

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 04/01/2021 17:19 (SGT)
Date of Accident 03/01/2021 18:30 (SGT)
Exact Location of Accident Leonie Hill Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP6851M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SAATHWINDERJIT SINGH HARI SING
NRIC No SXXXX670G
Email Address saathwinxtreme@gmail.com
Mobile Phone No (Phone) +65-85221747
Alternative Phone No +65-85221747

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Mx king t150
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5118446419
Cover Note Number -

DRIVER

Name of Driver SAATHWINDERJIT SINGH HARI SING
NRIC No SXXXX670G
Date Of Birth 02/04/1985
Occupation Outdoor

| | |
|--|------------------------------|
| Date Of Driving Pass | 02/02/2018 |
| Driving experience | 2 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-85221747 |
| Alt. Phone Number | +65-85221747 |
| Email Address | saathwinxtreme@gmail.com |
| Address | BLK 5 MARINE TERRACE #09-260 |
| Address complement | - |
| Postcode | 440005 |
| 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 - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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

PLEASE REFER TO 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



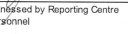
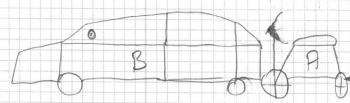
| | |
|-----------------------------------|----------------------|
| Vehicle Registration Number | SHD1871E |
| Vehicle Manufacturer | Kia |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | CHIU |
| Contact Number | (Phone) +65-81231179 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |

Nature Of Damage -
Details of property damaged in accident -
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.

| | | |
|---|--|--|
| <p>Policyholder's Signature / Date & Time  04/01/2021</p> | <p>Driver's Signature (If driver is not the policyholder) / Date & Time  04/01/2021</p> | <p>Witnessed by Reporting Centre Personnel </p> |
| <p>Sketch Plan</p> <p>AOULIK HILL ROAD</p>  <p>A) FBP 6851 M B) 3HD 1871 E</p> | | |

ON 03 01 2021 AT ABOUT 1830 HRS, I WAS ON MY WAY
PALM HARBOR MY FAVORITE TO MY FAVORITE BAR WHERE THERE
WAS JOINTLY VIA LOUISIANA ROAD A TAXI (SILVER) CAR
FOLLOWING ME. SHE 1971E WAS DRIVEN BY MR. SUPREMACY (TALL) OF
THE DUBOIS STREET LIGHT AND STOP AT MIDDLE OF THE ROAD TO
ATTEND THE PASSENGER. I WAS ASSURED THAT I WAS IN SAFE
HANDS WITH THE TAXI AND I IMMEDIATELY REGAIN MY
VEHICLE. THE UNCONSCIOUS DUE TO RAINY DAY, THE ROAD WAS
WETTER WAS NOT ABLE TO GET OFF THE ROAD FROM AS
THE ROAD WAS SLIPPERY DUE TO THE TAXI DRIVER
ACTION OF SLIPPING OUT OF CONTROL, I REMAINING NOT TO
THE ROAD OF THE TAXI GUMBLE RENT BELOW OF IT. I TRY
TO NEGOTIATE WITH MUTUAL SAFETYMENT BUT FAIL TO COME
ON THE CONCLUSION WITH THIS, I'M LOYAL TO THE TAXI DRIVER
TO BRIDGE THAT THE PASSENGER WAS A MIDDLE ONE, I ALSO
THINK WERE. NO ONE WAS INJURED INCLUDING MYSELF, THE
TAXI DRIVER & THE PASSENGER. I HOPE IF HAPPEN TO DO
A CRASHED OF A M. INVESTIGATOR, NOTE, SHE WAS ASSURED
IS THAT THEREFORE A ON THE ROAD DURING WIND, THE LAST
IS NOT APPEARANCE IN THIS ACCOUNT. THE 13 ACC.

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

Witnessed by Reporting Centre
Personnel













