#### 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 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.

<ol><li>By the lodgement of this report to the insurers, you hereby cor aforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/04/2020 18:55
Date Of Accident	06/04/2020 16:45
Exact Location Of Accident	YISHUN AVE 1 TWDS SELETAR WEST LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK7658E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FIRDAUS BIN RAZAK
NRIC No	SXXXX067I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91461884
Alternative Phone No	OFFICE-91461884
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
Exact Purpose for which vehicle was being used a time of accident	t 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	PRIVATE CAR

# **Insurance Company**

TOKIO MARINE INSURANCE SINGAPORE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 19-MT109366-R01

Cover Note Number

#### **Driver**

Name of Driver MUHAMMAD FIRDAUS BIN RAZAK

NRIC No SXXXX067I Date Of Birth 18/08/1987 Occupation **INDOOR** 12/05/2008 **Date Of Driving Pass** 

**Driving Experience** 11 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91461884

Fax Number

**Contact Number** OFFICE-91461884

**EMail Address NOEMAIL**  Address BLK 548B SEGAR ROAD

#13-672

Postcode 672548

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 COLLISION - HEAD TO REAR

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? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8929999 - **FAX NO**: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20200407/2075.

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 FX8745J
Vehicle Make/Model/Colour HONDA

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number 91827062

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### 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.
- 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 flability.
- 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.
- 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 engulries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoive 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.

-620

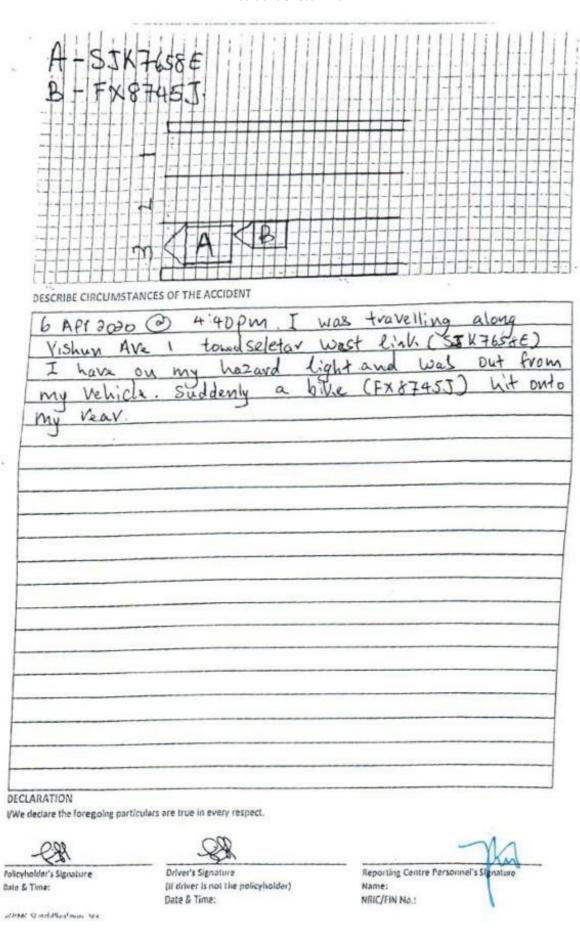
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

