

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 23/01/2020 01:38
Date Of Accident 20/01/2020 21:55
Exact Location Of Accident ALONG BUKIT TIMAH ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number AU9644K
Insured/Policyholder
Name Of Registered Owner JUHARDI BIN MOHAMED
NRIC No SXXXX255I
Email Address JUNARDIMOHD@GMAIL.COM
Mobile Phone No (LOCAL) +65-90271904
Alternative Phone No OFFICE-90271904

Vehicle Particulars

Manufacturer TRIUMPH
Model BONNEVILLE SPEED TWIN
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 LIBERTY INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number SD19V15122
Cover Note Number

Driver

Name of Driver JUHARDI BIN MOHAMED
NRIC No SXXXX255I
Date Of Birth 30/12/1988
Occupation INDOOR
Date Of Driving Pass 25/01/2008
Driving Experience 11 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90271904
Fax Number
Contact Number OFFICE-90271904
EMail Address JUNARDIMOHD@GMAIL.COM

NIL

Is the driver an employee of the Insured's Company? 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? YES
Was any injured conveyed to hospital by ambulance? YES
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 [OTHER] PUNGGOL NPC
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200121/2151 LODGE AT PUNGGOL NPC ON 20/01/2020 AT ABOUT 2155HRS, I WAS RIDING MY BIKE BY THE VEHICLE PLATE OF AU9644K, ALONG BALMORAL ROAD GOING TOWARDS BUKIT TIMAH ROAD, I WAS TRAVELLING AT ESTIMATE OF 70KM/HOUR AND WAS TAILGATE BY A MERCEDES BY THE VEHICLE PLATE OF SLK2467Z. WHEN GOING FOR A SLIGHT BEND THE MERCEDES HIT MY REAR BIKE AND I FLEW FORWARD AND CAUSING MY BIKE TO SKIDDED. THE DRIVER BY THE NAME OF WONG YAU WAH, NRIC: S76556701, BOD: 12/04/1976, RESIDING AT 48 JLN IDAMAN S/8, NUSA IDAMAN, 79100 ISKANDAR PUTERI, JOHOR MALAYSIA, CAME OUT OF HIS VEHICLE AND MADE A CHECK ON ME. THERE WERE 3 VEHICLE WHO STOP AND WITNESSED THE INCIDENT THE 3 WITNESSES NAME KHAIRUL HP: 94874944, NAME: IVAN HP: 90079042 AND NAME: ANTHONY HP: 91448989. THEY ALSO INFORMED ME THAT THEIR VEHICLE CAMERA CAPTURE THE INCIDENT THAT HAPPENED SHORTLY AFTER I TOOK MR WONG YAU WAH PARTICULARS, THE TRAFFIC POLICE CAME AND ASSIST ME AND WAS SENT TO TAN TOCK SENG HOSPITAL. I SUSTAINED ON FRACTURE ON MY RIGHT FOOT MIDDLE TOE, ABRASION ON THE RIGHT KNEE AND RIGHT FOREARM. I WAS GIVEN 14 DAYS MEDICAL CERTIFICATE LEAVE. I AM LODGING THIS REPORT FOR INSURANCE CLAIM.

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 Witness 1

Name KHAIRUL
Phone Number 94874944
Email Address

Details of Witness 2

Name IVAN

90079042

ANTHONY

91448989

er
dress

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLK2467Z
Vehicle Make/Model/Colour	MERCEDES BENZ / C180K
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	WONG YAU WAH
NRIC/Passport Number	SXXXX670I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JUHARDI BIN MOHAMED
Approximate Age	
Injuries Sustain	SUSTAINED FRACTURE ON RIGHT FOOT MIDDLE TOE, ABRASION ON THE RIGHT KNEE AND RIGHT FOREARM
Injured person in which vehicle?	AU9644K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN**

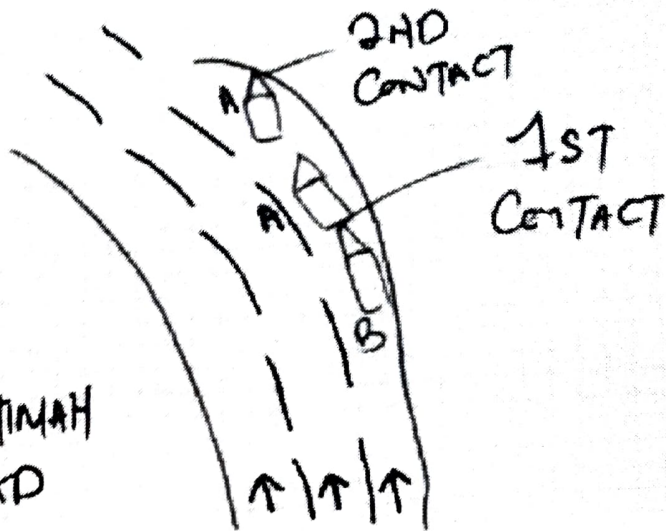
Policyholder's Signature
Date & Time:

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

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

LAN
A-A4964H/K
B-SLK2467Z

BUKIT TIMAH
ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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