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 witholding of material facts may allow insurance companies to repudiate

- 9. Information provided mast by as distinct and second as positive 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 insurance Association of Singapore (GIA) for archiving the research of 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	09/03/2022 12:40 (SGT)
Date of Accident	08/03/2022 17:30 (SGT)
Exact Location of Accident	Lengkok Bahru, Singapore
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Ve	ehicle Registration Number	 FBK8559X
IN	NSURED/POLICYHOLDER	
la .	aamanu?	

is company?	NO .
Name Of Registered Owner	NOFTALL ROBIN WARD
NRIC No	SXXXX857F
Email Address	robinwardnoftall@gmail.com
Mobile Phone No	(Phone) +65-97224120
Alternative Phone No	+65-97224120

VEHICLE PARTICULARS

Manufacturer Model	Yamaha Fjr1300
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	Yes
Vehicle Category	Motorcycle
Transmission	Manual
CC	1298

INSURANCE COMPANY

Name of Insurance Company Type of Coverage	Liberty Insurance Pte Ltd
71 0	Comprehensive
Fleet Policy	No
Policy Number	SI00V02237/VMS/R02
Cover Note Number	-

DRIVER

Name of Driver	NOFTALL ROBIN WARD
NRIC No	SXXXX857F

Date Of Birth 11/08/1967 Occupation Outdoor Date Of Driving Pass 01/07/2009 Driving experience 12 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97224120 Alt. Phone Number +65-97224120 Email Address robinwardnoftall@gmail.com Address BLK 52 LENGKOK BAHRU #02-303 Address complement Postcode 150052 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bukit Merah West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003779999 Alt. Police Station Phone No (Fax) +65-63773923 Police Station Address 500 Bukit Merah View #01-01 Singapore 159682 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220309/2016 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number UNKNOWN Vehicle Manufacturer Vehicle Model Vehicle Variant

NA / Unknown

Vehicle Colour
Vehicle Category

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)	 			_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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 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 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.

Policyholder's Signature / Date &

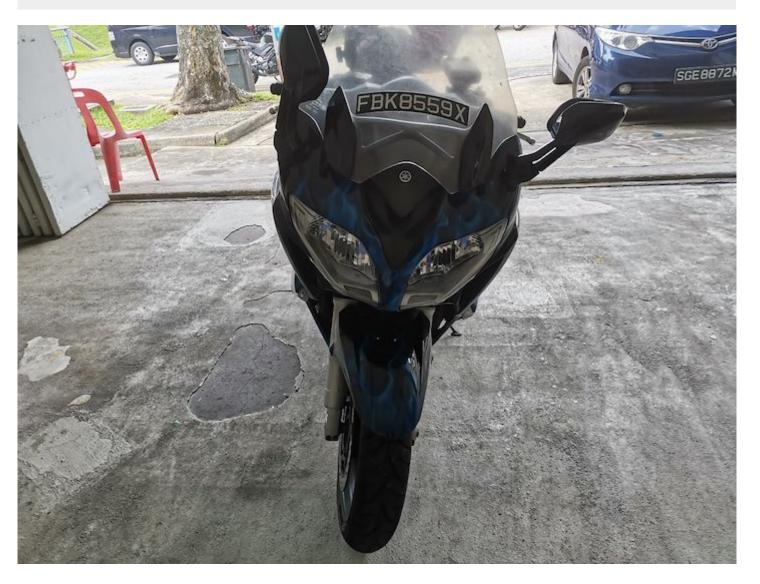
Driver's Signature (If driver is not the policyholder) / Date

MKNINE BIKE WAS PREKTED

Sketch Plan

Witnessed by Reporting Centre Personnel

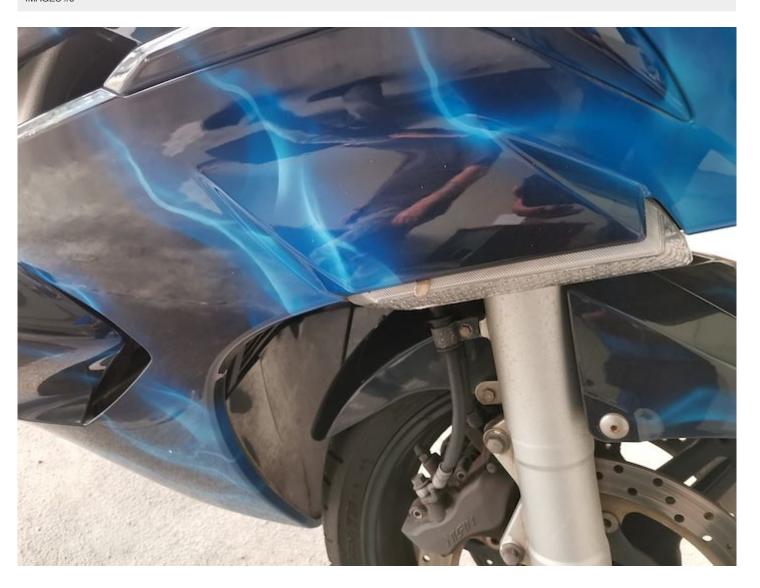
Philade	ces of the Accident	1.0000 -1000 -1	12-0/-
Krymc	N 11011 (19 10	4pol 7/2020	0309/2016
	0	. 1/2-	
			/
		·····	
	No see The		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		/	
		/	
		/	
		/	
	- Virginia - Control		
			Control of the Contro
10-10-10-1			
			The Control of the Co
10000000			
laration			
declare the foregoi	g particulars are true in ever	respect.	
acolaro ale reroger			
			/ 1 4
			/ / 1
_			1.0hal a
MAN	-9-3-22		07/103/207
1447	1		10 01100 120FZ
yholder's Signature	Date & Driver's Signate	re (if driver is not the policyholder)	/ Date Witnessed by Reporting Centre
	& Time		Personnel





