

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 withholding 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	14/03/2020 14:14
Date Of Accident	13/03/2020 14:00
Exact Location Of Accident	CENTRAL GREEN CONDOMINIUM 1 JALAN MEMBINA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3722Z
Insured/Policyholder	
Name Of Registered Owner	SHANE CHIN YONG XIAN
NRIC No	SXXXX419Z
Email Address	SHANECHIN@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-82821652
Alternative Phone No	OFFICE-82821652

Vehicle Particulars

Manufacturer	YAMAHA
Model	TMAX530-530CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00706405
Cover Note Number	

Driver

Name of Driver	SHANE CHIN YONG XIAN
NRIC No	SXXXX419Z
Date Of Birth	04/12/1989
Occupation	INDOOR
Date Of Driving Pass	09/10/2008
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82821652
Fax Number	
Contact Number	OFFICE-82821652
EMail Address	SHANECHIN@OUTLOOK.COM

Address	NO
Postcode	
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	COLLIDED INTO PARKED VEHICLE
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?	NO
Was any other material or property damaged?	YES
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ACCIDENT STATEMENT IN THE SKETCH PLAN.

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	GBD1495D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YANG LILI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

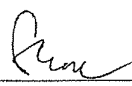
SKETCH PLAN

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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:
 - (i) 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: 14/3/20 1230h.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

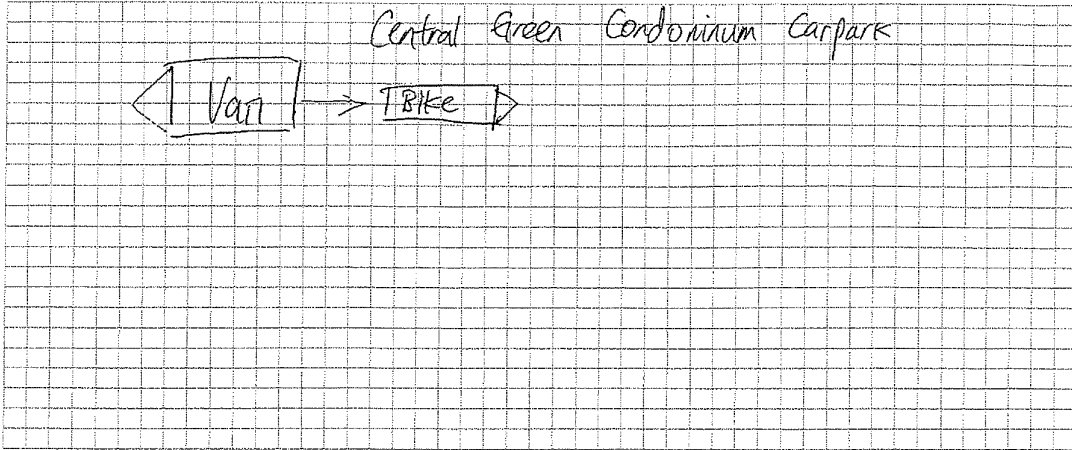

Reporting Centre Personnel's Signature

Name: Tan Chou Lai

NRIC/FIN No.: 67715235R

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driver of vehicle number QBD1495D knocked down ~~motorcycle~~ parked motorcycle whilst reversing, FBK3722Z, at Central Green Condominium carpark on 13 ~~the~~ March 2020 at 1400 hrs.

Motorcycle suffered damages after fall, no bodily injuries were caused.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Shue
 Policyholder's Signature
 Date & Time: 14/3/20 030h

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

QBD
 Reporting Centre Personnel's Signature
 Name: Tan Chiew Wei
 NRIC/FIN No.: 67715235R

Date: 13/3/2020
Time: 1400hrs
Location: Central Green Condo Visitor carpark


Party A: Yang Lili 98254933
Driver plate: GBD149SD


Party B: SHANE CHIN (82821652)
Driver Plate: FBK3722Z

Background:

I, Yang Lili, driver of vehicle number GBD149SD,
am responsible for the damages caused to vehicle
number FBK3722Z belonging to SHANE CHIN,
during an ~~inc~~ incident happening at Central Green
Condominium at 1400 hrs, on 13th March 2020.

Pictures of damages are enclosed. I
accept full responsibility of all the damages
caused.


Signature
Yang Lili


Signature
Shane Chin



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 15 Apr 2020 / 14:22:55

Receipt Date/Time : 15 Apr 2020 / 14:22:54

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200415-001771

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - GBD1495D As at 13 Mar 2020/14:00:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBD1495D Enquiry Fee 20200415142102494233	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20200415142146260 Direct Debit: eNETS Debit (Internet Banking)			7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.