

## 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 willful 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	15/05/2021 19:13 (SGT)
Date of Accident	14/05/2021 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CLUB ST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN8687T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMMAD NAZRY BIN TAIB
NRIC No	S8111478A
Email Address	MOHAMMADNAZRY@ROCKETMAIL.COM
Mobile Phone No	(Phone) +65-87523488
Alternative Phone No	+65-87523488

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	Auto
CC	160

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFire Theft
Fleet Policy	No
Policy Number	5120358997
Cover Note Number	-

### DRIVER

Name of Driver	MOHAMMAD NAZRY BIN TAIB
NRIC No	S8111478A

Date Of Birth	10/04/1981
Occupation	Indoor
Date Of Driving Pass	04/02/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87523488
Alt. Phone Number	+65-87523488
Email Address	MOHAMMADNAZRY@ROCKETMAIL.COM
Address	BLK 501 #02-26
Address complement	BEDOK NORTH STREET 3
Postcode	460501
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### 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	SLJ7186G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
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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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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:

- 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 claim;
- (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 Insurer's 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 situated outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile my 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 is involved in investigating, settling, handling or paying claims; regulators, law enforcement and government agencies and persons involved for the purposes stated; or
- (ii) for complying with requirements under any regulatory law or court orders.

Policyholder	Assign	Signature
Car & Time		

SKETCH PLAN



A - FBN86577

B - SLS-71825

← ALONG ← END OF

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report E / 20110515 / 17000

DECLARATION

I/We declare that the above information is true and correct.

Police Officer's Name

Date & Time 15/05/2011

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 14 May 2021 / 07:50:00 )

## Vehicle Insurance Details

Vehicle No.:

**SLJ7186G**

Make Description/Model:

**MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT**

Insurance Company Name:

**MSIG INSURANCE (SINGAPORE) PTE LTD**

Insurance Company Name:

**INDIA INT'L INS PTE LTD**

Business Transaction Reference No.:

**20210520112819382375**

**Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).**

Disclaimer message:

Your search is displaying 2 records as there is an overlap in the period covered by the insurance policies. You may wish to contact the insurance companies for more information.

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