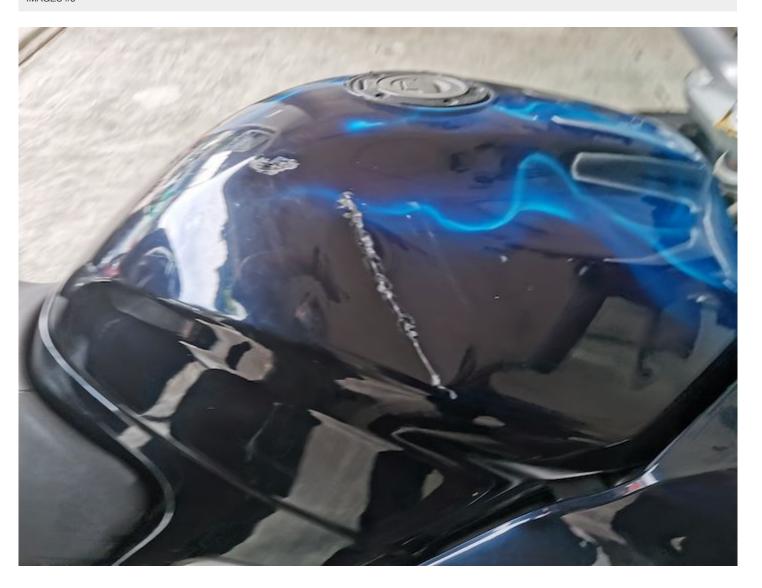


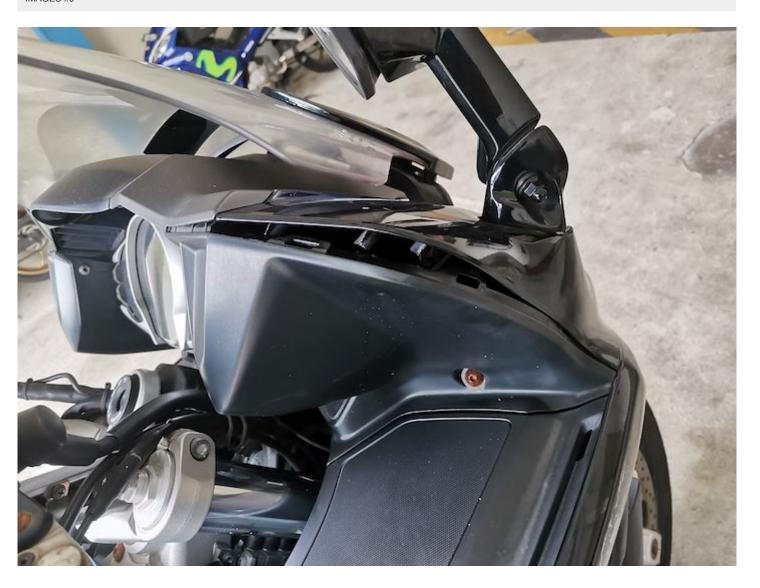




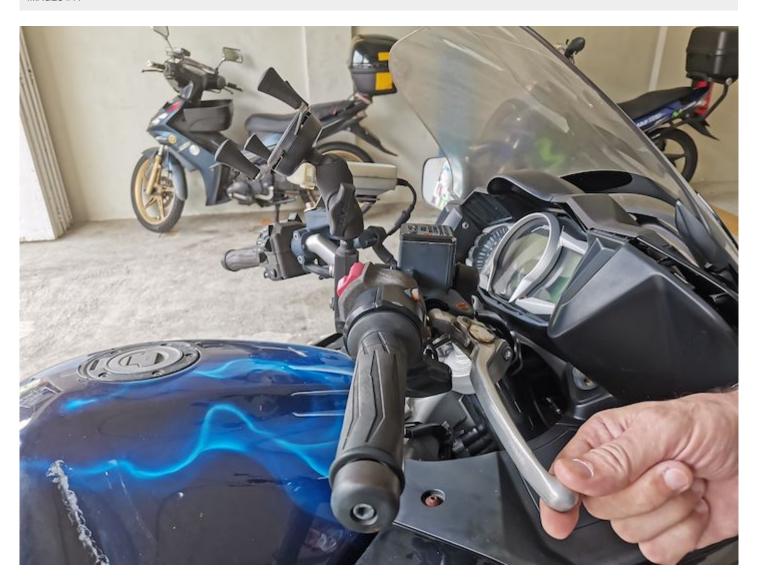






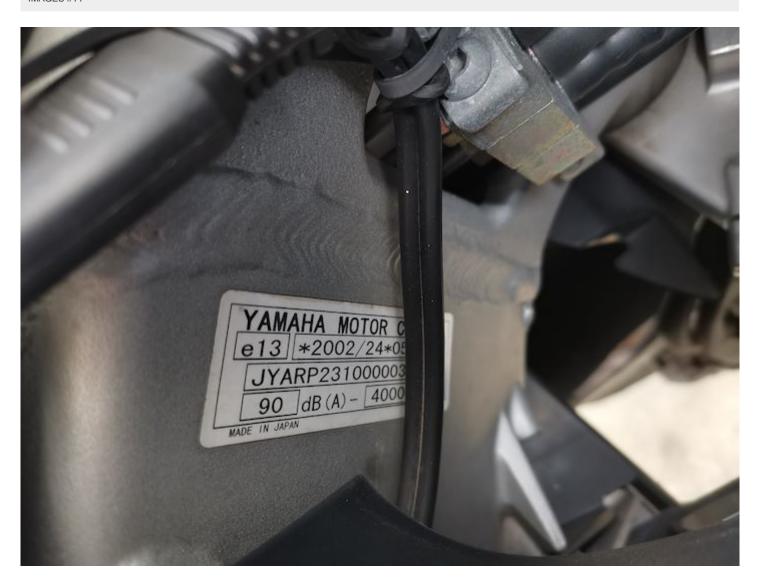
















Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

1 of 3 Report No. T/20220309/2016

Tel No: 1800-3779999

		Larrage to study about 100
REPORT OF	A TRAFFIC	ACCIDENT

	me Report N 022 10:30	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	Secretary and the second	THE REST OF THE PARTY OF THE PA
	f Informant: LL ROBIN V	VARD BARTON	Address: APT BLK 52 LENGKOK BAH	RU #02-303 SINGAPORE 150052
	/ ID No.: O / S27648	57F	Contact No.: Home/Office:	Mobile: 97224120
National CANAD		132	Email:	
Sex: Male	Age: 54	Date of Birth: 11/08/1967	Type of Informant: Rider	
Race: Caucasi	an	, , , , , , , , , , , , , , , , , , ,	Language: English	Institution / School Name:
Occupation: PRIVATE CONTRACTOR			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Inform	mation of the Accider	nt		A SECTION OF THE PROPERTY OF
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/03/2022 17:3	Type of Location: Car Park
Lengkok Ba	AHRU	Road Surface:		Road Speed Limit:
Clear Traffic Flow:		Dry Traffic Control:		Traffic Volume:
Two Way Type of Collis	ion:			No Traffic Anyone conveyed by
	le Against - Parked Ve	hicle		ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK8559X	Motorcycle				Seriously Damaged	10000

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA			





/20220309/2016

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Report No. T/20220309/2016

2 of 3

Tel No: 1800-3779999

CONTINUATION OF REPORT

Rider		2 027 WEST	SECTION OF SECTION	E-Milleton	Market N	HALL SECTION OF THE PARTY OF TH
Name	NOFTALL ROBIN WARD BARTON			ID No.		S2764857F
Related Vehicle	FBK8559X (Motorcycle)			Contact No.		97224120
