

## 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 Report	07/02/2020 13:27
Date Of Accident	06/02/2020 19:30
Exact Location Of Accident	CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3431H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DINIE SYAKIR BIN RAZALI
NRIC No	SXXXX392J
Email Address	
Mobile Phone No	
Alternative Phone No	

### Vehicle Particulars

Manufacturer	YAMAHA
Model	TRACER
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	DINIE SYAKIR BIN RAZALI
NRIC No	SXXXX392J
Date Of Birth	16/02/1992
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97969375
Fax Number	
Contact Number	OFFICE-82232043
Email Address	DINIESYAKIR@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

### 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 this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance. YES

Number of Passengers (Including Driver) 2

Passenger 1  
NAME: NUR SHAZANA BINTE SANIF  
GENDER: FEMALE

### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE HEADQUARTERS

Police Station Address ROAD: 10 UBI AVENUE 3 SINGAPORE , POSTCODE: 408865 ,  
COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

REFER TO SKETCH PLAN & STATEMENT

### 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 SKV2271A

Vehicle Make/Model/Colour VOLVO

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name DINIE SYAKIR BIN RAZALI  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBL3431H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name NUR SHAZANA BINTE SANIF  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBL3431H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

### 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' 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:

07/07/2020

1348pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07/07/2020

1348pm

Reporting Centre Personnel's Signature

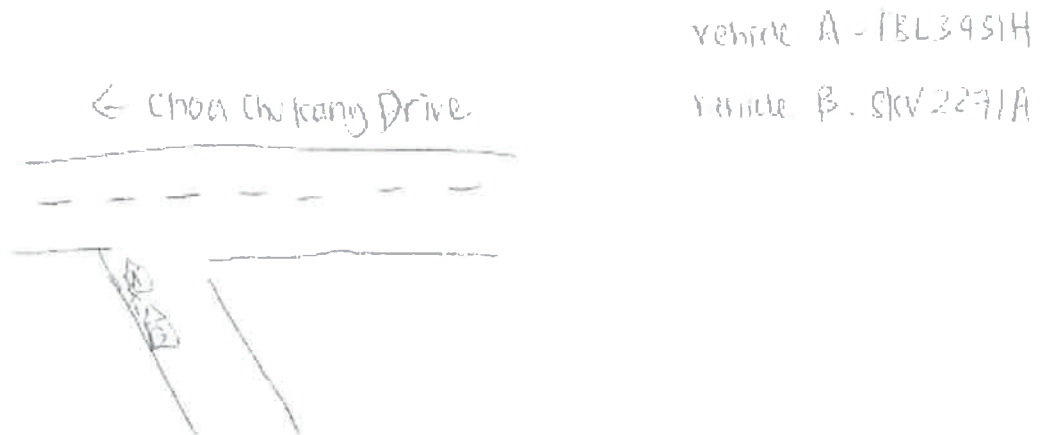
Name: L Hoo Yoon Sun

NRIC/FIN No.:

3472607619

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date & time, I was riding my motorcycle (Vehicle A) on the slip road towards Choa Chu Kang Drive. While I was looking out for the upcoming traffic from Choa Chu Kang Drive, vehicle B came in contact to my rear of vehicle A.

