

Your NCD will be affected due to late reporting

## 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 01/04/2021 14:05 (SGT)  
Date of Accident 30/03/2021 12:00 (SGT)  
Exact Location of Accident Circuit Rd, Singapore  
Additional Location Information -  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM8261T

#### INSURED/POLICYHOLDER

Is company? No  
Name Of Registered Owner TUKIMAN BIN TAWAL  
NRIC No SXXXX135G  
Email Address amantuki2074@gmail.com  
Mobile Phone No (Phone) +65-81371070  
Alternative Phone No +65-81371070

#### VEHICLE PARTICULARS

Manufacturer Yamaha  
Model XABRE TFX150  
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  
Transmission Manual  
CC 150

#### INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ThirdPartyFireTheft  
Fleet Policy No  
Policy Number D20MTMC01008004  
Cover Note Number -

#### DRIVER

Name of Driver TUKIMAN BIN TAWAL  
NRIC No SXXXX135G

Date Of Birth 04/07/1970  
Occupation Indoor  
Date Of Driving Pass 31/12/1991  
Driving experience 29 YEARS AND 3 MONTHS  
Gender Male  
Mobile Number (Phone) +65-81371070  
Alt. Phone Number +65-81371070  
Email Address amantuki2074@gmail.com  
Address BLK 725 TAMPINES ST 71 #07-175  
Address complement -  
Postcode 520725  
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 - Change/cross lane  
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

VEHICLE B FROM MY LEFT THIRD LANE CROSS OTHER 2 LANE WANTING TO GO INTO CARPARK. I CANNOT STOP IN TIME AND HIT VEHICLE B RH CENTER PORTION.

### 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 SME7380B  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
Name of Driver -  
Contact Number -  
Address -

SKETCH PLAN

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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.
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 the 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 making 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/postal 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/are 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

veh. B from my left 2nd lane cross other Two Lane road  
gain to Con part. I cannot stop entered a hit veh B.  
All carter motion. jdt. a/

Declaration

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

01/04/21