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</u> and <u>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.

	ACCIDENT STATEMENT
Date Of Report	07/01/2020 16:10
Date Of Accident	07/01/2020 13:00
Exact Location Of Accident	BELILIOS LANE OPEN SPACE CARPARK (TPBKE9)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP7480T
Insured/Policyholder	
Name Of Registered Owner	KRISNAN GOVE
NRIC No	SXXXX365Z
Email Address	KRISNAN.GOVE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82929511
Alternative Phone No	OTHERS-82929511
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R3
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900105213
Cover Note Number	
Driver	
N. C.	VEIGNAN COVE

Name of Driver KRISNAN GOVE NRIC No SXXXX365Z Date Of Birth 02/06/1951 **INDOOR** Occupation Date Of Driving Pass 15/11/1983 **Driving Experience** 36 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-82929511

Fax Number

Contact Number OTHERS-82929511

EMail Address KRISNAN.GOVE@GMAIL.COM

Address

BLK 458 SEGAR ROAD #02-149

Postcode

670458

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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

ROCHER N.P.C

Police Station Address

ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2949999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

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

Page 2 of 25

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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. 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.
- 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:
 - 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 Personnel's Signature Name: NRIC/FIN No.:

* * * * * * * * * * * * * * * * * * *	Car	Park		
<u> </u>				
7				
Blu No. 1 FBP-7480T	9 8 Bike	7 6 5 Parking		
DESCRI	BE CIRCUMSTANCES OF		deport	NO . T/20 20010 7/2119.
	Peac	se Ragar das	Palve	- Report.
and contains a substitute of the substitute of t				
		<u>T</u>		
DECLAR I/We decl	are the foregoing particular	s are true in every respect.		A STATE OF THE STA
Policyhold Date & Tin	er's Signature ne:	Driver's Signature (If driver is not the policyholder) Date & Time:	ivla	porting Centre Personnel's Signature me: IC/FIN No.:





Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

1 of 3 Report No. T/20200107/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2020 15:29		Made:	Vide Report No.:	Station Diary No.: 125	
Informa	nt's Partic	ulars			
1			Address: APT BLK 458 SEGAR ROAD #02-149 SINGAPORE 670458		
ID Type / ID No.: NRIC NO / S0825365Z			Contact No.: Home/Office: Mobile: 82929511		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 68	Date of Birth: 02/06/1951	Type of Informant:		
Race: Indian			Language: English	Institution / School Name:	
Occupation: SENIOR ASSISTANT ENGINEER		NT ENGINEER	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location: Car Park	
Location: Along Road 1		No.	07/01/2020 13:00		
	NE arpark (TPBKE9)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle		ehicle	1	nyone conveyed by	

Type	Make	Model	Color	Condition	No of Passenge
Motorcycle	YAMAHA	YZF-R3	Blue	Seriously	9
	area de Proposição do Servicio de				ZI CONGREGI

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP7480T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900105213	31/05/2019	30/05/2020





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 2 of 3 Report No. T/20200107/2119

Tel No: 1800-2949999

CONTINUATION OF REPORT

Any Pedestrian II	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA		
Rider						
Name	KRISNAN GOVE		ID No		S0825365Z	
Related Vehicle	FBP7480T (Motorcycle)			Conta	ct No.	82929511
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL Date Di			1	NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

On 07/01/2020 at about 12.30pm at the open space cark (TPBKE9) located along Belilios Lane. I had parked my motorcycle "FBP7480T" at parking lot number "10" and left. There was a total of about 8 motorcycle parking lot where I had parked my motorcycle. There were about 4 other motorcycles parked at the said location. When I returned at about 1.00pm, I wanted to move off. However, I was unable to engage the gear. I then make a checked and there was damage on the left side of my motorcycle.

Damage as followed,

- 1) left front side plastic fairing scratches
- 2) left back side plastic fairing scratches
- 3) left foot lever bended
- 4) left plastic signal light assembly damage
- 5) left foot rest lever broken
- 6) left clutch lever broken
- 7) left side mirror cover scratches

This was a small carpark with limited space. Many lorry and cars were using the said carpark. I strongly believed that my motorcycle was hit by another vehicle. Any vehicle will be able to hit my parked motorcycle if reverse at the lot located beside my motorcycle lot. There was cctv install at the carpark and also police camera near to the HDB beside the carpark.





3 of 3 Report No. T/20200107/2119

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:	Signature Of Informant:
Sr Staff Sgt KHOO CHOON HUA	
Signature Of Interpreter:	Date/Time:
Not applicable	07/01/2020 15:29
	*
Officer In Charge Of Case:	Classification Of Case:
TP / HRT /	
Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	
Contact No., 65476145	The first state of the state of
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