

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 22/01/2021 16:21 (SGT)
Date of Accident 21/01/2021 15:20 (SGT)
Exact Location of Accident Clementi Ave 2, Singapore
Additional Location Information SLIP RD TOWARDS CLEMENTI RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK1491C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG KAH SOON
NRIC No SXXXX621H
Email Address ngkahsoon56@gmail.com
Mobile Phone No (Phone) +65-98390856
Alternative Phone No +65-98390856

VEHICLE PARTICULARS

Manufacturer Suzuki
Model UH200AL5 BURGMAN 200 ABS
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 MSIG
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number msd/vms/20-411907-ca
Cover Note Number -

DRIVER

Name of Driver NG KAH SOON
NRIC No SXXXX621H
Date Of Birth 17/12/1959
Occupation Indoor

Date Of Driving Pass	06/01/1983
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-98390856
Alt. Phone Number	+65-98390856
Email Address	ngkahsoon56@gmail.com
Address	BLK 685A JURONG WEST STREET 64 #14-159
Address complement	-
Postcode	641685
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	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?	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	SMF260E
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98323197
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

SKETCH PLAN

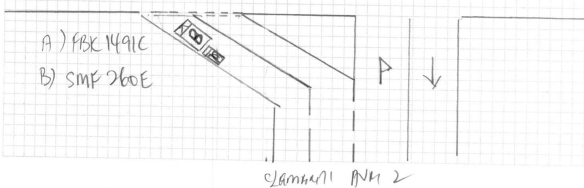
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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' law firms/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/rail 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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p> 22/01/2021</p> <p>Policyholder's Signature / Date & Time 1000 PM</p>	<p> 02/01/2021</p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time Personnel</p>	<p> 02/01/2021</p> <p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan

CLAMMANT ROBO



CLAMMANT 11 MK 2

Describe Circumstances of the Accident

ON 21/01/2021 AT ABOUT 15:20HRS I WAS AT CLEMMERON AVENUE 2
 I WANTED TO TURN LEFT TOWARDS CLEMMERON ROAD THE CAR
 STOPPED SINE 200M FROM BIKER & I COULD NOT BRAKE ON TIME
 & HIT THE REAR OF THE CAR.

Declaration

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

10:45
 22/01/2021
 Policyholder's Signature / Date & Time

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

22/01/2021
 Witnessed by Reporting Centre Personnel















