

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 23/12/2020 15:50 (SGT)
Date of Accident 18/12/2020 19:20 (SGT)
Exact Location of Accident 33 Lucky View, Singapore 467465
Additional Location Information 33 LUCKY VIEW
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FX28Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO CHIN HIN CLIFFORD
NRIC No SXXXX994G
Email Address cliffordyeo@gmail.com
Mobile Phone No (Phone) +65-96366630
Alternative Phone No +65-96366630

VEHICLE PARTICULARS

Manufacturer Ktm
Model 1290
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 Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number SI20V089933
Cover Note Number na

DRIVER

Name of Driver YEO CHIN HIN CLIFFORD
NRIC No SXXXX994G
Date Of Birth 29/03/1969
Occupation Indoor

Date Of Driving Pass	13/04/1987
Driving experience	33 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96366630
Alt. Phone Number	+65-96366630
Email Address	cliffordyeo@gmail.com
Address	24 Lucky View.
Address complement	-
Postcode	467456
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 - Opening Door of Vehicle
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

I WAS RIDING MY BIKE FROM LUCKY HEIGHTS TOWARDS LUCKY VIEW . AFTER I TURNED INTO LUCKY VIEW , I SAW VEHICLE B IN FRONT OF ME STOPPED HIS VEHICLE AT MIDDLE OF THE ROAD . I SLOWED DOWN MY BIKE AND DRIVING FROM LEFT SIDE OF VEHICLE B , SUDDENLY LEFT PASSENGER DOOR OF VEHICLE B OPENED WITHOUT CHECKING AND GIT ONTO RIGHT SIDE OF MY BIKE . I LOST CONTROL AND FELT DOWN FROM MY BIKE . I HAVE 2 DAYS OF 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	SLK9891K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JIMMY WANDLY

NRIC No	SXXXX208H
Contact Number	(Phone) +65-81139539
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	YEO CHIN HIN CLIFFORD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FX28Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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:

23/12/2020

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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

SKETCH PLAN

A: 17 X 28 2

B: 10 X 19 1/2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

W

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

VERIFY BY ALAN MARS (ARC)

REPORTING OFFICER

WONG JUN KEAT

Reporting Centre Personnel's Signature

Name:

NR/C/TIN No.:

2

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

23 December 2020 at 10:18 AM

Date/Time:

23 December 2020 at 10:18 AM



