### DECLARATION

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

  
Policyholder's Signature

Date & Time: 07/02/2020  
145pm

  
Driver's Signature

(If driver is not the policyholder)  
Date & Time: 07/02/2020  
145pm

Chao Yan Xin

Reporting Centre Personnel's Signature

Name: Chao Yan Xin  
NRIC/FIN No.: S9926076A





photo of motorcycle





photo of motorcycle

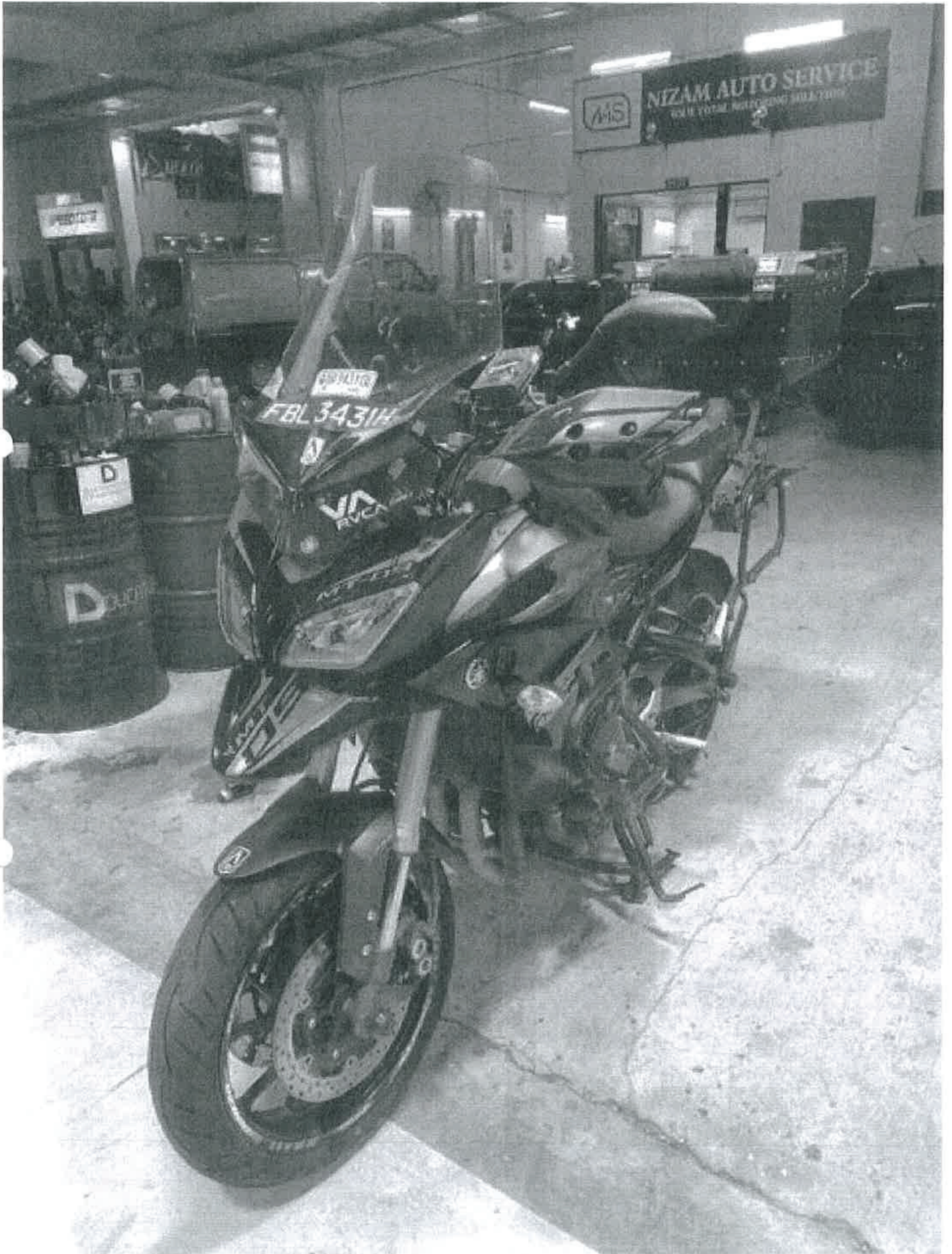




photo of motorcycle

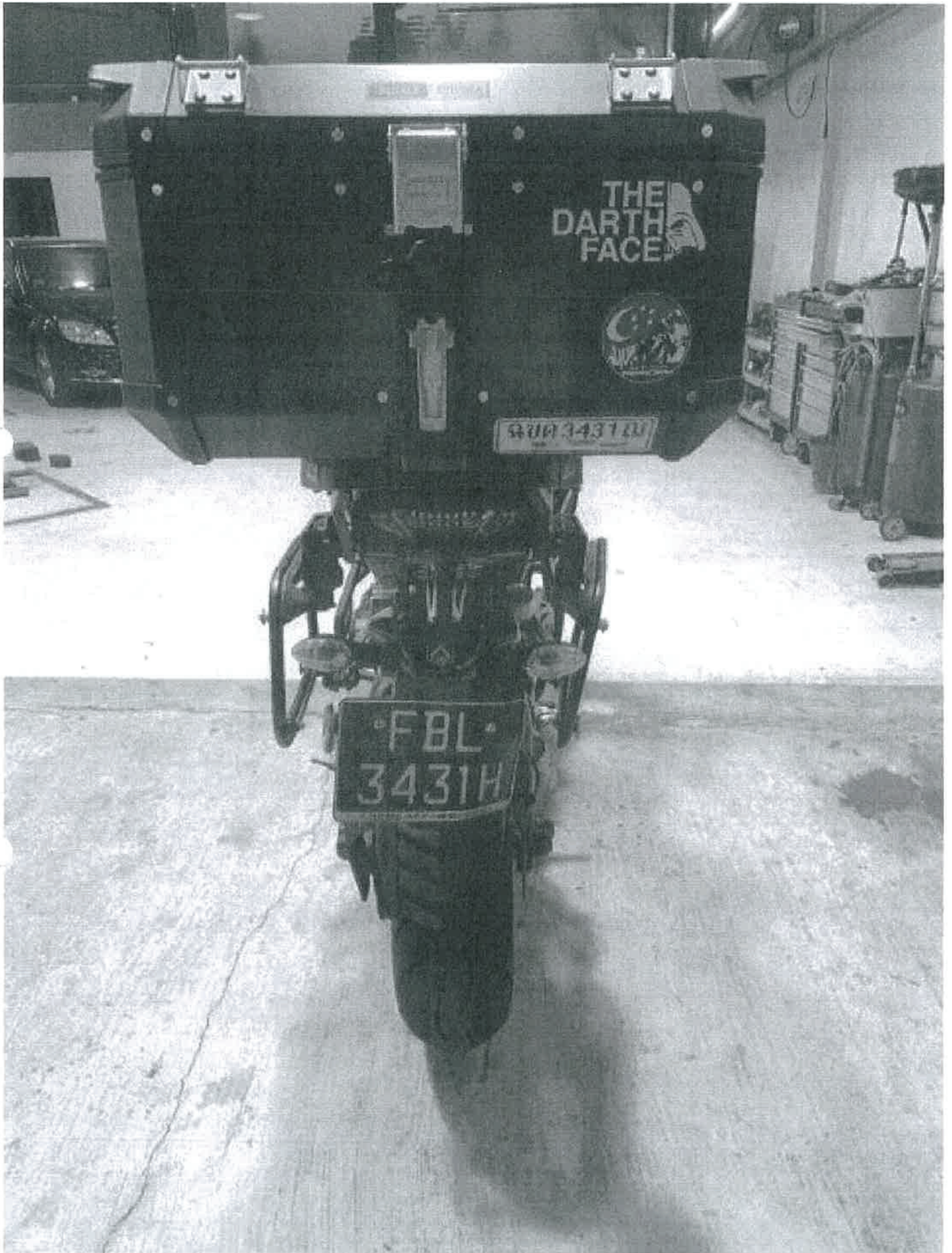




photo of motorcycle

