

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 Submission 26/12/2020 14:08 (SGT)
Date of Accident 24/12/2020 23:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF SEMBAWANG WAY/CANBERRA LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ2187E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AHMAD AZEEM BIN NOORDIN
NRIC No SXXXX791D
Email Address azeemokcan@gmail.com
Mobile Phone No (Phone) +65-97620743
Alternative Phone No +65-97620743

VEHICLE PARTICULARS

Manufacturer Ktm
Model 200 DUKE
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company Etiqa
Type of Coverage ThirdParty
Fleet Policy No
Policy Number MA008312
Cover Note Number 3/4/20-2/4/21

DRIVER

Name of Driver AHMAD AZEEM BIN NOORDIN
NRIC No SXXXX791D
Date Of Birth 04/06/1998
Occupation Indoor

Date Of Driving Pass	05/01/2017
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97620743
Alt. Phone Number	+65-97620743
Email Address	azeemokcan@gmail.com
Address	BLK 873 YISHUN ST 81 #03-163
Address complement	-
Postcode	760873
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - U-Turn
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

TRAFFIC LIGHT WAS GREEN ON MY DIRECTION AND I PROCEED STRAIGHT. OUT OF SUDDEN, M/CAR(B) MAKE A U-TURN AND COLLIDED ONTO MY BIKE CAUSING ME TO FALL OFF MY BIKE. I HAD WENT TO A&E AND WAS GIVEN 1 DAY MC.

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	SKM9696J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90128692
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person AHMAD AZEEM BIN NOORDIN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

1. VEHICLE NO.: FBJ 2189 E
 2. INSURER CO.: Chuan
 3. ACCIDENT DATE & TIME: 24/12/20
@ 11:55 pm

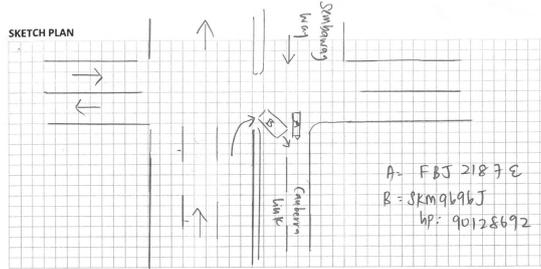
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8. **Consent under the Personal Data Protection Act (PDPA)**
 I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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:

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

 26/12/20
 Reporting Centre Personnel's Signature
 Name: Steele
 NRIC/FIN No.: 645



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic light was green on my direction and I proceed straight.
 Out of sudden, m/car (B) make a u-turn and collided
 out my bike causing me to fall off my bike.
 I had went to ATE and was given 1 Day MC.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/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: 26/12/20
 Reporting Centre Personnel's Signature:  Name: J. J. J. (YS)
 NRC/FIN/REG: _____
 Claim Own Policy Claim Third Party Reporting Only
 Claim ODP/TTP at other workshop (_____)

















INTERVIEW FORM

Name (Driver) : Ahmad Azeem Bin Nordin
 Policy No : MA008312
 Vehicle No : FBJ 2187E
 Place of Accident : Junction of Sunwayway Way / Canberra Link
 Insured Driver's relationship with Insured : owner
 Drink Driving of Insured and/or Insured Driver : -
 No of passenger(s) in Insured vehicle : -
 Injury to Insured and/or Insured driver, please indicate which hospital:
1 day mc
 Third Party Vehicle No (if any) : SKM 9696J
 No of passenger(s) in Third Party Vehicle : -
 Injury to Third Party driver and/or passenger(s), please indicate which hospital:
-
 Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Third Party MAXA U-turn
 Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
-
 Traffic Police report (enclosed) : Yes / No
Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)
 Driver (Name & Signature) / Date : [Signature] 26/12/20
 I, affirmed the above information is given to my best knowledge
 Attended by (Name & Signature) / Date : [Signature] 26/12/20
 Workshop Name: _____

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