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL [Date Disc	charge NIL		
No. of Days granted Medical Leave NIL			egree of Injury NIL			

Brief Details.

On 03/03/2022, I parked my motorbike at the said location and did not used it since then. Everything was intact at that point of time.

On 08/03/2022 at about 1730hrs, my neighbour came to me and told me that my bike have been hit and it is laying down towards the right side. I went down to make a check and discovered multiple damages on both side of my bike. My neighbour told me that he saw my bike was fine at about 1500hrs when he pass by. When he came back home at about 1700hrs, he discovered that my bike has been topple over to the right side and he immediately informed me about the matter. He did not witness anything.

I wish to state that there is a vehicle bearing SLD4463H had CCTV camera on the front screen and the positioning of the vehicle is as such that any motorbike or vehicle that tried to park at the motorbike lot would have been seen by the in car camera if the camera is set to motion sensor recording. Unfortunately, I do not know who is the owner of the said vehicle. There was no camera installed on my motorbike and this is not the first time such incident happen. The last time it happened was about 4 years ago. I'm estimation the cost of repair would be around \$6000/-SGD to \$8000/-SGD. I have no suspect in mind and I have no dispute with anyone.





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999

CONTINUATION OF REPORT

3 of 3 Report No. T/20220309/2016

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: D / SGT 2 TAN HWA TIONG	Signature Of Informant:
Am	PHT PE
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2022 10:30
Officer In Charge Of Case: TP / HRT / INSP (2) TAN CHIN YONG Contact No.: 65476425	Classification Of Case:
NP168 SINGAPORE SN 4	15
SIGNATURE	