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

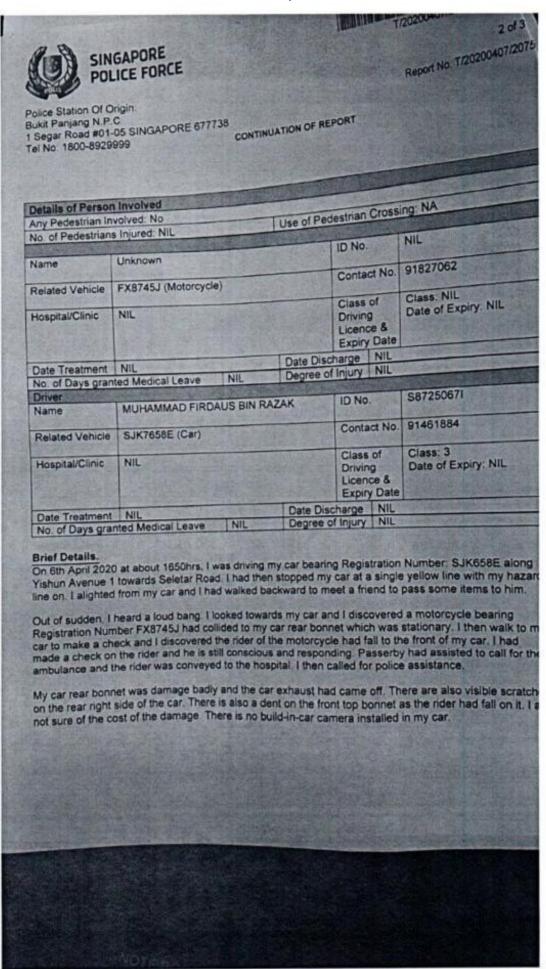
sales to an Albert was \$45

### **Accident Sketch Plan**



POLIS		APORE E FORCE					1/2020040	27/2075	
it Panjar egar Roa	on Of Origing N.P.C ad #01-05 0-8929999	SINGAPORE 67	7738				Report t	No. T/202004	1 of 3
PORT OF A TRAFFIC ACCIDENT late/Time Report Made: 7/04/2020 16:54			Report No.: 200406/0136		Station Diary No.: 136				
	's Particu	ars St. DX		1000	devoted in		STATE OF THE PARTY		
	nformant AD FIRDA	AUS BIN RAZAK	Addr	ess: BLK 548B SE	GAR ROAD	#13-67	2 SING	APORE 67	2548
Type / I	D No.		Cont	tact No.:			91461		th team
ationality	/ S872506	71	Ema	ne/Office		NICOLING		10/24/4	10
INGAPO	RE CITIZI	the first to the same that the same and	Tool	e of Informant.				TO SHADOW	
ex: lale	Age:	Date of Birth: 18/08/1987	Drive					and Marine	AVA DE
ace: loyanese			Lang	guage:		Institut	ion / Sch	nool Name	
ocupatio	on!			ing Licence Inf	formation	PIDE		ASSESSED AND ADDRESS.	
Self Empl	oyed	DESCRIPTION OF THE PARTY OF THE	Clas	18: 3		Date o	f Expiry	S. (S. P.)	100
Type of Accident	d	njury Conveyed By Amb	ulance	Drink Drive: No	Date/Tim Accident 06/04/20		1	Type of Loc Straight Ro	
ocation: Nong Ros	ad 1 AVENUE 1	Conveyed By Amb		Drive:	Accident		1		
ocation: Nong Ros	ad 1	Conveyed By Amb	oulance	Drive: No	Accident		,   1		ad
ocation Nong Roi VISHUN / Owards S Veather	ad 1 AVENUE 1 Seletar Ro	Conveyed By Amb	Roa	Drive: No	Accident		Road :	Straight Ro	ad
Accident Location: Nong Roi VISHUN / Lowards & Veather: Liear raffic Flor Vpe of Co	ad 1 AVENUE 1 Seletar Ro	Conveyed By Amb	Roa Dry Traff	Drive: No	Accident		Road :	Speed Lim Volume:	ad
Accident Acc	ad 1 AVENUE 1 Seletar Ro W Ollision Toving Veh	Conveyed By Amb	Roa Dry Traff	Drive: No ad Surface:	Accident		Road : Traffic Light Anyor	Speed Lim Volume:	ad
Accident Acc	ad 1 AVENUE 1 Seletar Ro  Willision Toving Ver	Conveyed By Amb	Roa Dry Traff	Drive: No	Accident	20 16 50	Road : Traffic Light Anyor ambu Yes	Speed Lim Volume: ne conveyelance:	ad it:
Accident Acc	ad 1 AVENUE 1 Seletar Ro  W  Allision Toving Veh  Type Motorcy	Conveyed By Amb	Roa Dry Traff	Drive: No ad Surface:	Accident 06/04/20	20 16 50 Si	Road : Traffic Light Anyor ambul Yes	Speed Lim Volume: ne conveyelance:	ad it:
ocation: Nong Roi /ISHUN / owards S Veather //ear raffic Flo //pe of Co thween M	ad 1 AVENUE 1 Seletar Ro  Willision Toving Ver	Conveyed By Amb	Roa Dry Traff	Drive: No ad Surface:	Accident 06/04/20	20 16 50 Si Di Si	Road : Traffic Light Anyor ambu Yes	Speed Lim Volume: ne conveyelance:	ad it:
Accident Acc	ad 1 AVENUE 1 Seletar Ro  W  Allision Toving Veh  Type Motorcy	Conveyed By Amb	Roa Dry Traff	Model  HONDA CIVIC 1.8L	Accident 06/04/20	20 16 50 Si Di Si	Road : Traffic Light Anyor ambul Yes  ondition ightly amaged eriously	Speed Lim Volume: ne conveyelance:	ad it:
Accident Acc	ad 1 AVENUE 1 Seletar Ro  W  Ollision: Toving Veh  Type Motorcy  Car  Inicia Ins. Segurance TOKIO M	Conveyed By Amb	Roa Ory Traft	Model  HONDA CIVIC 1.8L 5AT	Accident 06/04/20	Cc   Si   Di   Si   Di	Road : Traffic Light Anyor ambul Yes  ondition ightly amaged eriously	Speed Lim Volume: ne conveyelance:	ad it:

### **Police Report**



### **Police Report**

