

[wef 1 Jan'05]

19446045838

08/08/2019
19:07

Date: _____

Date:

Date:

Date:

Date:

Date:

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	08/04/2019 18:54
Date Of Accident	07/04/2019 09:15
Exact Location Of Accident	ALONG HOLLAND ROAD BEFORE PIERCE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5353M
Insured/Policyholder	
Name Of Registered Owner	MAURICE MICHAEL MANNING
Passport No/FIN	G5991681K
Email Address	MOMANNING@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81823837
Alternative Phone No	OTHERS-81823837

Vehicle Particulars

Manufacturer	DUCATI
Model	MONSTER 400-398CC (M)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097974621-01
Cover Note Number	

Driver

Name of Driver	MAURICE MICHAEL MANNING
Passport No/FIN	G5991681K
Date Of Birth	19/12/1964
Occupation	INDOOR
Date Of Driving Pass	24/01/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81823837
Fax Number	
Contact Number	OTHERS-81823837
Email Address	MOMANNING@YAHOO.COM

Address	3 PANDAN VALLEY #14-312
Postcode	597627
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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?	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	UNKNOWN
Vehicle Make/Model/Colour	PORCHE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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7. 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:
 - (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.


Policyholder's Signature
Date & Time:
8 April 2019
10:53

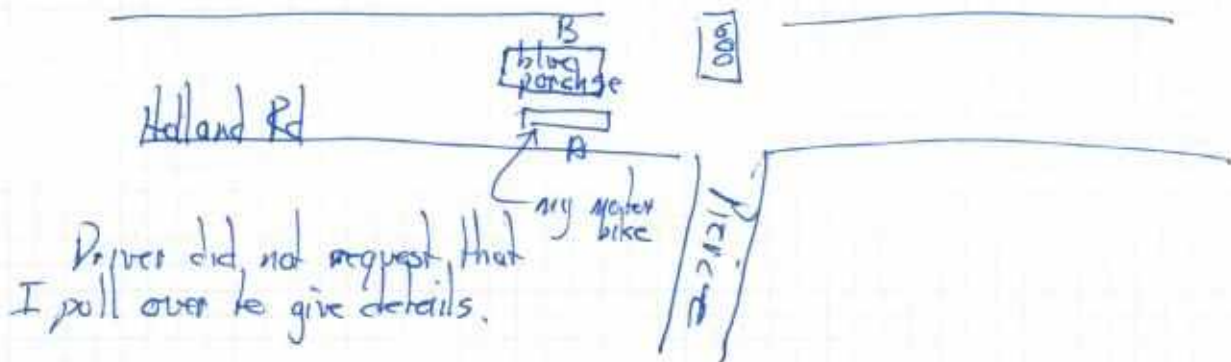
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

A) FBG5353H

B) UNKNOWN CAR



Driver did not request that I pull over to give details.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driver of blue Porsche pulled next to me at traffic light (Holland Rd at Pierce) and said that I had hit his car while moving past at an earlier light on Holland Rd. I told the driver that I don't believe that I did. I moved my motorcycle to other side of car, where he said damage occurred, there was some dirt but no damage that I saw from a quick look. I again told the driver that I do not believe that I hit his car, ~~but~~ he did not ask me to pull over so when the light changed, I drove off. I did not take down his name or plate number.

DECLARATION

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

Policyholder's Signature
Date & Time:
8 April 2019
10:52

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

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

Claim Handling

Accident MT/1039312

Policy No.	9097974621-03	Vehicle No.	FBG333M	GST Registration No.	
Certificate No.					
Policyholder Name	MAURICE MICHAEL MANNING	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	G5991681K
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81823873	Special Remarks		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No *
KPI	+ No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	05/04/2019 19:00	Accident Report Within 34 hrs	Yes	Accident Type	No collision
Date of Accident	07/04/2019	Time of Accident (hh:mm)	09:15	Country of Accident	Singapore
Reporting Centre		Grange Police		ICP No.	
Accident Location	ALONG HOLLAND ROAD BEFORE PISCE ROAD				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	3 RANDAN VALLEY	Address 2	#14-312 CHIENPAKA COURT	Address 3	SINGAPORE 597627
Address 4		Address Type	Singapore address	Post Code	597627
Unit No.	14-312	Related Policy Number	9097974621-03		