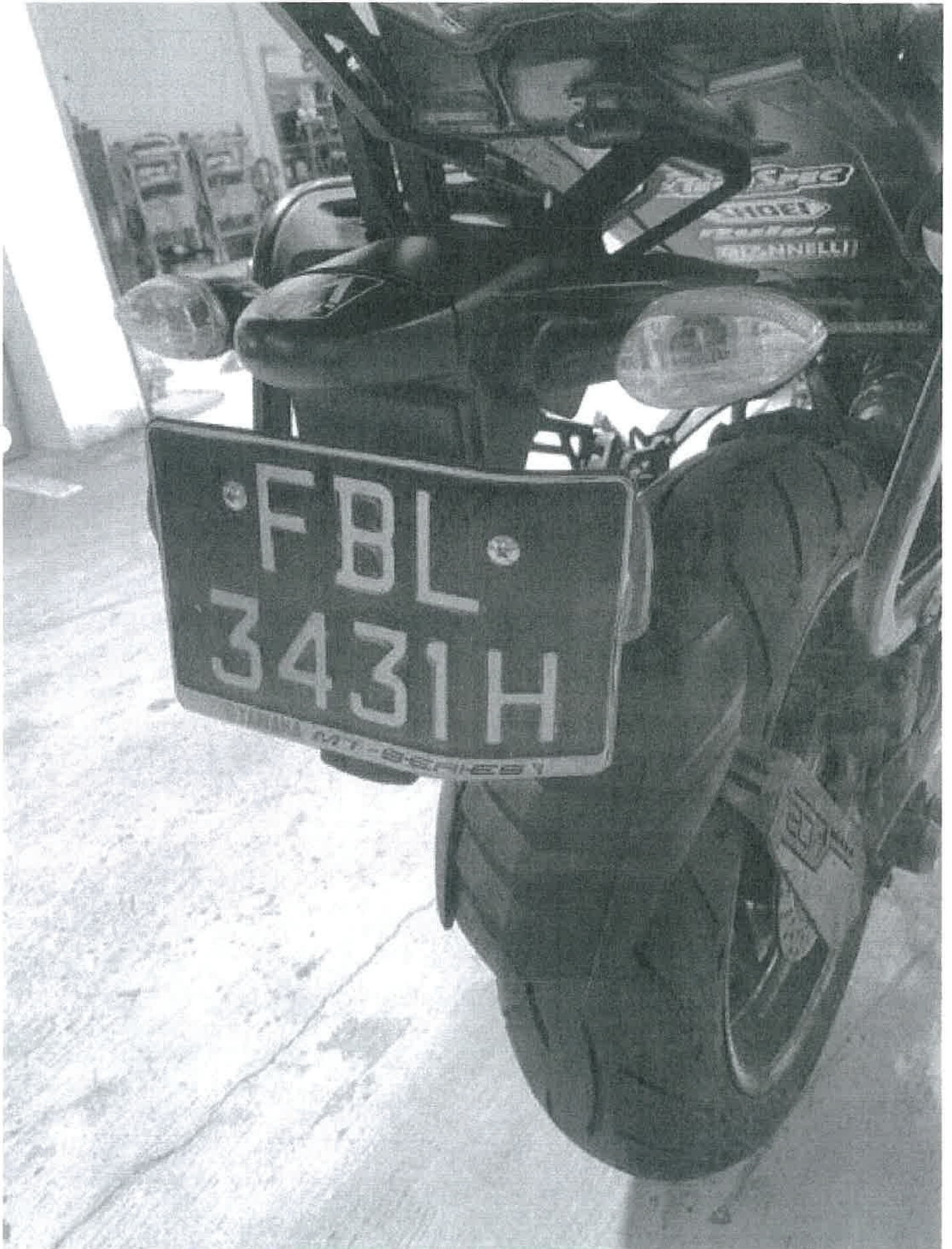




photo of motorcycle

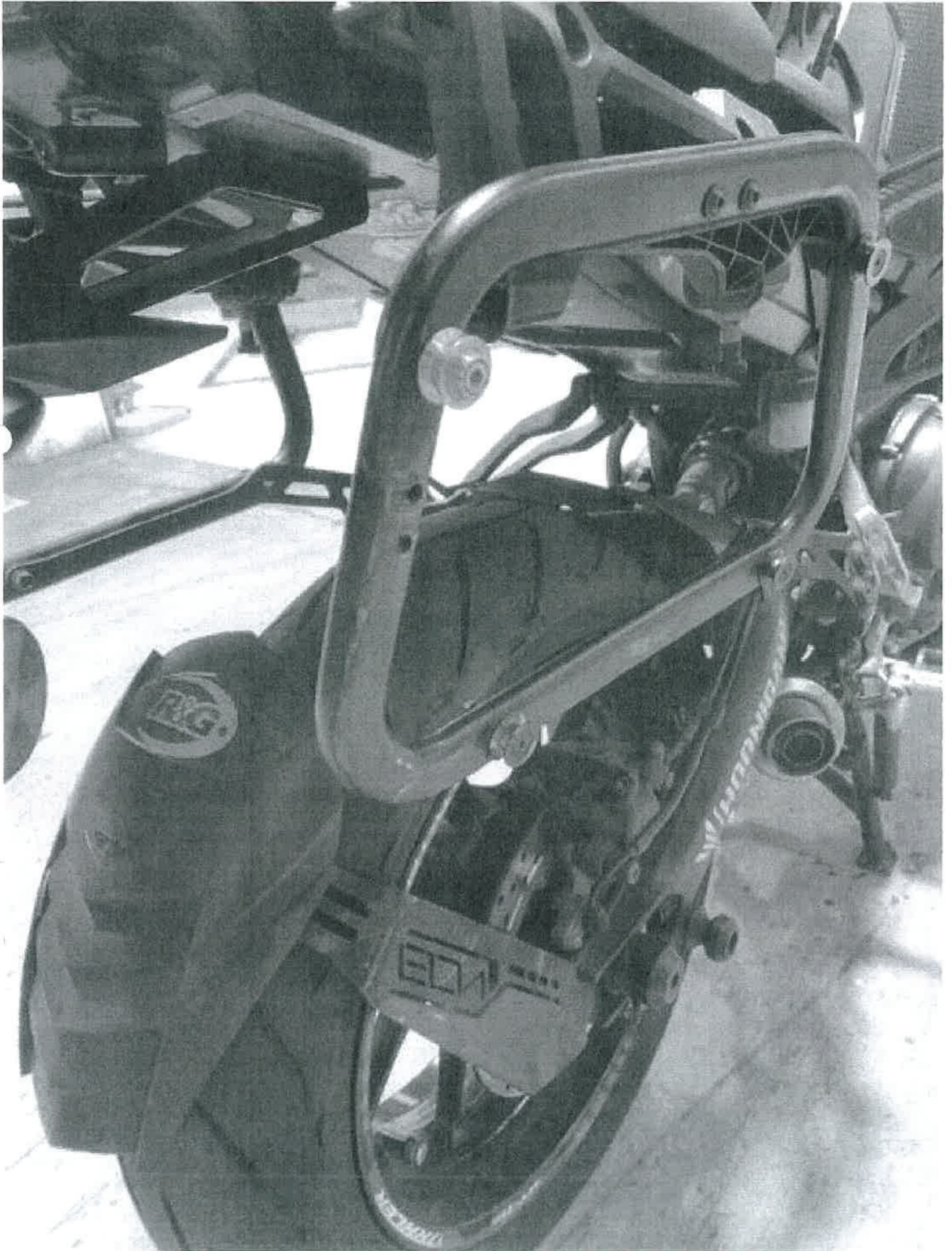




photo of motorcycle

