

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	07/02/2022 14:46 (SGT)
Date of Accident	07/02/2022 06:10 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	TAMPINES NORTH DR 3 OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9753T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THOMAS GEORGE
NRIC No	S6867795E
Email Address	P.GEORGETHOMAS@YAHOO.COM
Mobile Phone No	(Phone) +65-81533331
Alternative Phone No	+65-81533331

VEHICLE PARTICULARS

Manufacturer	Honda
Model	SUPRA GTR
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	149

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	VMZ/P2316296
Cover Note Number	-

DRIVER

Name of Driver	THOMAS GEORGE
NRIC No	S6867795E

Date Of Birth	30/05/1968
Occupation	Outdoor
Date Of Driving Pass	27/08/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81533331
Alt. Phone Number	+65-81533331
Email Address	P.GEORGETHOMAS@YAHOO.COM
Address	BLK 228 PASIR RIS ST 21
Address complement	#03-06
Postcode	510228
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?	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?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT

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	XD7136R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	THOMAS GEORGE
Gender	Male
Phone No	(Phone) +65-81533331
Address	BLK 228 PASIR RIS ST 21
Address Complement	#03-06
Post Code	510228
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP9753T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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:
 - (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:


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


 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.:

SCHEDULE 5

POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 07/02/22
 To: Owner of Vehicle Number: FBP9753T
 The following has been advised to you via your workshop Falcon Air through their staff Anna

Please tick the applicable box if you had been advised on any of the following:

- (☒) You had been advised by the workshop that in the case that you wish to claim against your own policy there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- (☒) You had been advised by the workshop on the liability and merits of the case accordingly.
- (☒) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- (☒) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- (☒) There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- (☒) The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- (☒) You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- (☒) For vehicles below three (3) years old, your insurance company will use only genuine original parts to repair your vehicle.
- For vehicles above three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- (☒) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- (☒) For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- (☒) Others _____

Signed and acknowledged by:

Thomas

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

[Signature]

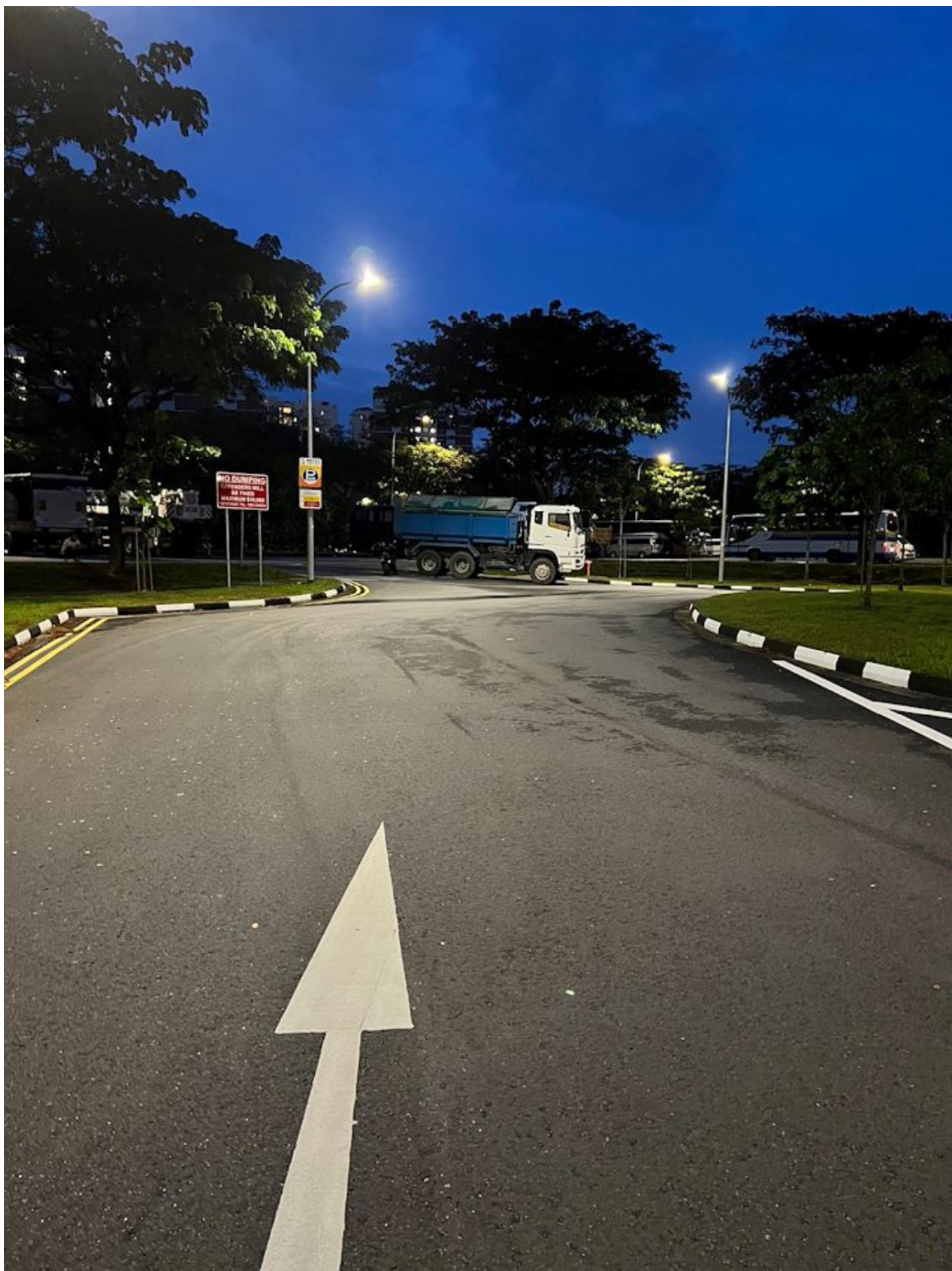
Name and signature of workshop personnel including company stamp