OL Driver Info

Driver Name	MAURICE MICHAEL MANNING	Driver Type	Main Driver	Driver DOB	19/12/1964
Uninsured driver Name		Driver NRIC	G5991681K	Driving Experience	33
Register Date of Driver License	01/01/1986	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	81823873	Contact No.(Office)		Address 3	SINGAPORE 597627
Address 1	3 RANDAN VALLEY	Address 2	#14-312 CHIENPAKA COURT	Post Code	597627
Address 4		Address Type	Singapore address		
Unit No.	14-312				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Smear/Alcohol or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

New

Claim Type *	CD-MX	Insured Name	MAURICE MICHAEL MANNING	Insured NRIC	G5991681K
Contact No.(Mobile)	81823873	Contact No.(Home)		Contact No.(Office)	
Email Address	MOMANNING@YAHOO.COM	OT Vehicle Number	FBG333M	TP Number	UNKNOWN CAR
Claim Description	FBG333M / UNKNOWN CAR ON 7 Apr 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Settlement No. Finalisation	Yes	Repaired	Repair Option	Preferred Workshop, Name unknown	
Date Registered	08/04/2019 19:07	Claim Close Date		Date Received	08/04/2019 00:00
Report Taken By	ROSLE WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1039312	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/04/2019 19:07
File *		Category *	Confidential
Choose File No file chosen		Urgency *	Description *
Choose File No file chosen		Normal	
Choose File No file chosen		Normal	
Choose File No file chosen		Normal	
Choose File No file chosen		Normal	
Choose File No file chosen		Normal	
Choose File No file chosen		Normal	
Message Read		Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_806676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 19:07	SAS	Normal	SAS 2019-4-8	
	NAC_BUKIT_MERAH_806676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 19:07	Photos	Normal	Photos 2019-4-8	
	NAC_BUKIT_MERAH_806676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 19:07	Photos	Normal	Photos 2019-4-8	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 19:07	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 19:07	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 19:07	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 19:07	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 19:07	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 19:07	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 19:07	SAS	Normal	SAS 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 19:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 07/04/2019 (DD/MM/YYYY), TIME: 09:15 (HH:MM)

LOCATION: Holland Road at Pierce Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG5353M
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 5097974621-01
 d) POLICY TYPE: THIRD PARTY (THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Proton Persona
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Maurice Manning (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G599168NK CONTACT: 8132 5873
 c) ADDRESS: 3 Pandan Valley #14-312 Singapore 591627

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 19/12/1964 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 24 Jan 2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Same

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown car MODEL: Porsche
 b) DRIVER'S NAME: None
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = mommanning@yahoo.com

VIDEO

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
NATIONAL UNIVERSITY OF SINGAPORE

Name:
MAURICE MICHAEL MANNING
Occupation:
SENIOR ENGINEER

FIN:
G5991681K

Date of Application:
29-11-2017
Date of Issue:
04-01-2018
Date of Expiry:
04-01-2023





L8562488

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G5991681K**

Name:
MAURICE MICHAEL MANNING

Birth Date: **19 Dec 1964**
Issue Date: **24 Jan 2018**
Valid Till: **23/01/2023**





VISIT PASS
Immigration Regulations

Name:
MAURICE MICHAEL MANNING



Date of Birth: **19-12-1964** Sex: **M** Nationality: **AMERICAN**

FIN: **G5991681K** Date of Issue: **04-01-2018** Date of Expiry: **04-01-2023**

MULTIPLE JOURNEY VISA ISSUED


YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	24 Jan 2018
Class 2A Motorcycles between 201 cc and 400 cc	24 Jan 2018
Class 2 Motorcycles > 400 cc	24 Jan 2018
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	24 Jan 2018

NP 426A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/04/2019 10:38"/>							
Vehicle No.(For Motor)	<input type="text" value="FBG5353M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097974621-01		MAURICE MICHAEL MANNING	G5991681K	GMC	Third Party, Fire & Theft	FBG5353M	FBG5353M	27/02/2019	26/02/2020
<input type="button" value="Continue"/>										