

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	31/05/2019 17:46
Date Of Accident	30/05/2019 18:00
Exact Location Of Accident	AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9825R
Insured/Policyholder	
Name Of Registered Owner	KUAN CHI SENG
NRIC No	S7775202A
Email Address	CSK6960@GMAIL.COM
Mobile Phone No	(FOREIGN) +601-27735005
Alternative Phone No	OTHERS-81092414

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR01032

Driver

Name of Driver	KUAN CHI SENG
NRIC No	S7775202A
Date Of Birth	31/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(FOREIGN) +601-27735005
Fax Number	
Contact Number	OTHERS-81092414
EEmail Address	CSK6960@GMAIL.COM

Address	BLK 521 WOODLANDS DRIVE 14 #05-335
Postcode	730521
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	THEFT
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	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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190531/2044 AND TRAFIK SETIS INDAH/007053/19

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

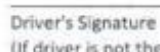
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8. Consent under the Personal Data Protection Act (PDPA)

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.


Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN

REFER TO CCTV
BIKE WAS STOLEN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS REFERR TO POLICE REPORT.
D/20190531/2014
SETIA INDAH/007053/19

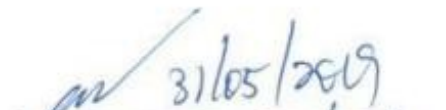
DECLARATION

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:


31/05/2019
Reporting Centre Personnel's Signature
Name: Firdaus
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20190531/2044

1 of 2

POLICE REPORT (NP299)

Report No. D/20190531/2044

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Date/Time Report Made 31/05/2019 16:33		Vide Report No.		Station Diary No. 65	
Name Of Informant KUAN CHI SENG		Address APT BLK 521 WOODLANDS DRIVE 14 #05-335 SINGAPORE 730521			
ID Type / ID No. NRIC NO / S7775202A		Contact No. Home/Office Mobile 81092414			
Nationality MALAYSIAN		Email Address			
Occupation SMRT BUS DRIVER		Sex Male	Age 41	Date of Birth 31/08/1977	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 30/05/2019 18:00 - 31/05/2019 03:00		Location Of Incident 08-21 AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100 JOHOR BAHRU MALAYSIA			

Brief details.

On 30/05/2019 at about 1800hrs, I parked my motorbike, registration number FBL9825R, at the motorbike parking lot located at 08-21 Austin Suite Apartment Taman Mount Austin 81100 JB. During that point of time, my motorbike was intact. On 31/05/2019 at about 0300hrs, I came to my motorbike but I could not find my motorbike. I made a searched but to no avail. I made a check with the security officer at my apartment but was told that they are not aware of the stolen bike. Two weeks ago, I sent my

Signature Of Officer Recording The Report:

D / Sgt 1 NOORHIDAYAT BIN WAHID

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Staff Sgt JAZREEL WEE JIA YAN
Contact No.: 68727230

Authentication Stamp

Signature Of Informant:

Date/Time:
31/05/2019 16:33

Classification Of Case:

POLICE REPORT



SINGAPORE
POLICE FORCE



D/20190531/2044

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190531/2044

motorbike for servicing at Jalan Austin Perdana 2/24 Taman Mount Austin (unknown workshop name).
The issue is about damaged keyhole.

I made a police report in JB ref {Setialindah/007053/19}. I am lodging this report for claiming purposes.
My motorbike is one, Yamaha Sniper, Red Color, T150.

Vehicle Information					
S/N	Vehicle Registration Number	Engine No.	Chasis No.	S'pore Car	Status
1	FBL9825R	G3E6E0235780	MH3UG0740G003 9000	Yes	Stolen Overseas

Signature Of Officer Recording The Report:

D / Sgt 1 NOORHIDAYAT BIN WAHID

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Staff Sgt JAZREEL WEE JIA YAN
Contact No.: 68727230

Authentication Stamp

Signature Of Informant:

Date/Time:
31/05/2019 16:33

Classification Of Case:

JB POLICE REPORT



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : SETIA INDAH
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : SETIAINDAH/007053/19
Tarikh : 31/05/2019
Waktu : 0435 AM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot
Nama : NORSHAHIRAH BINTI SUHAIMI
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot : ---
Alamat : ---

No Personel : S24079
Pangkat : KONST/S
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera : ---

Butir-butir Pengadu

Nama : KUAN CHI SENG
No K/P (Baru) : 770831145595

No Polis/Tentera : ---

No Paspot : S7775202A

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 31/08/1977

Umur : 41 tahun 9 bulan

Keturunan : Cina

Warganegara : Malaysia

Pekerjaan : PEMANDU BAS (SMRT)

Alamat Tempat Tinggal : 08-21 AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100 JOHOR BAHRU

