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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/09/2019 09:21
Date Of Accident	27/09/2019 10:35
Exact Location Of Accident	WOODLANDS CHECKPOINT TWDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM7778B
Insured/Policyholder	
Name Of Registered Owner	TAN BOON KHUNG
NRIC No	S1510190C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96738613
Alternative Phone No	OFFICE-96738613
Vehicle Particulars	
Manufacturer	BMW
Model	R1200GS
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	SD19V00036/VMS/R00
Cover Note Number	
Dulivan	

Driver

Name of Driver DOUGLAS TAN AIK SAN (CHEN YISHAN)

NRIC No S9045095F
Date Of Birth 22/11/1990
Occupation OUTDOOR
Date Of Driving Pass 06/12/2018

Driving Experience 0 YEAR AND 9 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87429413

Fax Number

Contact Number OFFICE-87429413

EMail Address NOEMAIL

Address 32 VERDE VIEW

Postcode 688670

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

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? YES

Foreign Vehicle Registration Number JRR8035 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

s any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

Police Station Address ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7910000 - FAX NO: 68965649

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - J/20190927/7022. I WISH TO STATE THAT I DID NOT FALL FROM MY VEHICLE.

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 JRR8035

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 NAME:

GENDER: :

Passenger 2 NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The 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.
- 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.

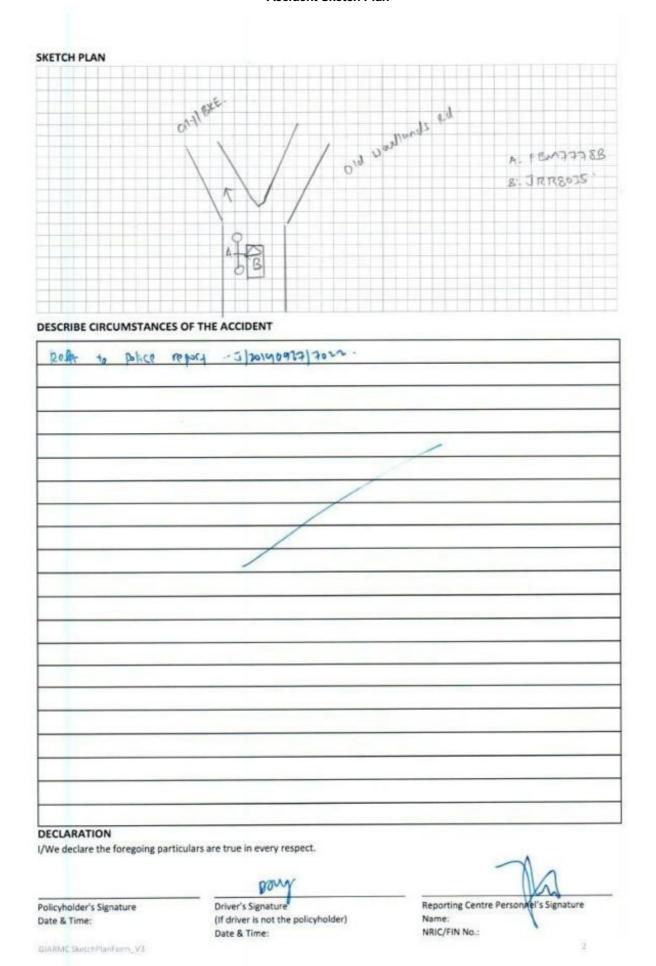
Policyholder's Signature Date & Time: Driver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Accident Sketch Plan



Police Report





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Report No. J/20190927/7022

Date/Time Report Made	Vide Re	port No.		Station Diary No.
27/09/2019 14:08				
Name Of Informant	Address			
DOUGLAS TAN AIK SAN	32 VERDE VIEW SINGAPORE 688670			
ID Type / ID No. NRIC NO / S9045095F	Contact No. Home/Office: Mobile: 87429413			
Nationality SINGAPORE CITIZEN	Email Address doug.las@live.com			
Occupation	Sex	Age	Date of Birth	Race
Freelance filmmaker	Male	28	22/11/1990	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 27/09/2019 10:35 - 27/09/2019 11:00	Location Of Incident 32 VERDE VIEW SINGAPORE 688670			
Brief details.				

Hi, I am reporting an incident that has happened on 27 September around 1035am at Woodlands Checkpoint Exit towards City. I was navigating across the yellow humps when a malaysia-registered White Lexus JRR 8035 came tad close to the left which led to a minor collision with my BMW R1200GS FBM7778B right pannier. As we cannot stop at the checkpoint, we proceeded to stop at the bus-stop along Woodlands road to survey the damage. The driver of the white Lexus Mr. Bryan and 2 of his passengers came out and take some pictures. I would like to point out that the front seat passenger took a video of me on my bike as we were commuting to the nearest bus-stop in the event I attempted to run away which I didn't. We did not exchange particulars but we had word that we would proceed with private

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2019 14:08
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Police Report





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190927/7022

settlement and he will give me a quote for the damages once he send his car to a workshop in Malaysia. I took pictures of the damages sustained by the White Lexus and then we move off shortly.

Victim			ASSESSMENT OF THE PARTY OF THE
Person Name	DOUGLAS TAN AIK SAN		
ID Type	NRIC NO	ID No	S9045095F
Gender	Male	Age	28
Race	Chinese	Language	English
Occupation	Freelance filmmaker	Address Type	
Address	32 VERDE VIEW SINGAPORE 688670	Mobile No	87429413
ls Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2019 14:08		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			





































