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.

aloresalu.		
	ACCIDENT STATEMENT	
Date Of Report	16/10/2019 14:48	
Date Of Accident	15/10/2019 18:00	
Exact Location Of Accident	LOYANG AVENUE EXIT FROM PIE TOWARDS PASIR RIS	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBB5810L	
Insured/Policyholder		
Name Of Registered Owner	NUR FADHILAH BINTE RAHIM	
NRIC No	S8614961C	
Email Address	MDFMHM@OUTLOOK.SG	
Mobile Phone No	(LOCAL) +65-91883174	
Alternative Phone No	OTHERS-93821751	
Vehicle Particulars		
Manufacturer	YAMAHA	
Model	T135-135CC	
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	THIRD PARTY	
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	5073126338-04	
Cover Note Number		
Driver		
Name of Driver	FIRDAUS DIAZ DE JESUS	

 NRIC No
 S8519142Z

 Date Of Birth
 08/07/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 25/02/2004

Driving Experience 15 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93821751

Fax Number

Contact Number OTHERS-91883174

EMail Address MDFMHM@OUTLOOK.SG

Address BLK 317B YISHUN AVENUE 9

#04-284

Postcode 762317

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

_

2

NO

NO

2

NO

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NUR FADHILAH BINTE RAHIM

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I was riding my bike, FBB 5810L on lane 2, with a pillion, and just after i exitted TPE turning right into Loyang Ave, i noticed a white van GBA 668U from lane 1 suddenly turned on his left signal and protrude forward abruptly to lane 2. I swerved to lane 1 to avoid colliding onto him but when he was honked at (believed to be by an incoming car at lane 2), he jammed brake while inching back to lane 1, thus colliding onto my left side mirror and handle, and this caused my right handle and front brake lever to graze against the left rear side of a car at lane 1, SJV6508D. Upon the collision, driver of GBA 668U, still continued to drive into lane 2, with his rear right tyre grazing against my left foot. I knocked on the van with my fist to initiate him to stop but the driver drove off even when his rear passengers saw me. I quickly exchanged numbers with SJV6508D and chased after the van. It was only after the junction of Loyang Ave and Pasir Ris Drive 3 (opposite Shell at Loyang) that i manage to catch up with the driver and make him stop by the side of the road. We exchanged particulars then. 16/10/2019, 14:44 - +65 9382 1751: I have settled privately with SJV6508D by compensating \$350 via paynow to his mobile number.

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 GBA668U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJV6508D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name FIRDAUS DIAZ DE JESUS

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBB5810L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Sketch Plan

SKETCH PLAN

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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:
 - 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 disciosure 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

g Centre Person

NRIC/FIN No.:

(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: 14-18-1125

16 00 2019

Sketch Plan #2

SKETCH PLAN			
	188	MEDICANO	
			Loyman or NK
Empirer 7		\$60 658U	> u
AVN 1		Respond A B	SJV65080 -
	1 184	c House B	GBA 668 4
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	()	SV 6508D
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	INTO LOYANG AVE, I NOTICE		
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			1
DECLARATION I/We declare the foregoing part	iculars are true in eyery respect.	/	
y we declare the foregoing part	ous of	and 11	[lul 2019
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time: Ly 16 Hz 4	Reporting Centre Pers Name: NRIC/FIN No.:	Sonnel's Signature ATP
	16001 2019	V	

16001 2019































