### 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 and 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	25/07/2020 15:46
Date Of Accident	07/07/2020 14:00
Exact Location Of Accident	BBDC CIRCUIT COMPOUND NEAR 2ND EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBQ1487J
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114136261
Cover Note Number	
Driver	
Name of Driver	SUZANNA BINTI SAPUAN

NRIC No TXXXX474J
Date Of Birth 14/11/2001
Occupation INDOOR
Date Of Driving Pass 07/07/2020

Driving Experience 0 YEAR AND 0 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-97887131

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 341 BUKIT BATOK STREET 34

#02-54

Postcode 650341

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - STUDENT

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

### **General Information of the Accident**

Type Of Accident NO COLLISION

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

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

PLS REFER TO THE ATTACHED STATEMENT.

## Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

#### **Accident Sketch Plan**

21/07 2020 TUE 11:21 PAX --- victor



### SKETCH PLAN

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- 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 at the report heing made available afterward.
- R. Consent under the Personal Data Protection Art (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 insufer (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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposets) of
  - processing, handling and/or dealing with my dislins including the settlement of the claims and any oncessary 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 risims (including the maling of correspondence, statements, invoices, reports or notices brane, 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/mall 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/con be disclosed by any of the Insurers and/or GIA to their third party service providers or ogents/including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Pursones.
- (d) my Personal Information will also be on lected and used to compile claims history for the purpose of "raud detection, investigation and management to 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 from a regulators, saw anforcement and government agencies as reunonably required for this system states. Or

(III) for complying with requirements under any regulations, take or rourr orders

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ST AVENUE 5

COTOK DRIVING CENTRY LATE

ST AVENUE 5

Policyholder's Signature Date & Time:

Tal: 6581 1233

Oriver's Signature (It driver's not the policyholner)

Date & Time:

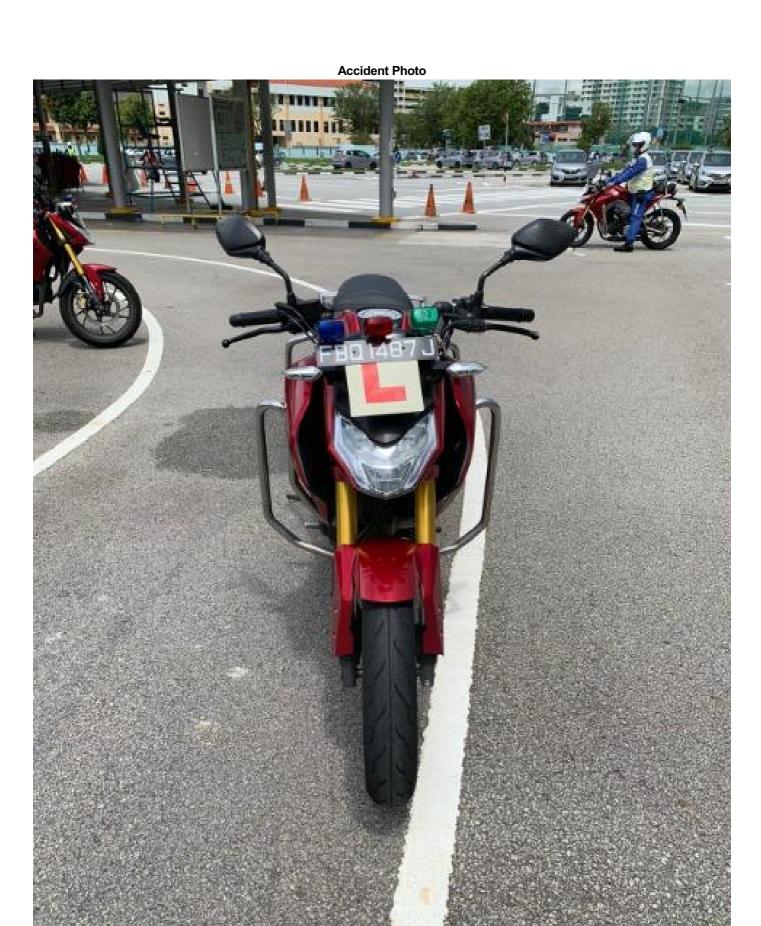
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NRIC/FIN No.

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# **Individual Statement**

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# **Accident Photo**



# **Accident Photo**



# **Accident Photo**



