

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 01/03/2021 17:03 (SGT)
Date of Accident 26/02/2021 15:25 (SGT)
Exact Location of Accident Jln Anak Bukit, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK2086H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE JAN LEONG
NRIC No SXXXX508F
Email Address jerry_jll@yahoo.com.sg
Mobile Phone No (Phone) +65-96629050
Alternative Phone No +65-96629050

VEHICLE PARTICULARS

Manufacturer Kymco
Model Downtown
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 ThirdParty
Fleet Policy No
Policy Number 5097343288-02
Cover Note Number -

DRIVER

Name of Driver LEE JAN LEONG
NRIC No SXXXX508F
Date Of Birth 19/10/1969
Occupation Indoor

Date Of Driving Pass	24/06/1995
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96629050
Alt. Phone Number	+65-96629050
Email Address	jerry_jll@yahoo.com.sg
Address	BLK 335A ANCHORVALE CRESCENT #02-94
Address complement	-
Postcode	541335
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	FBK2987H
Vehicle Manufacturer	Harley Davidson
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
NRIC No	SXXXX056C
Contact Number	(Phone) +65-96740952
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN

IMPORTANT NOTICE

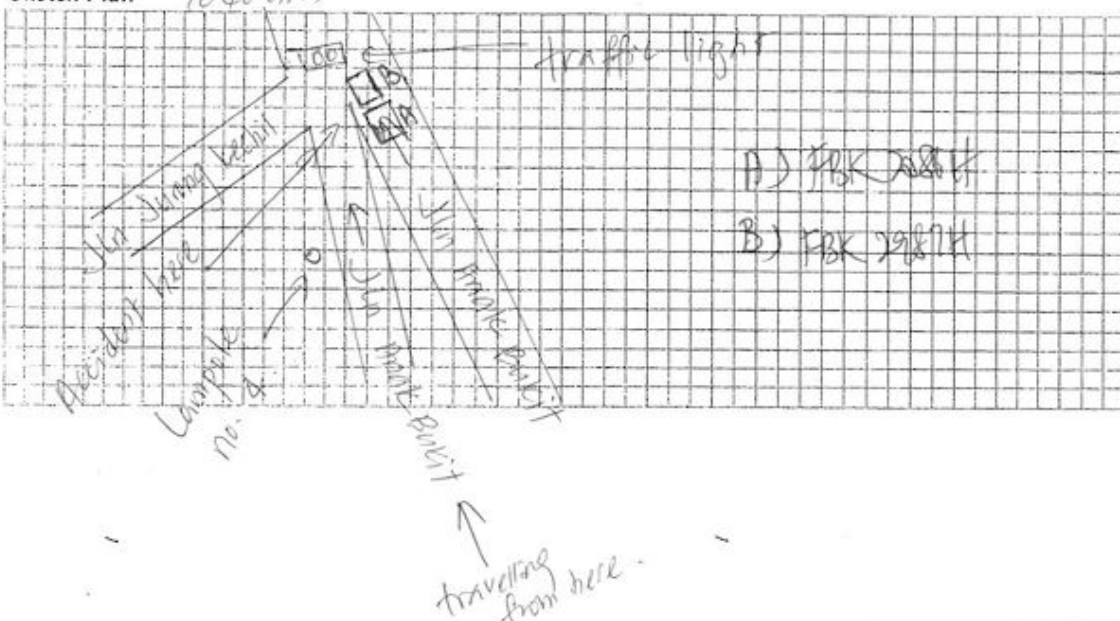
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or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

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

On 26/2/2021 @ 3.25pm, the weather was good and visibility clear. There was light traffic on the road.

When my vehicle was travelling along Jln Anai Bukit towards Sungai Kadut near to street lamp no. 4, vehicle FBK 2987 H was travelling before me. I was slowing down my speed to about 30 km/h and further slowing down when approaching the traffic light turning red. Vehicle FBK 2987 H suddenly jammed hard brake and stopped. I was unable to stop in time and hit the said vehicle lightly on it's rear. Vehicle FBK 2987 H and it's rider remained stable ~~after~~ after the light hit, unfortunately, I lost my balance and fell off from my bike. Both Riders are safe without any injuries spotted. Both bikes were without passengers.

Vehicle FBK 2987 H was spotted with the rear fender and rear light cover damaged. My bike frame cover has ~~been~~ broken as a result.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

27/2/2021
10.40 am.

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


01/03/2021

Witnessed by Reporting Centre Personnel





















