

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 11/01/2022 15:48 (SGT)
Date of Accident 10/01/2022 16:00 (SGT)
Exact Location of Accident Tanjong Katong Rd, Singapore
Additional Location Information JUNC OF THIAM SIEW AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FZ4123U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN KENG CHYE
NRIC No SXXXX430Z
Email Address daniel@danieltan.net
Mobile Phone No (Phone) +65-98332970
Alternative Phone No +65-98332970

VEHICLE PARTICULARS

Manufacturer BMW
Model BMW R1200GS
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 1170

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number SI21V08299/VMS/R11
Cover Note Number -

DRIVER

Name of Driver TAN KENG CHYE
NRIC No SXXXX430Z

Date Of Birth	04/12/1975
Occupation	Indoor
Date Of Driving Pass	08/07/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98332970
Alt. Phone Number	+65-98332970
Email Address	daniel@danieltan.net
Address	BLK 74 MARINE DRIVE
Address complement	#12-35
Postcode	440074
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	No Collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO CAN'T UPLOAD FILE TOO BIG.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN2000X
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KENG CHYE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FZ4123U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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 yers/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' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 11/1/22
Policyholder's Signature / Date & Time

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

[Signature] 11/01/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS RIDING MY MOTORCYCLE ALONG TANJONG KATONG ROAD TOWARDS GEYLANG ROAD WHEN A CAR SUDDENLY CUT INTO MY LANE AND FORCED ME TO TAKE EVASIVE ACTION.

THE CAR (SLN 200X) WAS TRYING TO OVERTAKE A CAR ON THE LEFT, BUT DID NOT CHECK FOR INCOMING VEHICLE BEFORE SHE MADE THIS OVERTAKE.

AS SEEN FROM VIDEO, ~~THE~~ THE CAR MADE AN ABRUPT TURN INTO MY LANE, AND MY MOTORCYCLE WAS LESS THAN 5 METRES AWAY. SO I HAD TO APPLY EMERGENCY BRAKE TO AVOID CRASHING INTO THE CAR.

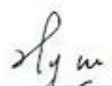
THIS RESULTED IN MY MOTORCYCLE SKIDDING AND IT LANDED ON THE SIDE WITH HEAVY IMPACT. MY WINDSCREEN WAS SHATTERED, MY SIDE STORAGE BOX DENTED AND MY RIGHT HANDLEBAR IS BENT SO THE INDICATOR SWITCH DOES NOT WORK ANYMORE.

Declaration

We declare the foregoing particulars are true in every respect.

 11/1/22
Policyholder's Signature / Date & Time

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

 11/01/22
Witnessed by Reporting Centre Personnel

























