

## 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 24/01/2020 10:18  
Date Of Accident 23/01/2020 17:50  
Exact Location Of Accident BEFORE SLE,CTE BEFORE EXIT MANDAI  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP1019H  
**Insured/Policyholder**  
Name Of Registered Owner KHAIRUL ANWAR BIN KHAIRUDIN  
NRIC No SXXXX814D  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-96990257  
Alternative Phone No OTHERS-96990257

### Vehicle Particulars

Manufacturer YAMAHA  
Model GDR155A (AEROX)

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? 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 FIRE AND/OR THEFT  
Fleet Policy NO  
Policy Number 5107335692  
Cover Note Number

### Driver

Name of Driver KHAIRUL ARIFFIN BIN KHAIRUDIN  
NRIC No SXXXX514E  
Date Of Birth 20/12/1995  
Occupation OUTDOOR  
Date Of Driving Pass 31/05/2018  
Driving Experience 1 YEAR AND 7 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-91684029  
Fax Number  
Contact Number  
Email Address ARIFFIN95@OUTLOOK.COM

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 419 #04-215 WOODLANDS STREET 41 |
| Postcode  | 730419                              |
| Was driver an employee of the Insured's Company     | NO                                  |
| If No, Relationship of the Driver with the Insured  | SIBLING                             |
| 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 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ                                |
| Police Station Address                    | ROAD 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY SINGAPORE |
| Police Station Contact                    | TEL NO: 65470000 - FAX NO:                                |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

AS PER POLICE REPORT NO.T/20200128/7005.

#### 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 | SMA6007H               |
| Vehicle Make/Model/Colour   | TOYOTA / VIOS E (AUTO) |
| Details Of Properties       |                        |
| Vehicle Category            | PRIVATE CAR            |
| Name of Driver              |                        |
| NRIC/Passport Number        |                        |
| Contact Number              |                        |
| Address                     |                        |
| Postcode                    |                        |
| Insurance Company Name      |                        |
| Nature Of Damage            |                        |

**DETAILS OF INJURED PERSON 1**

|   |                                     |
|---|-------------------------------------|
| Name  | KHAIRUL ARIFFIN BIN KHAIRUDIN       |
| Approximate Age                                     |                                     |
| Injuries Sustain                                    |                                     |
| Injured person in which vehicle?                    | FBP1019H                            |
| Were seat belts worn?                               | YES                                 |
| Was this injured conveyed to hospital by ambulance? |                                     |
| Address   | BLK 419 #04-215 WOODLANDS STREET 41 |
| Postcode  | 730419                              |

# 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 liability**.
4. The issue and acceptance of this form by insurance companies is **not** an admission of policy liability on the part of the insured or 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.

## 2. 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 making 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 used 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,
  - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (iii) for complying with requirements under any regulations, laws or court orders.

IDAC KAKI BUKIT (YAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415833  
Tel: 67416697 Fax: 67482305  
Email: yac@idac.com.sg

Policyholder's Signature  
Date & Time

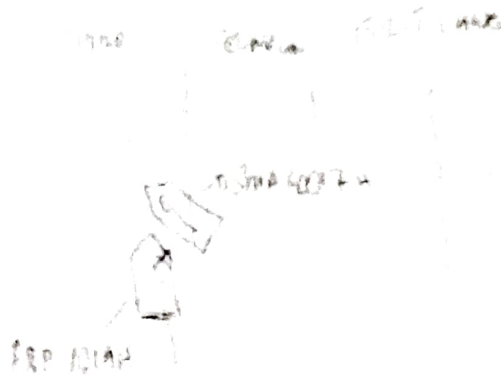
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name  
NIC/FIN No. 24 JHS-12



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Attached

## DECLARATION

(We declare the foregoing particulars are true in every respect)

Policyholder's Signature  
Date & Time

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305

Reporting Center Personnel's Signature  
Name  
NRIC/P-N No. 24 JAN 2000