(LOCAL) +65-96895003			
Alternative Phone No	OTHERS-96895003			
Vehicle Particulars				
Manufacturer	BAJAJ			
Model	PULSAR 200 NS-200CC			
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME FROM WORK			
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD			
Type Of Coverage	THIRD PARTY			
Fleet Policy	NO			
Policy Number	5092669474-01			
Cover Note Number				
Driver				

Name of Driver LI PAK KIN (LI BOJIAN)

NRIC No S8170448A Date Of Birth 22/11/1981 Occupation **OUTDOOR** 17/07/2014 **Date Of Driving Pass**

Driving Experience 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96895003

Fax Number

OTHERS-96895003 Contact Number

EMail Address KENNY LIPK@YAHOO.COM.SG Address BLK 301D PUNGGOL PLACE

#11-221

Postcode 824301

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

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

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 XE3367L Vehicle Make/Model/Colour TRAILER

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver SHARFIK BIN OMAR

NRIC/Passport Number S8124749H Contact Number 98561635

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LI PAK KIN (LI BOJIAN)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

NO

SLIGHT INJURY

FBJ4734M

Sketch Plan

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

NRICATIN No.:

Sketch Plan #2

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Date & Time:











































