

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 18/01/2021 18:22 (SGT)
Date of Accident 17/01/2021 17:15 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information EXIT TOWARDS UPPER SERANGOON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBA4698G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner REGIN HERR JIA JUN
NRIC No SXXXX284D
Email Address herrjiajun@gmail.com
Mobile Phone No (Phone) +65-84841718
Alternative Phone No +65-84841718

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400
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 - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5120386928
Cover Note Number -

DRIVER

Name of Driver REGIN HERR JIA JUN
NRIC No SXXXX284D
Date Of Birth 18/02/1991
Occupation Outdoor

Date Of Driving Pass	20/09/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84841718
Alt. Phone Number	+65-84841718
Email Address	herrjiajun@gmail.com
Address	BLK 490C CHOA CHU KANG AVENUE 5 #07-729
Address complement	-
Postcode	683490
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	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS3696S
Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HELEN
Contact Number	(Phone) +65-90026968
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

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7. By the submission of the reports to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available a/for/used.
8. **Consent under the Personal Data Protection Act (PDPA)**
- I understand, acknowledge, agree and consent that :
- (a) My/our 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 insurers who have insured and/or are insured in this accident. All personal information collected in this accident shall be collectively referred to as the "**Insurers**", the Insurers' lawyer/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' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes;
- (c) my Personal Information may 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 situated outside of Singapore, for one or more of the above Purposes.

F 18-01-2021 15:06
 Policyholder's Signature / Date & Time
 Driver's Signature (If driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personne
 Sketch Plan
 PLE EXIT TOWARD UPPER SHOPS/ROAD
 BUS STOP
 A) FBX 469881
 B) SRS 3676

Describe Circumstances of the Accident

ON 17/01/2021 AT ABOUT 17:15 HRS I WAS JUST LEAVING FROM
 PHE & WANTED TO GO TO UPPER SKIDMORE ROAD THE CAR
 IN FRONT OF ME SKE 20565 TURNED BACK & I WANTED TO BACK
 I DID NOT HIT THE CAR, I FELL ON THE ROAD.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time: S 18-01-2021 15:06
 Driver's Signature (if driver is not the policyholder) / Date & Time: _____
 Witnessed by Reporting Centre Personnel: 18/01/2021