Alamat Ibu/Bapa : NO 4 JALAN WANGSA 1/4 TAMAN WANGSA CHERAS 43200 KAJANG SELANGOR
MALAYSIA

Alamat Pejabat : ---

No Tel (Pejabat) : ---

No Tel (HP) : 012-7735005

No Tel (Rumah) : ---

Emel : ---

Pengadu Menyatakan:-

PADA 30/05/2019 JAM L/KURANG 1830 HRS SAYA TELAH MELETAKKAN M/SIKAL JENIS YAMAHA SNIPER (T150) NO PENDAFTARAN FBL 9825R DI KAWASAN PARKING M/SIKAL YAMAHA WARNA PUTIH MERAH DI KAWASAN PERUMAHAN 08-21 AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100 JOHOR BAHRU DALAM KEADAAN BAIK DAN BERKUNCI. PADA 31/05/2019 JAM L/KURANG 0300 HRS SEMASA SAYA MAHU MENDAPATKAN SEMULA M/SIKAL DAN SAYA TELAH SEDARI M/SIKAL TELAH TIADA. PUAS SAYA CARITETAPI TIDAK JUMPA UNTUK MAKLUMAN SAYA ADA BERTANYAKAN KEPADA PENGAWAL KESELAMATAN DI PONDOK LALUAN KELUAR / MASUK APARTMEN TERSEBUT KEMUDIAN PENGAWAL KESELAMATAN MENGATAKAN TIDAK TAHU. SEBELUM INI 2 MINGGU LEPAS SAYA ADA MENGHANTAR SERVIS M/SIKAL DI BENGKEL MOTORSIKAL DI JALAN AUSTIN PERDANA 2/24 TAMAN MOUNT AUSTIN (NAMA BENGKEL TIDAK PASTI) BERTANYAKAN MASALAH UNTUK MEMASUKKAN KUNCI DI M/SIKAL. TUJUAN SAYA BUAT LAPORAN HILANG M/SIKAL DAN MAHU TINDAKAN PIHAK SELANJUTNYA DAN RUJUK PIHAK BERKENAAN.

Butir-butir Kenderaan Hilang:

No : 1
Buatan : YAMAHA
Nama Kenderaan : SNIPER T150
No Pendaftaran : FBL9825R
Model (Tahun dikeluarkan) : 2017
Jenis : MOTOSIKAL
Warna : PUTIH
Sukatan : 150
No. Cesis JPJ : MH3UG0740G0039000
No. Injin JPJ : G3E6E0235780
Berkunci : Ya
Tanda-tanda yang Jelas : TONG HITAM

SEKIAN LAPORAN SAYA

JB POLICE REPORT

Tandatangan Pengadu:



Salinan Repot Pertama

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:



PEJABAT PERTANYAAN
BALAI POLIS
TAMAN SETIA INDAH
JOHOR BAHRU SELATAN

IPD LAKKIN JBS

SJN AIMAN

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



For LKK/NAC Use Only



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES		EFFECTIVE DATE
Class 2B	Motorcycles up to 200 cc	22 Nov 2007
Class 3	MV for more than 300kg weight up to 3000kg with up to 7 passengers, max weight of driver and other motor vehicles with combined weight up to 2500kg	22 Nov 2007
Class 4A	Commercial	18 Oct 2018

NP 102A



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S665500200 / GST Reg. No: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MUA419071276 Vehicle Registration No: FBL 9825R
 Name (as shown in NRIC): KUAN CHI SHAN NRIC/FIN/Passport No: S775202A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 81092414
 Email Address: _____
 Date of Accident: 31/05/2019 Time of Accident: 02:00
 Place of Accident: AUSTINE SUITE APARTMENT 7, TAMAN MUDA AUSTINE 81100
 Insurance Company: MGL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurance name: KUAN CHI SHAN

Policyholder / Driver's Signature
 Date:

12/06/2019
 Reporting Centre Person's Signature
 Name: Paul Yong
 NRIC/FIN No.: _____
 Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 419071276 Vehicle Registration No: FBL 9835 R
 Name (as shown in NRIC) : MAN CHI SENH NRIC/FIN/Passport No : S 7775202 A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate #05-335.
 Address : APT BLK 531, WOOLACROFT DRIVE 14 Singapore (730531)
 Contact (Tel) : 81093414 Mobile No. : 81093414
 Email Address : CSK6960@gmail.com
 Date of Accident : 30.15.2019 Time of Accident : 1800
 Place of Accident : AUSTIN GATE APARTMENT, TAMPAN MOUNT AUSTIN, 81100 Johor Bharu
 Insurance Company : GILBERT AMERICAN INSURANCE COMPANY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurance should be Gilbert American & not MSL

Policyholder / Driver's Signature

Date: 22/10/19

16:35

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

22/10/2019

ADDENDUM SHEET



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665300200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA41507127602 Vehicle Registration No: FBL9825R
Name (as shown in NRIC) : KUAN CHH SENG NRIC/FIN/Passport No : 87775202
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 81092414
Email Address : _____
Date of Accident : 30/05/2019 Time of Accident : 18:00
Place of Accident : BYSTON SUNK
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE & TIME OF ACCIDENT TO 30/05/2019 AT 18:00 HRS

Policyholder / Driver's Signature
Date:

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