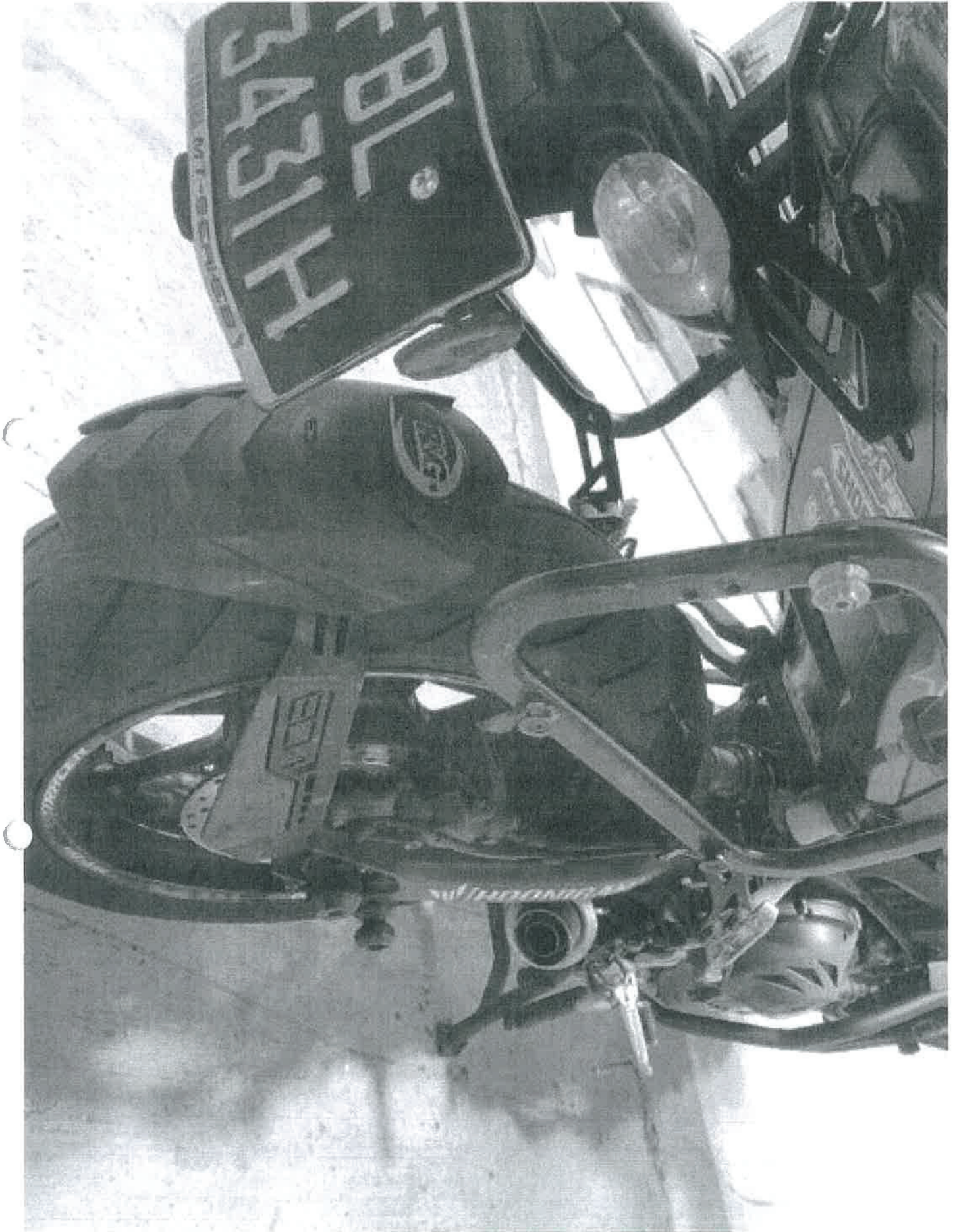




photo of motorcycle





photo of motorcycle

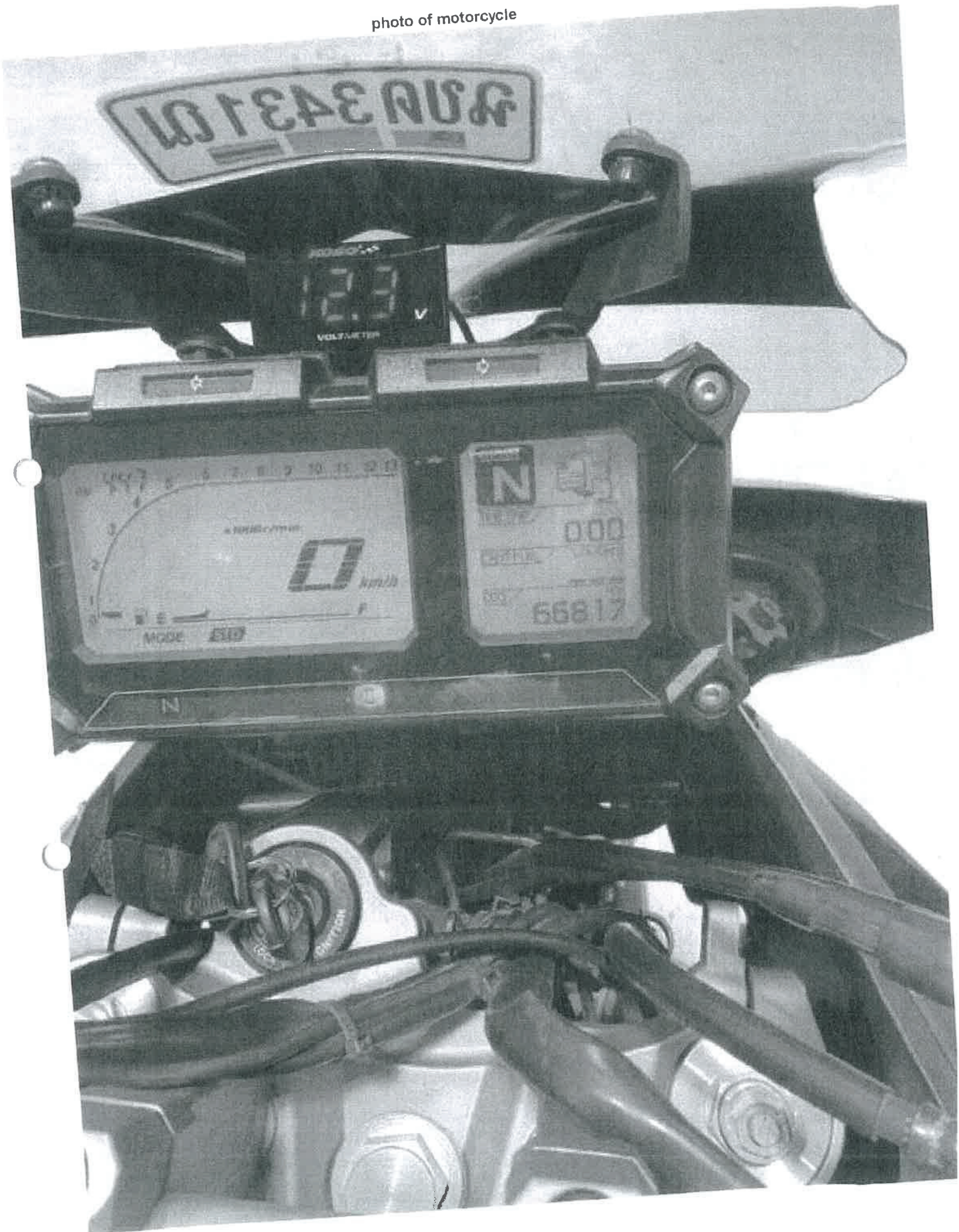




