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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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.	
Charles and the last the second of the	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
	ETAILS 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

(LOCAL) +65-93821751

MDFMHM@OUTLOOK.SG

OTHERS-91883174

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

.

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

0.00

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: NUR FADHILAH BINTE RAHIM

GENDER:

: FEMALE

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

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

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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: 14-13+tics

16 00 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN 89 WOOLAND Loyand mik GRA 6580 Empires AVR 7 J FBB 58101) GBA 668 U 1Ph cHoule SaV 6508D DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS PIDING MY BIKE, FOR STOL ON LANE 2 WITH A PILLION AND JUST APPOR I EXITION THE THENING RIGHT INTO LOYANG AVE, I NOTICED A WHITE YAN GEAGGS U FROM LAVEL supposed Thereo of HU LEPT SIGNAL AND PRIMITE FOLLOWS ARIESTLY TO LANE 2. SWEEVED TO LATE ! TO ANDIO COLUMN ONTO HIM BUT WHEN HE WAS HONCED BY AN INCOMING CAR AT LANE 2, HE JAM BREAK WHILE INCHING BALL TO LANE 1. Thus colliding onto my LEFT SIDE MIREOR HONDE EAR. THE CAUSED MY RIGHT HONDE DAY FRONT BRAKE LEVEL GRAPLE EXAMINST THE LEPT SIDE OF A CAR MT LANE 1, STY 65080. URN COLUMNON, DEWELTOF GEA 6680 STILL CONTINUE TO DEDIE OFF INTO LAWEZ FOOT. I KNOWED ON THE VAN TO WITH HIS RIGHT TYPE RUN OVER MY INITIATE HOM TO STOP BUT THE PRINCE DEDVE OFF ENEW HIS BEAR PASSANGES SAW ME - I BYCICILY EXCHANGE NIMBEL WITH SEN STYLSORD DEWER CHASED AFTER THE VOW. IT UAS DIVLY AFTER THE JUDIOU OF LOYANG EVENE AND PASIC BIC DYENIE 3 (OPPOSTAE SHELL LOYANGE) THAT I MANAGE CATCH IP WITH THE DRIVER DAYS MAKE HIM STOPEN THE EMPSICE. WE EXCHANGED POPTICHERE. C146508D BY COMPECATING HAHE SETTLED PRIVITE MIH 6350 VIA MOBILE NUMBER DAYNOW HUS DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Sign Driver's Signature Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time: 4416445

16001 7019

Name:

NRIC/FIN No.:

Claim Handling

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Command Res Company	named driver Name			585191422		Oriver DOB	08/07/1985	
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ACCIDENT'STATEMENT

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œ	A) NAME TO FACH b) NRIC/FIN/PASSPORT: c) ADDRESS: 3178 V * CONTINUE TO 3.d IF DRI	38614961C	CONTACT: 9F	883174
4No of passengs (Including driver.) (L)	DRIVER a) NAME: FROMS DI b) NRIC/FIN/PASSPORT: c) ADDRESS: 3178 VI	2025 2024 2025 20191 282 201914 4041	CONTACT:	FEMALE) 3820175
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