

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 20/05/2022 13:35 (SGT)
Date of Accident 19/05/2022 17:37 (SGT)
Exact Location of Accident Singapore
Additional Location Information 50 BUKIT BATOK STREET 23 (OUTSIDE UNIT #02-25)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH4232E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RWAVE PTE LTD
Company Reg No 201909822G
Email Address RWAVEPTLTD@GMAIL.COM
Mobile Phone No (Phone) +65-97733456
Alternative Phone No +65-97733456

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YZF-R15
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5108520408-03
Cover Note Number -

DRIVER

Name of Driver SU QIUXING
NRIC No S8330984I

| | |
|--|----------------------------|
| Date Of Birth | 27/09/1983 |
| Occupation | Indoor |
| Date Of Driving Pass | 20/08/2014 |
| Driving experience | 7 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-85884017 |
| Alt. Phone Number | - |
| Email Address | RWAVEPTELT@GMAIL.COM |
| Address | BLK 547C #11-23 SEGAR ROAD |
| Address complement | - |
| Postcode | 673547 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON THE 19052022 AT 1737HRS I WAS IN MY SHOP AND HEARD A LOUD SOUND. WENT OUTSIDE TO CHECK THAT A CAR HAD COLLIDED INTO ONE OF OUR MOTORCYCLE FBH4232E AND THE SAID MOTORCYCLE FELL ONTO ANOTHER MOTORCYCLE FBG5733A CAUSING DAMAGES TO BOTH VEHICLES. WE HAVE VIDEO EVIDENCE.

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 | ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|------------|
| Vehicle Registration Number | FBG5733A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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) | 0 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|----------------------|
| Vehicle Registration Number | SMF6986E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-98380596 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

RWAVE PTE LTD
Reg. No. 201909822G

Policyholder's Signature

Date & Time: 20/05/2022
1100HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/05/2022
1100HRS

Reporting Centre Personnel's Signature

Name: Simon Suckman
NRIC/FIN No.: S790968

50
Bukit Batok
Street 23
02-025
\$

B

C

C: SMF 6986E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS FOR ACCIDENT STATEMENT.

DECLARATION

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

RWAVE PTE LTD
Reg. No. 201909822G

Policyholder's Signature

Date & Time: 20/05/2022
11:00 AM.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/05/2022
1100HRS

Reporting Centre Personnel's Signature

Name: Junm Sukman
NRIC/FIN No.: 9090910





