photo of motorcycle





photo of motorcycle



photo of motorcycle

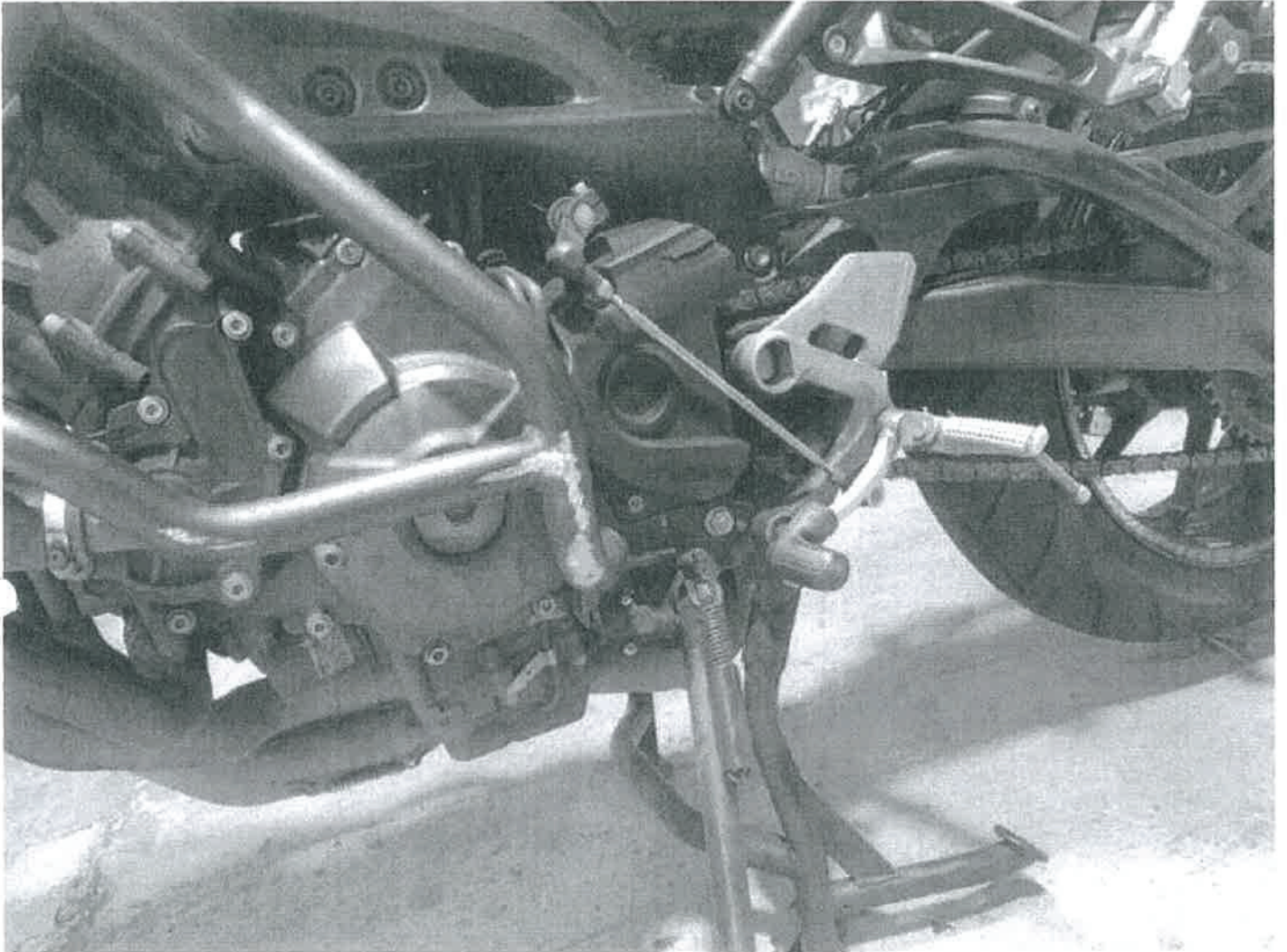




photo of motorcycle