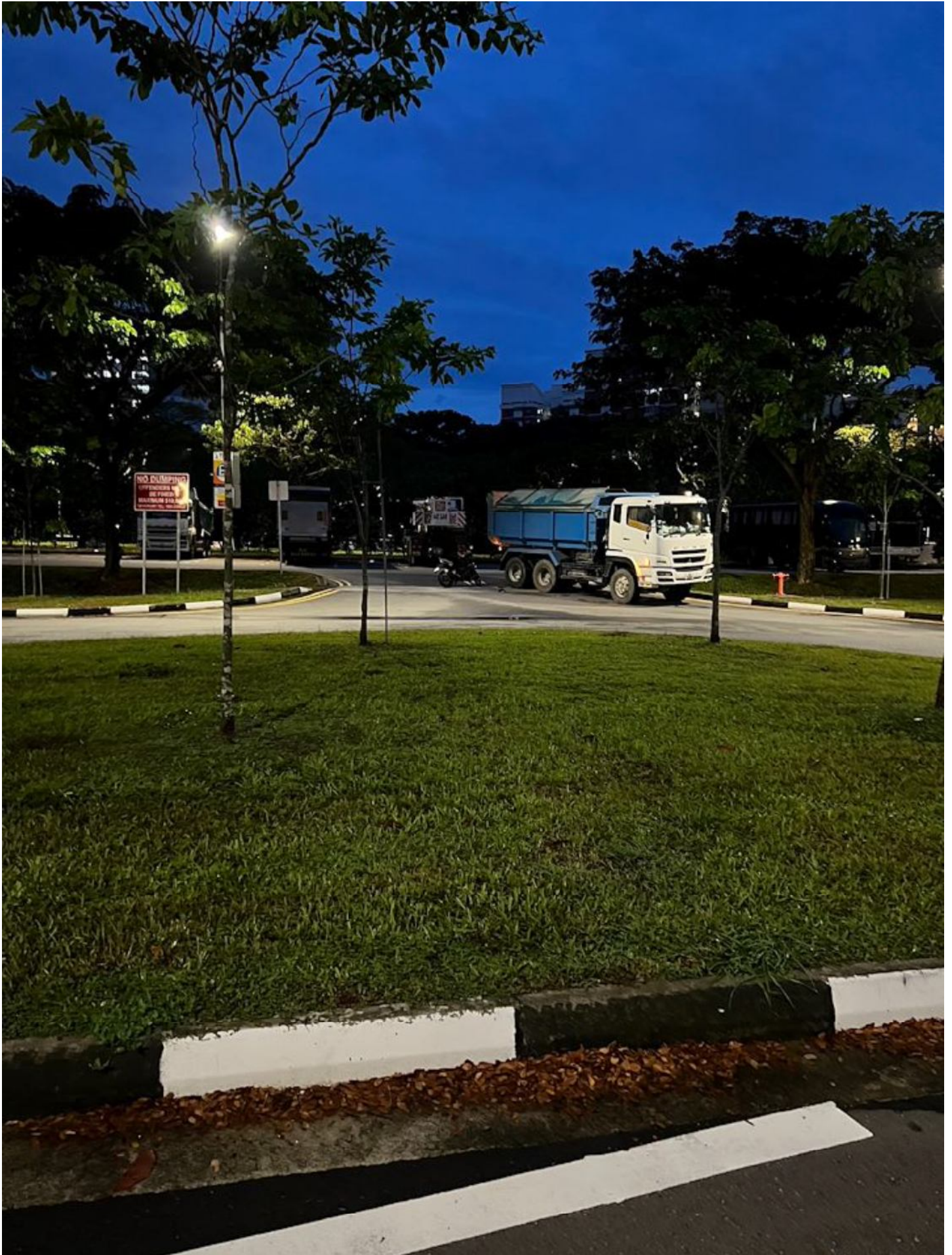


























**SINGAPORE
POLICE FORCE**



T/20220207/2030

1 of 3

Report No. T/20220207/2030

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2022 12:34	Video Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: THOMAS GEORGE			Address: APT BLK 228 PASIR RIS STREET 21 #03-06 SINGAPORE 510228		
ID Type / ID No.: NRIC NO / S6867795E			Contact No.: Home/Office: Mobile: 81533331		
Nationality: INDIAN			Email:		
Sex: Male	Age: 53	Date of Birth: 30/05/1968	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: BUS DRIVER.			Driving Licence Information: Class: 2B,3,4A,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2022 06:10	Type of Location: HEAVY VEHICLE CARPARK
Location: TAMPINES NORTH DRIVE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP9753T	Motorcycle	HONDA	SUPRA GTR 150 MANUAL	Black	Seriously Damaged	0
XD7136R	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220207/2030

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No: T/20220207/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP9753T	AXA INSURANCE SINGAPORE PTE LTD	P2316296	06/07/2021	05/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THOMAS GEORGE	ID No.	S6867795E
Related Vehicle	FBP9753T (Motorcycle)	Contact No.	81533331
Hospital/Clinic	TAN LEE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3,4A,4 Date of Expiry: NIL
Date Treatment	07/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the 7/2/22 at about 6.10am, I was about to exit the said open space carpark. When I checked my left side was clear I continued. Suddenly there was a lorry appear in front me as such I collided on to the side of the lorry. I banged my head on the lorry and I fell on to the road. No TP and ambulance at scene. The said lorry driver was a china man. The lorry came out from the incoming road which was not supposed to be the way. The headlights of his lorry were also not switched on. I asked for the driver particulars however he say cannot. As such I just take pictures of the said incident. The front part of my motorcycle was totally damage due to the collision. I then went to Tan Lee clinic for medical checkup and gotten 3 days of MC. I want TP to look in to this matter as the driver should not be driving on the opposite lane of the said carpark.



**SINGAPORE
POLICE FORCE**



T/20220207/2030

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Report No. T/20220207/2030

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
G /
SGT 2 MUHAMMAD FAIZ BIN
MUHAMMAD FAIZAL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/02/2022 12:34

Classification Of Case: